

SIERRA CANYON DAY CAMP



CAMP REGISTRATION 2010

PLEASE MAIL TO Sierra Canyon Day Camp: 11052 Independence Ave. Chatsworth, California 91311

PHONE 818-882-8121 • FAX 818-882-4953

E-MAIL camp@sierracanyondaycamp.com • www.sierracanyondaycamp.com

PLEASE TYPE OR PRINT AND USE BLACK/BLUE INK ONLY

	Date of birth	Age at Camp	Grade in Sept '10	Gender
Camper 1. _____	Mo. ___ Day ___ Yr. ___	Yrs. ___ Mos. ___	_____	_____
Camper 2. _____	Mo. ___ Day ___ Yr. ___	Yrs. ___ Mos. ___	_____	_____
Camper 3. _____	Mo. ___ Day ___ Yr. ___	Yrs. ___ Mos. ___	_____	_____

School currently attending:

Camper 1. _____ Camper 2. _____ Camper 3. _____

CHECK APPROPRIATE BOX(ES)

SESSION 1

June 21-July 23
(5 weeks)

Camp Choices

Schedule Choices

	Day Camp	Adventure Camp	Teen Camp	2 days Tu-Th	3 days M-W-F	3 days Tu-W-Th	4 days M-Th	4 days Tu-F	4 days M-Tu-Th-F	5 days M-F
Camper 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SESSION 2

July 26-Aug 20
(4 weeks)

Camp Choices

Schedule Choices

	Day Camp	Adventure Camp	Teen Camp	2 days Tu-Th	3 days M-W-F	3 days Tu-W-Th	4 days M-Th	4 days Tu-F	4 days M-Tu-Th-F	5 days M-F
Camper 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camper 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETIC CAMPS

3rd-8th grade

Sports Camp

Baseball 6/21-6/25	Football: (non-contact) 6/28-7/2	Football: (contact) 7/5-7/9	Strength and Speed 7/12-7/16	Baseball 7/19-7/23	Soccer 7/26-7/30	Basketball 8/2-8/6	Basketball 8/9-8/13	Tennis 8/16-8/20
Check all that apply <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALTY CAMPS

3rd-8th grade

Culinary Kidz 8/2-8/6

Check all that apply

CAMP OVERNIGHTS

Please enroll _____

for the Friday overnight campout July 9 6-10 yrs. July 16 9-14 yrs. Aug. 6 6-14 yrs.

Please enroll _____

for the Friday overnight campout July 9 6-10 yrs. July 16 9-14 yrs. Aug. 6 6-14 yrs.

Please enroll _____

in the Extended Day Program Session 1 A.M. P.M.
 Session 2 A.M. P.M.

Please enroll _____

in the Extended Day Program Session 1 A.M. P.M.
 Session 2 A.M. P.M.

TRANSPORTATION *Express Shuttle Service*

YES, I want Express Shuttle Service

Check one box only:

AM only PM only AM & PM

Please select your location. All pick-up times are between 8:30 a.m. and 9:00 a.m. Drop-off times are between 4:00 p.m. and 4:30 p.m. During the first week of June, you will receive the exact location and time of your route.

<input type="checkbox"/> Calabasas	<input type="checkbox"/> Sherman Oaks	<input type="checkbox"/> Valencia
<input type="checkbox"/> Encino	<input type="checkbox"/> Studio City	<input type="checkbox"/> West Hills
<input type="checkbox"/> Hidden Hills	<input type="checkbox"/> Tarzana	<input type="checkbox"/> Woodland Hills

Please Turn and Complete

REGISTRATION POLICY

(Must be signed to confirm registration)

PAYMENT

A deposit of \$200.00 per child, per session is required to confirm registration. Confirmation of registration will be mailed to you upon receipt of your application and deposit. You will be billed for the balance of the tuition, which is due and payable on June 1st for Session 1 campers and July 1st for Session 2 campers.

SESSION SCHEDULE CHANGES

A \$25.00 processing fee will be charged per camper, per change, for all schedule changes made after June 1st for Session 1 and July 1st for Session 2.

MAKE-UP DAYS

Once camp begins, campers are allowed to make-up days per session based on availability. Space is limited! Make-up days are not guaranteed and are subject to space availability. Transportation is not guaranteed for make-up days. Make-up days must be pre-authorized and, if applicable, paid for in advance.

There are no refunds or credits for absences. A make-up day must be scheduled during the session in which the camper is enrolled. **Make-up days may not be scheduled on Wednesday in regular day camp.** There is a **\$10 charge** for all Teen/Adventure Camp schedule changes beyond the two make-up days.

REFUND POLICY

Should you withdraw you child from camp prior to June 1st, you will receive 50 percent of your deposit as a refund for each child and the balance of your payment. **After June 1st, there are NO REFUNDS or CREDITS for any reason!**

I have read the registration policy of Sierra Canyon Day Camp. I further agree to allow my child to be used in any camp promotional material (newsletter, brochure, video, website, etc.)

SIGNED _____ DATE _____

PAYMENT

Amount enclosed _____ Date _____

Charge deposit to my: American Express
 Discover MasterCard Visa Exp. date _____

Account #

Authorized signature _____

Print name _____

PARENT'S INSTRUCTION FOR GROUP PLACEMENT

If you wish your child(ren) grouped with friend(s) in the same age group, write specific instructions below. Example: "Place (Name of Camper) with (Name of Friend)." We will do our best to accommodate you.

Upon Registration Completion You Will Receive:

1) Detailed information about our various programs 2) Medical forms
You can also visit www.sierracanyondaycamp.com for more information
Please note: We group campers by grade level and space availability.

Camper 1. _____

1st Choice _____

2nd Choice _____

Camper 2. _____

1st Choice _____

2nd Choice _____

Camper 3. _____

1st Choice _____

2nd Choice _____

A DEPOSIT OF \$200 PER CHILD, PER SESSION, IS REQUIRED TO CONFIRM REGISTRATION.



Parent/Guardian _____
Home Address _____
City _____ Zip _____

Email Address _____

() _____
Home Phone
() _____
Mother's Bus. Phone
() _____
Mother's Cellular Phone
() _____
Father's Bus. Phone
() _____
Father's Cellular Phone



I WAS REFERRED TO SIERRA CANYON DAY CAMP BY:
 A Sierra Canyon Family Website Banner/Posters Brochure ACA Camp Directory
 Facebook/Twitter/LinkedIn Porter Ranch Mailing Other _____