



261 West Dana St.  
PO Box 346  
Nipomo CA  
93444

# Winter Camp TK – 6<sup>th</sup> Grade Registration Form 2023-2024

Sponsored By: LMUSD

Send to:  
[Geneva.NipomoRecreation@gmail.com](mailto:Geneva.NipomoRecreation@gmail.com)  
Office 805.929.5437  
[www.NipomoRecreation.com](http://www.NipomoRecreation.com)

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	SCHOOL

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Person Responsible for Payment:  Father  Mother  CAPSLO  CRR  Other (please list): \_\_\_\_\_

**EMERGENCY CONTACTS** (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid?  Yes  No If YES, what and why \_\_\_\_\_

Are there any behaviors/concerns/Special Needs the staff should be aware of? \_\_\_\_\_

Does your child have any allergies which the staff should be aware of?  Yes  No

If YES, please describe \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

### Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child.

### MEDICAL AND LIABILITY RELEASE *Please read carefully before signing:*

The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### Official Nondiscrimination Statement

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Wash- ington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

# 2023 TK-6<sup>th</sup> Grade Winter Camp Registration

## *Location: Dana Ele. Room 75 Portables*

- Open to all current LMUSD TK – 6<sup>th</sup> Graders at Dana, Lange, and Nipomo Elementary Schools.
- Space is limited and will be filled on a first come first serve basis.
- Winter Camp is funded by LMUSD Extended Learning Opportunities Grant which dictates a priority registration will be granted to LMUSD Migrant, homeless, foster, and English language learners.
- Registration starts November 29<sup>th</sup> and ends December 8<sup>th</sup>.
- Families will be notified of acceptance by December 15<sup>th</sup>
- Camp days: Dec 27, 28, 29, Jan 2-5 and Jan 8-12 / 9am-6pm
- Must be present the first day, attend 4.5 hours daily and have only 1 excused absence.

## Before Camp Care - Dana Ele. Room 75 Portables

### Before Camp Morning Care – 7am Drop-Off

- Fees \$60 (Fees will be processed by December 20th)

I would like my child to attend the Before Care Program – Fees \$60
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## Before Camp Care-Complete this Credit Card Authorization

Name as it appears on card:

Type of Credit Card:

VISA

MC

OTHER

Credit Card Number:

Exp Date:

Email:

Phone #:

I authorize collection of fees due and certify that I am the authorized holder and signer of the credit card referenced above. I certify that all the information above is complete and accurate.

Card Holder Name:

Signature:

Date:

**Parent/Guardian STATEMENT OF UNDERSTANDING** \*I understand and agree to the following: (please initial all items)

- \_\_\_ Camp is for currently enrolled LMUSD TK – 6<sup>th</sup> Graders
- \_\_\_ Your child must be present the first day, attend 4.5 hours each day, and have only 1 unexcused absence.
- \_\_\_ **Winter Camp** hours are: 9:00am-6:00pm. **Pick-ups after 6:00pm will be charged \$15 per day.**
- \_\_\_ Before Camp Care starts at 7-9:00am. Please complete Credit Card Section
- \_\_\_ It is my responsibility to make sure my child has the appropriate shoes, jacket/sweatshirt every day. If not, recreation staff will call me, and I will bring the necessary items to camp within one hour.
- \_\_\_ There are NO toys, electronic games, etc. allowed at camp at any time.
- \_\_\_ **Winter Camp** is a Soda, Cell Phone and Candy free zone. If any such items are brought, staff will hold until pick-up time.
- \_\_\_ Breakfast, lunch, and supper will be provided by LMUSD to campers. If your child chooses to bring these meals, **THERE ARE NO FOOD HEAT UPS PERMITTED AT CAMP. COLD FOOD ONLY.**
- \_\_\_ Nipomo Recreation or LMUSD assumes no liability for children who are not signed into the program.
- \_\_\_ My child will be signed in and out daily by an **AUTHORIZED ADULT.**
- \_\_\_ Only I or the Authorized Adults I have noted on the registration will pick-up my child.
- \_\_\_ I assume all responsibility for communicating camp policies to whoever is picking up my child.
- \_\_\_ If my child's behavior is unacceptable/intolerable at camp and harms others, camp property or staff, my child will be suspended or expelled from camp. No refund will be given. I will pick-up my child within 30 minutes of being called by the Nipomo Recreation staff.
- \_\_\_ We will follow and act on all current CDC, LMUSD, County, and State guidelines for the safety of youth and staff.

**Parent/Guardian Name** \_\_\_\_\_ **CellPhone:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_