



Parks, Recreation & Waterfront Department
 Recreation Division
 2701 Telegraph Ave.
 Berkeley, CA 94705
 Tel: (510) 981-5140 | Fax: (510) 981-5160
 www.cityofberkeley.info/camps

Berkeley Day Camp

Registration Form 2017

AGES 5-13

PLEASE PRINT CLEARLY

YOUTH PARTICIPANT INFORMATION (Please complete one form for each child)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Date of Birth: ____/____/____ Age: ____ Grade Completed by Summer 2017: _____

MAIN ACCOUNT CONTACT (PARENT/GUARDIAN)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home # () _____ Cell # () _____ Other # () _____

Email Address: _____

EMERGENCY CONTACT TELEPHONE LIST (OTHER THAN MAIN ACCOUNT CONTACT)

Please provide a list, in order of importance that may be contacted during program hours 7:30am-6pm.

Name	Relationship	Phone #(cell)
<i>Example: Mary Smith</i>	<i>Friend</i>	<i>(510) 111-2222</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PICK-UP LIST

I authorize the following individuals to "pick-up" my child from the COB Recreation Programs. Please include names of Parents/Guardians.

1. _____	3. _____
2. _____	4. _____

*Additions will be accepted in writing (note with expressed permission dated and signed) and given to a Camp Staff Member.

1. Does your child have any **physical/cognitive disabilities**? If so, please list. YES NO

2. Does your child have any **allergies or dietary issues**? If so, please list. YES NO

3. Does your child have permission to walk to/from home or recreation facilities? YES NO

4. Does your child have permission to canoe? (life jackets provided by the City) YES NO

CAMPER'S FRIENDS

If requested, we will try to put day campers with ONE FRIEND who is of the same age and grade. It is very important to put the sessions your child's friend will be attending.

Friend's Name: _____ Age: ____ Grade Completed by Summer 2016: _____

Friend's Name: _____ Age: ____ Grade Completed by Summer 2016: _____

DAY CAMP PROGRAM INFORMATION

Session	Days	Times	Fees (res/non-res)
Core Day Camp Program	Monday - Friday	9am-3:30pm	\$169/\$202
Morning (AM) Clubhouse	Monday - Friday	7:30-9am	\$43/\$52
Afternoon (PM) Clubhouse	Monday - Friday	3:30-6pm	\$67/\$81

BUS TRANSPORTATION: *Supervised Round-Trip transportation to and from camp is included in program fees.*

- Selections are for the entire 2017 season. Due to safety concerns, NO CHANGES will be allowed unless made 14 days prior in writing. All registration adjustments must be made with City of Berkeley office staff.
- Parents must be at drop off location at 9:00 AM to sign-in their child, and at pick-up location between 3:15 - 3:30 PM to sign out their child
- *Clubhouse Pick-Up and Drop-Off is only available for campers registered for AM or PM Clubhouse.
- ** Please note all Buses will leave at 8:30 AM for trip to Angel Island July 7th

DROP-OFF Choose a location to drop-off your child in the morning (REQUIRED).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cedar Rose Park, on Cedar St. between Juanita Way & Chestnut | <input type="checkbox"/> Washington Elementary, on Bancroft & McKinley | <input type="checkbox"/> Willard Corner of Hillegass & Derby | <input type="checkbox"/> Clubhouse* 2720 Hillegass in Willard Park |
|---|--|--|--|

PICK-UP Choose a location to pick-up your child in the afternoon (REQUIRED).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cedar Rose Park, on Cedar St. between Juanita Way & Chestnut | <input type="checkbox"/> Washington Elementary, on Bancroft & McKinley | <input type="checkbox"/> Willard Corner of Hillegass & Derby | <input type="checkbox"/> Clubhouse* 2720 Hillegass in Willard Park |
|---|--|--|--|

DAY CAMP FEES

Sessions	Dates	Theme	Core Day Camp	AM Clubhouse	PM Clubhouse	=Total Weekly Fee
			Res: \$169 / Non-res: \$202	+Res: \$43 / Non-res: \$52	+Res: \$67 / Non-res: \$81	
<input type="checkbox"/> Session 1	June 19-23	Animation Domination	\$	\$	\$	\$
<input type="checkbox"/> Session 2	June 26- 30	Mad Science Fair	\$	\$	\$	\$
<input type="checkbox"/> Session 3	July 3-7 **	Angel Island	\$	\$	\$	\$
<input type="checkbox"/> Session 4	July 10-14	Summer Halloween	\$	\$	\$	\$
<input type="checkbox"/> Session 5	July 17-21	Mission Impossible	\$	\$	\$	\$
<input type="checkbox"/> Session 6	July 24-28	BDC's Got Talent	\$	\$	\$	\$
<input type="checkbox"/> Session 7	July 31-August 4	Wacky N' Wild Week	\$	\$	\$	\$
<input type="checkbox"/> Session 8	August 7-11	Best of BDC	\$	\$	\$	\$
<input type="checkbox"/> Session 9	August 14-18	Rainbow Olympics	\$	\$	\$	\$
**No camp on July 4 th City Holiday					TOTAL FEES	\$

City of Berkeley Registration Policy

Changing / Cancelling Reservations: All changes or cancellations must be made in writing by the parent / guardian of the registered applicant no less than 30 calendar days prior to the start of the session affected by the change or cancellation. Requests can be submitted by email, postal mail or hand delivered. No changes or cancellations will be taken over the phone. Please include name on the registration form, current mailing address and phone number. For changes resulting in the cancellation of any portion of the reservation, a 25% administrative fee will be charged. All fees will be forfeited for changes or cancellations made less than 30 days prior to the start of the session.

All refund, change, and cancellation requests must be made in writing and sent to the City Of Berkeley Recreation Office, 2701 Telegraph Ave, Berkeley CA 94705.

Consent and Release from Liability: In consideration of permission to participate in Camp Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agent, volunteer and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs. I give my consent to allow the City of Berkeley to use any photographed images of my child in promotional materials and/or its website.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Cash Credit Card Processed Check # _____ Receipt # _____ Processed By _____ Date _____