



# MORELAND CAMP PROGRAM CAMP ADMISSION AGREEMENT

4711 Campbell Avenue, San Jose, CA 95130 • Phone: (408) 874-2900  
 Fax: (408) 874-3753 • Website: www.moreland.org

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

School Year \_\_\_\_\_

1. I understand that registration is on a first come, first serve basis . Spaces are limited and only completed registration packets with payment in full will be accepted.
2. I understand that the Moreland Camp hours of operation are 7am-6pm. Exact days of operation are indicated on the registration forms.
3. Payment for my child to participate in the Moreland Camp program is due upon registering and fees are non-refundable. If my fees are returned by my bank, I understand that a \$20 return check fee will be applied to my child's account. If my child is enrolled in the Moreland Extended Day program, he/ she will not be able to return until all fees are paid.
4. I understand that my child will not be able to sign up for Extended Day, Moreland Camps, and/or the subsequent year if I have an outstanding balance due.
5. I agree that the sibling discount does not apply to the camp daily rate.
6. Moreland Camp has an open door policy and encourages parents to visit the sites at any time.
7. My child will be picked up at \_\_\_\_\_(time) each day. I understand that I will be charged a late fee of \$1.00 per minute if my child is picked up after 6:00pm. Termination from the program may occur due to frequent late pick ups.
8. All late pick-ups fees must be collected at the time of pick-up or before your child's next scheduled day of attendance. If payment is not received in full, your child will not be able to attend.
9. I understand that it is my responsibility to change information on my child's emergency card. If someone arrives to pick up my child and he/she is not listed on the card, my child will not be released. Changes must be in writing and verbal permission will not be granted. One parent may not remove the other parent from the Emergency Card without legal paperwork allowing us to do so.
10. I agree to escort my child to the Moreland Camp site and sign my child in and out daily.
11. I must notify the site staff by calling them if my child is absent for the day. Refunds and make-up days will not be given for absent children.
12. I will notify the site director if my child contracts a communicable disease. If my child gets sick during their stay at Moreland Camp, I understand that it is my responsibility to pick him/her up within thirty (30) minutes after receiving the call from the site staff.
13. I understand that it is my responsibility, upon registration, to notify the center staff of any and all medical conditions that affect my child. I and my child's physician will fill out the medication release form should my child need medication while at Moreland Camp. I will provide the medication in its original box with the doctor's orders to the site.
14. Moreland Camp staff is required by law to report suspected child abuse.
15. I expect to be treated respectfully and in return, I will treat all site staff and other students with respect.
16. Information regarding my child will be kept strictly confidential. I may discuss my child's progress with the camp director at any time.
17. If my child is suspended from Moreland Camp. I will not be reimbursed for the time my child is suspended and make up days will not be allowed.
18. If my child's behavior threatens other children or staff, I will be notified via telephone or in writing. If my child is asked to leave for the day, I will pick him/her within thirty (30) minutes. Moreland Camp reserves the right to terminate services at any time.
19. I understand that Moreland Camp follows the Moreland School District Wellness policy. I understand that snack will be served daily and it is my responsibility to notify staff of any food allergies, sensitivities, and/or preferences. I will provide my child with an alternative snack if he/she cannot have the snack provided.
20. If tuition payment is split among multiple parties, all parties must sign the Camp Admission Agreement below. If the account becomes delinquent, an involuntary withdrawal will take place.
21. I will receive a receipt for all payments made towards my child's account. I am responsible for keeping my receipts for tax purposes. I agree to pay \$5 for any additional receipts or \$25 for a yearly receipt summary. I understand that my request may take up to two weeks to process.

**I have read all policies on the Moreland Camp Admission Agreement. I agree to them and understand that failure to follow any site policies can lead to termination of program services.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Site Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## RELEASE INFORMATION

In order of preference, please list persons to be called in case of emergency and who are permitted to take your child from the center. Children will be released only to those authorized (at least 18 years old) as designated on this emergency card. For safety reasons, a minimum of one contact person must be listed.

### Contact Person #1

### Contact Person #2

### Contact Person #3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

## EMERGENCY HEALTH / MEDICAL INFORMATION

Allergies & Medical Conditions: \_\_\_\_\_

If a Moreland District healthcare plan is in place for your child, please attach a copy. Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Medications: \_\_\_\_\_

If the doctor listed above cannot be reached, please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Moreland Extended Day Program to seek emergency treatment on behalf of my child in the event of a medical emergency.

### ADDITIONAL AGREEMENTS (OPTIONAL):

I agree to allow photographs of my child to be used by Moreland Camp for legitimate purposes in newspaper articles, promotional materials (such as brochures), posted on bulletin boards or in the district website.

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

I also agree to allow my child to use the Internet on computers located at the Moreland Camp sites. I understand that staff members will monitor my child closely when using the computer.

Initials: \_\_\_\_\_