



Elementary Summer Camp Information

**Location: New Roads Elementary School
2000 Stoner Avenue
Los Angeles, CA 90025**

Prerequisite: Ages 6-11

Time & Days: 9AM – 3:00 PM (Monday – Friday)

Duration: June 28th – August 20th (8 weeks)

Fee: \$400/week; \$10/day before and after care (regardless of amount of time)

Choose your weeks; minimum 4-week participation required .

Snacks are provided; Parents must pack a brown bag lunch.

Before and After-Care (optional: 8AM – 9AM, 3PM –5 PM)

In this fun-filled summer camp/enrichment program, students will spend their days exploring science, visual art, drama, music, storytelling, games, sports and other outdoor activities. This full day, wide-ranging program reflects New Roads' educational philosophy of learning through active engagement and doing. Students are challenged to explore their interests and abilities, to develop skills and friendships, and to grow in awareness and curiosity. Students will be grouped appropriately by age level.



Elementary Summer Camp 2010 Registration

Student Information:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Current School: _____

Grade as of September 2010: _____

T-Shirt Size: Youth Sml. Youth Med. Youth Lg. Adult Sml. Adult Med. Adult Lg.

(1) Parent/Guardian Information:

Parent/Guardian Name: _____

Address: (Same) _____

City, State, Zip: _____

Phone (Day): _____

Phone (Evening): _____

Cell: _____

E-mail: _____

(2) Parent/Guardian Information:

Parent/Guardian Name: _____

Address: (Same) _____

City, State, Zip: _____

Phone (Day): _____

Phone (Evening): _____

Cell: _____

E-mail: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____



Elementary Summer Camp 2010 Emergency Information and Medical Treatment Form

Student's Name _____ Grade _____

Parent/Guardian (1) _____ Relationship _____

Home phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian (1) _____ Relationship _____

Home phone _____ Work Phone _____ Cell Phone _____

If parent(s)/guardian(s) cannot be reached, who should we contact?

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Doctor's Name _____ Phone number _____

Date of last Tetanus shot: _____

Please list any medications to which your child is allergic: _____

Other medical problems or allergies of which we should be aware: _____

Parent/guardian understands that a copy of this form with all medical notations will be provided to the adult supervisor of any school activity your child takes part in.

Pursuant to California Code 25.8, I hereby authorize the Head of School or adult employee into whose care my child (ward) is assigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my said child (ward) by an appropriate medical professional only if the situation is deemed an emergency by said parties and I cannot be reached.

Authorized Persons to Pick-up (other than parents):

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____

I give my consent for my son/daughter _____ to go home with any of the above drivers.

Date _____ Signature of Parent/Guardian _____



Please select each week you would like your child to attend.

Please also check if you would need before/aftercare.

Week 1 (June 28-July 2)	_____ \$400	Before/aftercare _____ \$10/day
Week 2 (July 5-July 9)	_____ \$400	Before/aftercare _____ \$10/day
Week 3 (July 12-July 16)	_____ \$400	Before/aftercare _____ \$10/day
Week 4 (July 19-July 23)	_____ \$400	Before/aftercare _____ \$10/day
Week 5 (July 26-July 30)	_____ \$400	Before/aftercare _____ \$10/day
Week 6 (Aug 2-Aug 6)	_____ \$400	Before/aftercare _____ \$10/day
Week 7 (Aug 9-Aug 13)	_____ \$400	Before/aftercare _____ \$10/day
Week 8 (Aug 16-Aug 20)	_____ \$400	Before/aftercare _____ \$10/day

Checks should be made payable to:

New Roads School
3131 Olympic Boulevard
Santa Monica, CA 90404
Attn: Summer School Admissions

Class sizes are limited and contingent upon enrollment. Full Refunds are available should a class not occur. Your space is guaranteed when payment is received in full. To ensure a space, please completely fill out the Registration, Emergency/Medical Treatment form, Session selection and return with your payment. Please sign up as soon as possible.