

Camp on the Hill 2010 Registration Instructions

- Camp on the Hill is for children entering 1st - 6th grades in the Fall of 2010
- Cost: \$195 per week
- Hours: 8:30 a.m. to 4:30 p.m., Monday-Friday
- Early drop-off care is provided as a courtesy from 7:00-8:30 a.m. for children whose parents must get to work early.
- Late pick up (Extended Care) is provided from 4:45-6:00 p.m. as a free courtesy.
- Minimum payment due with registration = \$40 non-refundable deposit per week + T-Shirt + Sweatshirt fees, if ordered. (\$40 deposit required to hold your reservation is applicable toward \$195 camp fee)
- Camp t-shirt is required attire for field trips, and cost \$15.
- When filling out forms, please print legibly and use black or dark blue ink -- illegible forms may result in your application being delayed or not processed
- All necessary forms are included on this website and may be printed from your computer. (Make sure your printer is set on "portrait" or "tall.")
- The **Emergency Form** must be read, completed, signed, and included with your Registration Application
- The **Behavioral Contract** must be read, completed, signed, and included with your Registration Application
- The **Conditions of Enrollment Form** must be read, completed, signed, and included with your Registration Application
- All forms must be completed and returned in order for your application to be processed.
- Mail Registration form, Behavioral Contract, Conditions of Enrollment, Emergency form, and check together in one envelope to:

Camp on the Hill 500 Sands Drive San Jose CA 95125

PAYMENT DEADLINE FOR BALANCE DUE			
Week 1	May 31	Week 5	June 28
Week 2	June 7	Week 6	July 5
Week 3	June 14	Week 7	July 12
Week 4	June 21	Week 8	July 19

Sibling Discounts (1st - 6th grade Only)

Take \$20 off for each additional child registered for the same week of camp.

Camp on the Hill 2010 Registration Application

**Print this form, complete all information, and mail (along with deposits) to
Camp on the Hill, 500 Sands Drive, San Jose CA 95125**

PLEASE PRINT (one form per child)

Camper's First Name _____

Camper's Last Name _____

_____ Male _____ Female (check one)

Date of Birth _____/_____/_____ Age _____

Address _____

City _____

State _____ Zip _____ - _____

Home Phone (_____) _____ - _____

Primary Parents Name _____

This is who we will call first in an Emergency

Primary Parent's Work # _____

Primary Parent's Cell # _____

Grade Fall 2010 _____

School _____

Church you attend (if any) _____

<input checked="" type="checkbox"/>	Please check each item for which you are registering	Camp Fees	Deposit Due	Total-Deposit= Balance Due
WEEK 1 June 14 - 18				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 2 June 21 - June 25				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 3 June 28 - July 2				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 4 July 5 - 9				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 5 July 12 - 16				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 6 July 19 - 24				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 7 July 26 - 30				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
WEEK 8 August 2 - 6				
	Day Camp, 8:30 a.m. - 4:30 p.m.	\$195	\$40	\$155
PLEASE NOTE: You are responsible for keeping track of payments due and meeting payment deadlines in order to avoid late fees or cancellation.		TOTAL FEES	TOTAL DEPOSIT	TOTAL BALANCE
TOTAL CAMP FEES + SWEATSHIRT				
(-) SWEATSHIRT FEES PAID				
(-) SIBLING DISCOUNTS				
(-) DEPOSITS PAID				
BALANCE DUE				

T-SHIRT ORDER

**NO SUBSTITUTIONS, NO RETURNS!
PLEASE ORDER CAREFULLY!**

Each camper is required to wear a T-shirt on all fieldtrips.

YOUTH: ___Medium ___Large

ADULT: ___Small ___Medium ___Large

\$15 each = TOTAL DUE \$ _____

OPTIONAL SWEATSHIRT ORDER

**NO SUBSTITUTIONS, NO RETURNS!
PLEASE ORDER CAREFULLY!**

YOUTH: ___Medium ___Large

ADULT: ___Small ___Medium ___Large

\$23 each = TOTAL DUE \$ _____

\$28 each if POSTMARKED

AFTER MAY 16th = TOTAL DUE \$ _____

OPTIONAL HOODED SWEATSHIRT ORDER

**NO SUBSTITUTIONS, NO RETURNS!
PLEASE ORDER CAREFULLY!**

YOUTH: ___Medium ___Large

ADULT: ___Small ___Medium ___Large

\$33 each = TOTAL DUE \$ _____

\$38 each if POSTMARKED

AFTER MAY 16th = TOTAL DUE \$ _____

New This Year

Sibling Discount (1st - 6th grade only)

Take \$20 off for each additional child registered for the same week of camp.

Example

Jim, Sally & Ben all register for week 3.

Jim's tuition is \$185, Sally & Ben each pay \$165

I have read, and agree to, all Camp on the Hill Registration and Financial Policies and Procedures:

Signed _____

(PARENT OR LEGAL GUARDIAN ONLY)

By signing up for camp, I give Camp on the Hill permission to use audio, video, or photography of my child for promotional purposes now or in the future.

Camp on the Hill Conditions for Enrollment

We, the undersigned parents or guardians, hereby apply to enroll _____

In Camp on the Hill 2010. In doing so we acknowledge that we have read and that we agree to each of the following conditions of enrollment:

1. TUITION, REFUND POLICY, AND LATE FEES,

Every campers tuition must be paid in full on or before the payment deadlines stated below. The tuition is refundable, less a \$40 deposit, if, and only if, the camper's enrollment is canceled on or before deadlines listed. If you cancel after the deadline dates, you are responsible to pay the full amount of the Camp tuition. We have found that it is difficult (if not impossible), expensive, and disruptive to our preparations for opening Camp to attempt to fill Camp vacancies which occur after the enrollment period. Accordingly, it is our policy, to which you expressly consent by submitting the Registration Form, that we will not make any tuition refunds in connection with cancellations received by Camp on the Hill after deadline dates. Homesickness and dismissal from Camp are not as a basis for refund.

Late Fees: Late payments may result in the loss of your reservation. If payment is not received by the due date, you will be charged \$5.00 for each day that it is late. Please remember all tuition payments and registrations must be mailed in. Hand delivered payments will only be accepted in the camp office once camp has begun. There is a \$20.00 charge for returned checks. Once we receive a returned check, only money orders will be accepted for future payments.

Late pick-up Charges: For all campers - \$1.00 for each child per minute after 6:00 p.m.

2. HEALTH

In the event of a medical or surgical emergency, we hereby give permission to any physician, selected by the camp director, to secure, at our (Parents or Guardian's) expense, proper treatment, including hospitalization if necessary, for the camper named above. We understand that Camp on the Hill will make all reasonable efforts to contact us should emergency arise. To accommodate this effort, we will keep the Camp office staff advised should we be away from our normal residence or place of employment for any extended period of time during the Camp session.

3. WAIVERS OF LIABILITY

- a. We agree the Camp on the Hill is not responsible for the loss or damage to the camper's personal belongings by fire, theft, etc. We understand that Camp on the Hill recommends against campers bringing along expensive clothing, watches, cameras, or the like.
- b. We understand and acknowledge that certain Camp activities (whether or not listed in the Camp brochure or web site), including but not limited to swimming, and the like, have an increased risk of injury associated with them. We hereby release, and agree to indemnify and hold harmless, Camp on the Hill, its sponsor Church on the Hill, and all of their officers, directors, employees, agents and representatives whatsoever from any and all losses, claims, damages, liabilities, cost and expenses (including medical and attorneys fees) which they or any of them, or camper may sustain or incur in any way arising out of or in connection with camper's participation in any and all camp activities.

4. GENERAL MATTERS

- a. We agree the camper and his/her parents, guardians, relatives will abide by the rules and regulations set by the Camp for the health, safety, and welfare of the camper.
- b. We understand that due to camps limited telephone service, phone calls to and from campers are allowed only in emergencies.
- c. We agree that the Camp reserves the right to cancel, change, or substitute programs or activities as listed in its brochure, web site or any other promotional materials, when necessary during the summer sessions.
- d. We consent to the use of any pictures of the camper in connection with the Camp's future advertising or promotion.
- e. We understand that a number of the camper's activities will occur at the pool and involve swimming and various water sports. We certify to you that the camper can swim adequately to participate safely in such activities, and that the camper suffers from no physical or medical condition which would make his/her participation unsafe or unusually dangerous to the camper or others.

5. DISMISSAL FROM CAMP

We understand that Camp on the Hill reserves the right to dismiss a camper whose conduct is dangerous, illegal, or, at the discretion of the Camp Director, detrimental to the Camp and/or to other campers or otherwise unsatisfactory; including, but not limited to the following:

- a. Possession, use or involvement of any kind with tobacco, drugs or alcoholic beverages.
- b. Abusive or disrespectful behavior toward any member of the Camp community.
- c. Unauthorized absence from Camp or off-site activities.
- d. Possession of any type of weapon or fire-producing device.
- e. Inappropriate clothing or language

We understand that there will be no refund in the event of dismissal from Camp on the Hill.

Signed _____ Date _____ 2010

Name Printed _____ Relationship to Camper _____

Camp on the Hill 2010 Emergency Form

PLEASE PRINT ALL INFORMATION CLEARLY

Camper's Last Name _____ First Name _____

Date of Birth ____ / ____ / ____ Home Phone () ____ - ____ Today's Date ____ / ____ / ____

Mom's/Guardians Work Phone () ____ - ____ Mom's/Guardians Cell Phone () ____ - ____

Dad's/Guardians Work Phone () ____ - ____ Dad's/Guardians Cell Phone () ____ - ____

(I/We), (Parents, Guardians) of _____ do hereby authorize the sponsor representing the First Baptist Church of San Jose (aka Church on the Hill) as agent for the undersigned to consent to any medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required and is given to provide authority on the part of aforesaid agent to give special consent to any type of the services listed above, but not limited to.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization is to be effective until it is revoked in writing to said agent.

As parents, we understand that we are responsible for all medical cost and that church insurance will be in excess to our family's own insurance. In addition, it is our responsibility to inform the aforesaid agent of any significant changes in our child's health that occur after the signing of this document.

Printed Name of Father, Mother, or Legal Guardian

Signature of Father, Mother, or Guardian

Emergency Contact (other than Parent or guardian)

Relationship of Emergency Contact to Child

Emergency Contact's Phone Number

Family Physician

Physician's Address

Physician's Phone Number

Insurance Company

Policy or Group Number

Please check all that apply to the above named child

- Rheumatic Fever Asthma Upset Stomach
 Frequent Colds Eye, Ear, nose, throat difficulties
 Diabetes Heart Conditions
 Epilepsy or other Nervous System Disorders

Explain: _____

Please list any known allergies to food and/or medicine:

- Physically challenged Learning Disabilities

Explain: _____

Date of last tetanus shot ____ / ____ / ____

Check one if applicable: Is your child a:

- Non-swimmer Weak Swimmer

Additional Comments _____

Behavioral Contract for Camp on the Hill

It is our desire at Camp on the Hill that each child enjoys a safe & fun week, where they are both respected for the individual they are, as well as respectful of others. Therefore all campers must follow the following guidelines.

**The following items or behaviors are unacceptable at camp.
(This is not an inclusive list).**

- Possession, use or involvement of any kind with tobacco, drugs or alcoholic beverages
- Abusive or disrespectful behavior toward any member of the Camp community
- Possession of any type of weapon or fire-producing device
- Inappropriate clothes or language.

We will try to encourage desired behaviors through positive verbal feedback, distribution of camp incentives, etc.

Consequence can range from verbal warnings to expulsion from camp, depending on the repetition and/or severity of the misconduct. The ultimate decision is to be made by the senior counselor and elementary director and, if needed, the day camp Director.

I understand that Camp on the Hill reserves the right to dismiss a camper whose conduct is dangerous, illegal, or at the discretion of the Camp Director, detrimental to the Camp and/or to other campers or Camp leadership.

Parents Signature _____ Date _____ 2010

This document must be signed and returned to complete your campers' enrollment in Camp on the Hill