

# OCCS SUMMER CAMP

May 26 - August 14  
Accepting Kindergarten through Fifth Grade

\$120 Registration Fee  
\$160 per week or \$40 per day  
Subsidized Programs Welcome



## Camp Highlights:

- Open from 6:30 am to 6:00 pm
- Two Snacks Provided each day
- Science & S.T.E.M Activities
- Computers
- Character Development
- Art and Crafts

## Registration

Registration available at  
[www.occs.org](http://www.occs.org)

641 S Western Avenue  
Anaheim, CA 92804

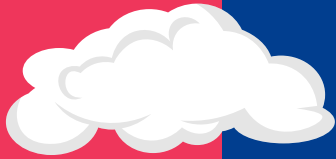


More Information

(714) 821-6227

[WWW.OCCS.ORG](http://WWW.OCCS.ORG)

# OCCS CAMPAMENTO DE VERANO



**Mayo 26 - Agosto 14**  
**Aceptamos grados de**  
**Kindergarten a Quinto grado**

**\$120 Costo de registracion**  
**\$160 por semana o \$40 por dia**  
**Programas de subsidio son bienvenidos**



## **Sobre nuestro programa:**

- Abierto de 6:30 am a 6:00 pm
- Dos aperitivos disponibles al dia.
- Programas de ciencia y actividades S.T.E.M
- Computadoras
- Actividades para el desarrollo de la personalidad de cada niño/a
- Artes y manualidades



**641 S Western Avenue**  
**Anaheim, CA 92804**

## **Como hago para registrar :**

**Aplicacion disponible en:**  
**www.occs.org**



**Para mas informacion: 714-707-9080**

**WWW.OCCS.ORG**



**Summer Camp Registration Form**  
**May 26 – August 14**  
*(one form per child, please)*

**STUDENT INFORMATION**

Yes       No

First Name	Last Name	OCCS Student?
Street Address	City	State      Zip
Home Telephone	Other 1	Other 2
Grade Entering in September	Birth Date	Gender

**PARENTAL INFORMATION**

**1.**

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Email Address	
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

**2.**

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Email Address	
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

**EMERGENCY INFORMATION**

IN THE EVENT OF SUDDEN ILLNESS OR ACIDENT AND INABILITY TO NOTIFY A PARENT, PLEASE CONTACT:

Name	Relationship	
Daytime Telephone		
Name	Relationship	
Daytime Telephone		
Name	Relationship	
Daytime Telephone		
<i>Adults authorized to pick up your child:</i>		
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

**ADDITIONAL INFORMATION**

- Registration fees of \$120 per student are due no later than June 15.
- Tuition payments are due the Monday of the week the child will be attending and must be paid via EFT.
- Tuition is \$160 per week or \$40 per day  
**Unfortunately, financial assistance is not available**

*Please list any known allergies your child has:*

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**REGISTRATION DATES**  
**Please circle the days you would like  
your child to attend Day Camp**

<i>May</i>					<i>July/August</i>				
<i>M</i>	<i>Tu</i>	<i>W</i>	<i>Th</i>	<i>F</i>	<i>M</i>	<i>Tu</i>	<i>W</i>	<i>Th</i>	<i>F</i>
X	26	27	28	29			1	2	X
					6	7	8	9	10
<i>June</i>					13	14	15	16	17
1	2	3	4	5	20	21	22	23	24
8	9	10	11	12	27	28	29	30	31
15	16	17	18	19	3	4	5	6	7
22	23	24	25	26	10	11	12	13	14
29	30								

**T-SHIRT SIZE**

Please state the size of your child's T-shirt

**Youth:**

	Small			Medium
	Large			X-Large

**Adult:**

	Small			Medium
	Large			X-Large

**PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT**

Child's Name: \_\_\_\_\_

The undersigned, \_\_\_\_\_ who is one of the parents, or legal guardian of the above named child, a minor, who resides at address listed on same, herein authorizes the adult employee of the Orange County Christian School Day Camp for the above stated activity, or any reasonable adult person bearing this written authorization into whose said care the above mentioned minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital to be rendered to said minor under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an X-ray examination, anesthetic, dental or surgical by dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. The authorization shall include transportation to receive medical or dental care.

This authorization shall remain effective until the activity is terminated, unless sooner revoked in writing and delivered to the adult employee of aforesaid Orange County Christian School Summer Day Camp activity.

**FIELD TRIP PERMISSION AND WAIVER**

Throughout the summer program there will be many days that your child will be taking field trips, going to parks, etc. We are asking that you sign this form to cover the entire Day Camp program.

All parents or guardians should be advised that the Education Code Section 35330 provides that all persons or their parents taking a school/camp related trip waive all claims against the school for injury, accident, illness or death occurring during or by reason of the trip.

I, the undersigned, give my permission for my child to attend all trips to and from Orange County Christian School and I understand the liability aspects as specified in Education Code Section 35330.

I have reviewed the Day Camp flyer, read the Emergency Treatment and Permission/Waiver Consents, understand the policies of the program and desire that my child participates in this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**California Civil Code Section 25.8**

**Authorization of Medical Treatment of Minors**

Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act (Added stats. 1965, C. 1524, p. 3616, S.1).



## Summer Camp EFT Payment System

**OCCS will not be accepting checks or cash for summer camp tuition payments.**

This simple authorization form will allow us to bill your financial institution (*or credit card*) on the due date. There is no need for you to write checks, remember to drop them off, or worry about late fees. Your record of payment will be listed each month on your banking or credit card statement (*and at your request we can also provide you a complete statement of charges and credits each month*).

Getting started is easy. Simply complete the authorization form and attach a voided check to the form and return it to us. *If you prefer to pay by credit card, just include the account number and expiration date.*

What about security? The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

With your busy schedule, it's nice to know that you will have one less task to perform each week with absolutely no cost or effort on your part.

### EFT Authorization

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Billing Frequency: WEEKLY

Payment Amount: \$ \_\_\_\_\_/weekly

\$120 Registration Fee

Charge Registration on This Date: \_\_\_\_\_

#### Checking/Savings Account (Attach voided check)

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

If you are unsure of your account's routing number, please contact your bank for that information.

**(DON'T FORGET TO ATTACH A VOIDED CHECK)**

**OR**

#### Credit Card

Visa/MC     Discover     American Express

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCV \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_

**By signing this agreement, you agree to notify Orange County Christian School in writing of any changes in your account information or termination of this authorization prior to the next due date of the charges. You understand that cancellations must be made in writing and you will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.**

Signature \_\_\_\_\_

Date \_\_\_\_\_