



# Camp Aghbalian Summer Day Camp Application Form 2020

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender:  Male  Female Home Phone Number: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Name of medical insurance carrier and identification number: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives with:  Mother  Father  Both  Guardian

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Emergency Contact Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Any medications to be taken at Camp? Specify: \_\_\_\_\_

Anticipated Attendance Schedule:

Wk	Dates	Mo	Tu	We	Th	Fr	Extended Hours (Additional Fee)
1	June 15 - June 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	June 22 - June 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	June 29 – July 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	July 06 – July 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	July 13 – July 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	July 20 – July 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	July 27 - July 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	August 03 – 07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Camp Aghbalian

## Summer Day Camp

Application Form 2020

**MEDICAL PERMIT:** As the parent/legal guardian, I hereby give consent to ACF Mardirosian Burbank Youth Center (BYC) to provide all emergency dental or medical care prescribed by duly licensed physician (M.D.) or dentist (D.D.S.) for \_\_\_\_\_ in case of illness or accident when neither parent can be located.

The medical services are to be performed by State of California licensed medical doctor.

### MEDICAL INFORMATION

Is your child...?

1. Allergic to medication?     Yes     No    If Yes please specify \_\_\_\_\_
2. Allergic to anything else?     Yes     No    If Yes please specify \_\_\_\_\_
3. Taking any medication?     Yes     No    If Yes please specify \_\_\_\_\_
4. Ill?     Yes     No    If Yes please specify \_\_\_\_\_

**PICK UP:** The following persons are authorized to pick up my child from Summer Day Camp:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**SPORTS PLAY:** I authorize my child to participate in supervised athletic activities.     Yes     No

**Field Trip:** I authorize my child to participate in supervised Educational field trips     Yes     No

**PHOTOGRAPHS & VIDEOS:** I authorize the BYC (Camp Aghbalian) to photograph and video tape my child during his/her camp activities and release these photos and videos to the organization's website, Cable Channels or place the material on social media and YouTube for Summer Day Camp promotion and introduction purposes.     Yes     No

Day Camp Terms and Conditions

**REGISTRATION:** Camp registration is considered on an individual child basis only. Each child in the family must have his/her own separate registration form and each form is processed in the order in which it is received together with the appropriate payment or deposit. Incomplete forms will delay registration.

If there is no space available at the time the registration form is received, the parent will be notified and the child is automatically placed on the waiting list.

To reserve space: complete and sign one registration form for each child and submit the form along with the first week's payment.

Your child will not be allowed to attend the Day Camp if your fees have not been paid.

**HOURS OF OPERATION:** Summer Day Camp program hours are 8:00 a.m. to 5:00 p.m. Late pick up (latest 6:00 p.m.) is available for \$10.00 per occurrence or \$30 per week.

**ACTIVITIES:** Athletic and recreational activities are an important part of the day camp program and are included as part of the total camp fee. Any physical activity, of course, has risks, but the BYC (Camp Aghbalian) believes that with proper supervision, the benefits derived far outweigh these risks. If you do not wish your child to participate in any given activity, we need a written statement that you do not want your child to participate in that specific activity.

**ACCIDENTS:** In the event a child is hurt at the BYC (Camp Aghbalian) and needs emergency treatment, the staff will try to reach the child's parents, the emergency contact, or the family doctor. The BYC (Camp Aghbalian) accident insurance covers, up to our policy limits, any injuries received at camp to the extent that they are not covered by your health and/or accident insurance.

**IMPORTANT NOTES:** Breakfast, lunch and snacks will be provided by the BYC (Camp Aghbalian). Please be sure to indicate if your child is allergic to any foods on the Camp application.

**Payments:** Payments to be collected every **Monday** and fees are not credited for camper absence.

**Refunds:** Restriction applies on Refunds. It will be issued only with appropriate notification.

**Make checks payable to Armenian Cultural Foundation Burbank or ACF Burbank.** Cash is also accepted. Receipts from the Armenian Cultural Foundation will be given for every payment.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_