

6th Annual Winter Camp Colfax Camp

Jan 6-Jan 10



Parents, your children have a new option for this long Winter Break.

“ When you see a smiling face...
their happiness is all over the place...
singing, laughing or cries of glee... 'come.', they say...
'play with me on the slide, the monkey bars, handball or in our farm.
we found our place, here at Colfax Winter Camp. come.' they say. ”



Prices and Fees:

Registration Fee \$10 (non-refundable) - Long Sleeve Camp T-shirt \$20

Regular hours 9a-4p

5 DAYS: Mon - Fri	\$300
4 DAYS: Mon - Fri	\$280
3 DAYS: Mon - Fri	\$210
2 DAYS: Mon - Fri	\$140
1 DAYS: Mon - Fri	\$70

Extended hours available 8a-6p

5 DAYS: Mon - Fri Ext	\$330
4 DAYS: Mon - Fri Ext	\$310
3 DAYS: Mon - Fri Ext	\$240
2 DAYS: Mon - Fri Ext	\$170
1 DAYS: Mon - Fri Ext	\$100

Early Bird Pre-Registration:

Register before Nov.30th & get Registration & Camper's long sleeve T-shirt FREE (\$30 Value)

To register stop by the Science Lab (Room 26)

Mon-Fri 7:30am-8:30am or Friday 2:30pm-6:00pm and register with Mrs. Leila.

For your child's safety, the school gate will close after last drop off (9:30am) and remain closed during camp hours.



Our Campers are supervised by a qualified camp coach. Ratio is 1 Coach per 8-10 Campers. Campers are divided by age groups.

2 Snacks will be provided daily.

Campers are responsible for bringing their own lunch.

Extra change of clothes is recommended

Contact Camp Coordinator: 818-585-2495

For more information or to register online

www.colfaxcamp.com

Colfax Camp Policies

1. Refunds from Colfax Winter Camp may be issued for long term illness only. 5 (five) consecutive camp days or more, provide that we receive a signed note from a licensed physician within 3 days after illness. There will be a 20\$ administration fee. Allow 3-6 weeks for processing our refunds.
2. All camper's deposits or registration fees are absolutely non-refundable. NO EXCEPTIONS.
3. Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form.
4. Any authorized medication the camper is in need of must be prescribed by a physician, label appropriately with the name of the child and medication dosage instructions.
5. Although parents are welcome to observe the camp program, for safety and happiness of the children, parents are not permitted to linger in or around the program for extended periods of time.
6. Staff reserves the right to change or alter program at any time without notice.
7. Staff is not responsible for lost or stolen articles.
8. Program activities occur 9:00 a.m. to 4:00 p.m., regular hours.
9. Extended care hours are 8:00am to 6:00pm.
10. After 6:00 p.m., if campers are still in school grounds, there will be a charge of \$1.00 per minute assessed to your bill in addition.
11. Parents of children using inappropriate language or behavior will be notified and required to come for a conference with camp coordinators. If behavior does not improve, we reserve the right to dismiss the student and tuition will be forfeited.

12. Colfax Winter Camp will try to accommodate all students, and we will try to remedy any issue that may arise, but we reserve the right to dismiss campers with behavior issues.

13. Allergies and food concerns must be detailed explain at registration form, for camper safety. If not, camp will not be responsible for inappropriate snack served.

14. My child, (print name) _____, a minor has my permission to participate in all activities inside Colfax Winter Camp premises, I further agree to relieve the Colfax Winter Camp Facility and employees from any liability for injury to my child resulting from and/or in connection with activities in the program. I, undersigned, as a parent/guardian of the above mentioned, do hereby authorization to Colfax Winter Camp to act as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable, and is to be rendered under the provision of the Medical Practice Act and on the medical staff of licensed said physician or at said hospital. This authorization is given in advance of any specific consent. This authorization is given in pursuant to the provision of Section 25.8 of the Civil Code of California.

15. I have read and understand the general Policies to participate at Colfax Winter Camp. I hereby agree to abide by all above mentioned policies and practices and further understand that transgression of these policies may cause my child to be expelled from Colfax Camp with out refund.

Parent/Guardian Signature

Date

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“Try NOT to have a good time...this is supposed to be educational”

-Charles M. Schulz



What is Colfax Winter Camp?

Our Winter Camp is part of Colfax Camp Program. It's an enrichment program created by Mrs. Leila Wells, Science Assistant and Farm Club Coordinator. It's a great opportunity for children to stay academically focused while having fun during winter break.

What we do at Winter Camp?

Campers will have plenty of enrichment activities including arts & crafts, music, dance, gardening, farm activities, sports and much more. We'll be featuring Special Guests: **Foamalicious** for Valley Village organic 'snow', **Thor's Reptile Family** to pet and learn about reptiles, and the **Patty Wagon** for some delicious food!



Colfax Winter Camp Registration Form

Last Name: _____
 First Name: _____ Age _____ Gender _____
 Home Address: _____

 Email: _____
 Sibling: _____ Age _____ Gender _____
 Mother's Name: _____
 Cell Phone: _____
 Bus. Phone: _____
 Home Phone: _____
 Father's Name: _____
 Cell Phone: _____
 Bus. Phone: _____
 Home Phone: _____
 Emergency Contact: _____
 Phone: _____

Regular hours 9a-4p Extended 8a-6p available Choose days/Hours and circle

5 Days Reg Ext 4 Days Reg Ext 3 Days Reg Ext 2 Days Reg Ext 1 Day Reg Ext

I authorize these additional people to pick up my child (Including carpools)

Name: _____

Phone: _____

Name: _____

Phone: _____

Medication my child is taking: _____

Amount/frequency: _____

Allergies: _____

Child requires special assistance? yes no

If so, please describe his/her needs _____

Other information needed: _____
