



## Summer Camp Admission Agreement

19000 Saticoy St., Reseda, CA 91335

LittleAcornsGrow@yahoo.com

(818) 489-8505

Located on its private campus in Reseda, Little Acorns Grow School has created an enchanting haven for its students. We employ high quality, experienced staff to offer weekly and monthly summer camps for children from 4 to 8 years. Small student/teacher ratios mean focused attention and a fun experience for everyone. The classrooms are large and comfortable, opening to a beautiful play area full of grass and trees. Your children will find any experience they have at Little Acorns Grow fun and engaging.

### Student Information

Child's Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Date of Desired Admission \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian and Family

Parent/Guardian #1 Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Business phone# (\_\_\_\_) \_\_\_\_\_  
Cell # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Business phone# (\_\_\_\_) \_\_\_\_\_  
Cell # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_

If parents are separated or divorced, with whom does the applicant reside?

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Who has legal custody? \_\_\_\_\_

Siblings, Name and Age

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How did you learn about our program?

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Have you visited us during a tour?  Y or  N

**Please check the program you are applying for:**

- Ooey Goey Science fun -June 18-22
- Pirate Week - June 25-29
- Wizarding Worlds of Fun and Magic - July 2-6 (Closed July 4)
- Art Adventurers - July 9-13
- Space Explorers - July 16-20
- Amazing Performers featuring Dance, Theater and Music - July 23-27
- Wild, Wild West / Gold Rush - July 30-Aug 3

Our camp is from 8:30am - 5:30pm Monday through Friday  
(early pick-up OK)

1 week \$275 (\$100 discount if you sign up for 4 or more weeks)

Additional Info:

Teacher / Student Ratio 4 - 5 year olds: 8 to 1

Teacher / Student Ratio 6 - 9 year olds: 10 to 1

Students bring their own snacks and lunch. Weekly water play!

No naps. Potty trained.

A non-refundable tuition deposit equal to 50% of the cost of the camp(s) is required in order to secure a place in the school. Balance is due on the first day of camp. Full tuition is required even when children are out ill, on vacation or for any other reason.

Additional days and times for attendance can be added at parent/guardian's request as room allows. 30 days written notice is required to change or reduce days or hours or leaving the school for any reason.

If your child is expelled for violence or any other reason the deposit will be forfeited. We do not offer refunds.

The parents may terminate this contract by giving a 30-day written notice. The provider may terminate the contract at will.

## Student History

Please answer the questions below so that we can better serve your child.

Does your child have any speech delays?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with autism or are there suspected signs of autism?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any history of fighting, pushing or biting?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with ADHD/hyperactivity?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any behavioral issues you're working on with your child?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know in working with your child?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Medical Release

In the case of illness, accident or similar emergency, Little Acorns Grow or any authorized agent thereof is authorized to seek and obtain medical care or treatment for my child, and may authorize and physician, hospital or medical institution to render the necessary care.

I, the undersigned parent/guardian, authorize any emergency medical or surgical treatment to be given to my child \_\_\_\_\_. Further, I guarantee coverage of costs for any such treatment rendered.

### Enrollment Terms:

In the best interests of Little Acorns Grow and my child we, the legal parents or legal guardians of the child agree to the following:

1. We consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to our child at our expense upon the advice and under the general or special supervision of a physician, surgeon or dentist licensed under the provisions or applicable medical practice laws.
2. We assume responsibility for any acts of our child and will indemnify (reimburse or repay for any loss incurred) and hold harmless Little Acorns Grow, its employees and volunteers from any claims of any person arising from our child's acts.
3. We give our permission for the student to participate in the following activities that may have some inherent risk. We understand that neither Little Acorns Grow, nor any of its employees, students or volunteers shall be liable to us or our child for any claim arising out of these activities, such claims being hereby waived, and that we will indemnify and hold harmless Little Acorns Grow and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of our child during classes or activities.

I/We certify that by signing on the line below I/we hereby agree to all terms of this Enrollment Contract.

Signature of parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Insurance Information**

Is your child currently covered by any form of comprehensive health, medical or accident insurance? If yes:

Name of Insurance

Company\_\_\_\_\_

Address\_\_\_\_\_

Policy Number\_\_\_\_\_

Policy Holder's name \_\_\_\_\_

Social Security Number\_\_\_\_\_ Relationship to child\_\_\_\_\_

List any medical condition, diseases or allergy the child has had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The school will allow guardians or individuals having legal custody to pick up the student from school. The school will accept and honor written instructions from guardians authorizing other persons to pick up the student from school.

Please list other authorized individuals here:

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Parents/Guardians hereby authorize the use of the student's photographs, likeness, recordings, and artwork in any and all school publications or promotions, as well as the school's website.

As per state law, a Physician's Report and Emergency Information forms (attached) must be completed prior to starting school. As per state law, students are required to be immunized (unless declined for religious reasons).

If your child requires medication please provide written instructions including times to administer and dosage.

We recommend applying sunblock to your child before school each day. Closed toed shoes are suggested, as our playground does have wood chips that can be uncomfortable when they get inside shoes.

If your child experiences a non-life threatening medical or dental emergency while at Little Acorns Grow, parents and/or emergency contacts will be notified immediately. All effort will be made to keep the child calm and comfortable including ice packs, reassurance and comfort from teachers.

For life-threatening emergencies, we will call 911, and then parents and/or emergency contacts will be notified immediately thereafter.

All children attending Little Acorns Grow are required to be signed in upon arrival and signed out upon leaving. Exact time and full legal parent/guardian signature are required.

The parents' signatures on this contract indicate that they agree to abide by Little Acorns Grow written policies. Little Acorns Grow may change these policies at any time.

30-day notice will be given in the event of a change in any policy or fee made to this admission agreement.

PLEASE READ THE FOLLOWING CAREFULLY

Payment Policy: The school contracts for faculty and staff, commits expenditures, etc. based upon the enrollment and continuation of a specified number of students throughout the summer term. Should the student be absent or withdrawn at parent or guardian request, or dismissed after the student's enrollment has been confirmed, no repayments will be made.

**I/We have read and understand the above school policy regarding repayments and agree to abide by it.**

Parents/Guardians:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Little Acorns Grow Representative:

Signed \_\_\_\_\_ Date \_\_\_\_\_



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*The greatest oaks have been little acorns*