

LAS POSAS CHILDREN'S CENTER, INC  
2022 Fall Break  
Payment Agreement

4 or 5 Days.....\$190	3 Days.....\$150
2 Days.....\$115	1 Day.....\$65
Additional Child Discount.....\$5.00 per week (3 days minimum)	

At the time of registration you must indicate which days your child will attend. You may not attend a day in which your child was not previously registered unless space becomes available. ***You will be charged your full week rate whether or not your child attends Camp if you do not cancel by the cancellation date.***

**Late Registration Fee**

A Late Registration Fee of \$10.00 will be charged to all families who register after October 20, 2022.

**Cancellation Policy**

The last day to cancel any days is October 20, 2022, and must be in writing. ***You will be charged your full week rate whether or not your child attends camp if you do not cancel on or before October 20, 2022, or if you register after October 21, 2021.***

**Payment Due/Late Fee**

Payments are due on the preceding Friday, October 21, 2022 for the week. All accounts not paid by 9:00am Monday, October 24 will be assessed a \$10.00 **Late Fee** and put you at risk of remaining in the program.

**Attendance Policy**

All children must be at Camp by 9:00am each day, except Wednesday, when all children must be at camp by 8:30am. We cannot take children arriving after these times, nor can any child stay back from a field trip for any reason.

**Subsidized Payments**

All families whose childcare is paid for by an outside agency, such as *Child Development Resources* and *Children's Home Society* are responsible for all tuitions and fees not covered by the outside agency. Additionally you will be charged \$25.00 if you fail to complete your voucher/time sheet correctly or on time.

**Late Pickup Fee**

LPCC closes at 6:00pm every night. Please do not be late. You will be charged \$15.00 for every 15 minute increment that you are late in picking up your child.

**Absences**

Please call the center by 9:00am if your child is going to be absent. You will be charged \$10.00 if you fail to do so.

**Returned Checks**

There is a \$30 charge for all returned checks. Returned checks that go unpaid will be turned over to the District Attorney's Office. See *Collections* below.

**Refund Policy**

**No refunds will be given for any reason**, including your child having to quarantine due to exposure to COVID-19, being expelled from the program for disciplinary reasons, and your decision to drop from the program for any reason. Any credit due you will be given in services rendered.

**Collections**

Delinquent accounts that go unpaid will be sent to an outside collection agency and/or the District Attorney's Office and/or Small Claims Court.

**Personal Equipment**

LPCC will provide all supplies and sports equipment. Children should not bring any such items (animals included) for use unless given permission by a staff member. LPCC is not responsible for lost or stolen items

**Photographic Release**

I, the undersigned parent/legal guardian, do hereby authorize the Las Posas Children's Center to take photographs, videos, motion pictures, and/or sound recordings of my child and/or any other member of my family. I further grant the Las Posas Children's Center permission to use the photographs, videos, motion pictures and or sound recordings in its general publicity and campaign materials.

You acknowledge that you have read this **PAYMENT AGREEMENT** and agree to abide by its terms. You further understand that your child(ren) can be expelled from the program if the policies are not followed.

## HEALTH & SAFETY POLICIES

### HEALTH POLICIES

- If your child is directly exposed to, or tests positive for, COVID-19, he/she cannot attend LPCC until the required quarantine period has elapsed.
- If your child should become ill during the day he/she will be isolated until a parent or authorized person picks him/her up. Pickup must be immediate. Any child sent home for illness cannot attend LPCC for at least 72 hours.
- We ask your cooperation in reporting any contagious condition to a staff member. You MUST immediately report exposure to COVID-19 by anyone in your household to a staff member.
- You will be notified immediately if your child is injured and requires medical attention beyond basic first aid. A seriously ill or injured child will be taken to the nearest emergency medical facility. Every attempt will be made to contact a parent before the trip is made.
- Please send a filled water bottle with your child's name on it every day. Refills can be made safely at the water dispensing station. The drinking fountains may be shutoff.
- Please send a lunch and morning snack with your child each day. Children cannot share or trade lunches and snacks. We will provide a prepackaged snack in the afternoon. We cannot provide refrigeration for your child's lunch, nor can we heat up your child's lunch.
- Please send a filled water bottle with your child's name on it every day. Refills can be made safely at the water dispensing station. The drinking fountains may be shutoff.
- Please send SPRAY sunscreen with your child's name on it to be kept with your child's counselor. Our staff will assist in applying it to your child.

### MEDICATIONS

We can administer medication to your child. All medications must have a doctor's note. A prescription bottle is acceptable as a doctor's note. You must complete and sign a *Medication Request and Record Form*.

### SAFETY POLICIES

All children are expected to follow the basic Las Posas Children's Center rules to ensure that all children and staff have a positive camp/daycare experience.

1. Keep your hands and feet to yourself. (*No fighting*).
2. Stay with *your* counselor or other staff member at all times.
3. Do your best to keep social distancing of 3 feet when applicable.
4. Rocks, sticks, sand, etc. stay on the ground. (*No rock throwing*).
5. Keep your language clean. (*No cussing*).
6. Say only nice things to others. (*No teasing or name calling*).
7. Tell a staff member instead of retaliating against another child.
8. Respect the property of others and the property of Las Posas Children's Center, Inc. and Ventura Unified School District.
9. No firearms, weapons, alcohol, drugs, pornography and the like.
10. Respect and obey the staff.

These policies will be explained to the children. We ask that you also go over them at home. You may be asked to pick up your child immediately if your child disregards these policies. Your child may be expelled from the program if the policies are continually disregarded.

You acknowledge that you have read the **Health & Safety Policies** and have reviewed them with your child(ren). You further understand that your child(ren) can be expelled from the program if the policies are not followed.

## Transportation Safety Rules

Bus safety is a very important issue to us at LPCC. Below are our rules for riding the bus. These rules will be explained to the children. Please go over them with your child at home. Children who cannot follow the bus safety rules will lose bus riding privileges.

### **Conduct Inside the Bus**

1. Remain seated and faced forward
2. Keep hands and feet to yourself
3. Talk in a normal tone to the person seated next to you.
4. A staff member must be in the seats next to the Emergency Exits.
5. No eating or drinking
6. Keep hands and all body parts inside the bus
7. Do not throw anything out the window
8. No graffiti or vandalism
9. Properly wear seat belts in seats equipped with seat belts

### **Seating**

Passengers may only ride in the seats. No more than 3 persons to seats designed for 3 persons and no more than 2 persons in seats designed for 2 persons. The total capacity may not exceed the amount established by the manufacturer.

**Loading**

Children may not enter the bus unless the driver or other staff is present. While waiting for the bus to arrive, passengers must wait patiently, away from the curb, and wait for the bus to park. **No Horseplay.** The bus will pull up a few feet from the passengers. The passengers will then approach the bus calmly, without running or cutting.

**Unloading**

The staff will get off the bus first. This is because we need the supervision as soon as the children exit the bus. The children will exit row by row and will stay seated until it is their turn to go. The driver will remain on the bus until everyone is off and will check the bus for personal belongings left behind.

**Head Count**

On field trips, the supervisor will conduct a head count before departure and reconcile it with each counselor’s list of children. This will be repeated before the return trip. Obviously it is extremely important that we get the count right. The children must remain quiet and sitting upright while this is being done.

**Late Bus**

You will be notified if the bus will be seriously late from a field trip. If the bus will not make the morning run, a staff member will drive to the pickup locations to let you know, and wait, if necessary, with the passengers until other arrangements can be made.

**Camp Pickup and drop off locations**

**At Citrus Glen:** Use the Henderson Street parking lot. Do not park in the driveway.

**At Serra:** Use the school parking lot on Halifax Street or the school side of Dudley Street. **Do Not Block Anyone’s Driveway!**

**COVID Protocols**

In addition to the above LPCC Policies, the following safety precautions will be in place during the pandemic and can be updated at any time.

1. All passengers must be given a health check prior to boarding.
2. All passengers must wear a mask.
3. The bus will be disinfected before each trip.
4. At least 2 windows will be fully open at all times.

You acknowledge that you have read the **Transportation Safety Rules** and have reviewed them with your child(ren). You further understand that your child(ren) can be expelled from the program if the policies are not followed.

**No Cell Phone and Digital Camera Policy**

Children cannot bring cell phones and digital cameras to LPCC. There are several reasons for this. Cell phones and digital cameras are valuable and can get lost, stolen, or broken. Cell phones are a distraction and tend to disrupt the camp activities. Children will make phone calls and send text messages to other campers and friends. Children will put on headphones and choose to not participate in camp activities. Some parents have opted out of having their children appear on social media. And most importantly, we don’t want hurtful, embarrassing, or harmful pictures taken of children.

We understand you may want your child to have a cell phone so you can get hold of him/her when you need to, but you can call our camp anytime and we will bring your child to the phone or give him/her a message for you.

You acknowledge that you have read the **No Cell Phone and Digital Camera Policy** and will not allow your child(ren) to bring a cell phone or digital camera to LPCC. You further understand that your child(ren) can be expelled from the program if the policies are not followed.

In addition to the above policies, You, the natural parent/ legal guardian authorize the following:

1. Your child’s participation in the Las Posas Children’s Center, Inc. program and all its activities.
2. Las Posas Children’s Center, Inc. and its staff to provide transportation to and from related Children’s Center/Camp activities.
3. Las Posas Children’s Center, Inc., its staff, and ambulance to provide necessary emergency transportation.
4. Las Posas Children’s Center, Inc. staff to provide basic first aid treatment.
5. Any Physician or the medical staff of a licensed hospital or clinic to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

I also understand that there is risk involved with respect to such activities and will assume responsibility and will indemnify, hold harmless and defend the Las Posas Children’s Center, Inc., its staff, its officers, and its agents against any claim brought on behalf of my minor child in connection with this program. This authorization will remain effective during the enrollment period of this child, unless sooner revoked in writing to said agent.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Child(ren)’s Names

LAS POSAS CHILDREN'S CENTER, INC.  
**Fall Break 2022**  
**October 24-28**  
**REGISTRATION FORM**

Child(ren)'s Names	Home School	Grd	Specify Days <input checked="" type="checkbox"/>				
			M 10/24	T 10/25	W 10/26	Th 10/27	F 10/28

**Parent/Guardian 1**

Name		Relationship to Child(ren)		
Home Phone	Work Phone	Ext	Cell Phone	
Email	Street Address	City	Zip	

**Parent/Guardian 2**

Name		Relationship to Child(ren)		
Home Phone	Work Phone	Ext	Cell Phone	
Email	Street Address	City	Zip	

**Emergency Contact Other Than Parent**

Name	Home Phone	Work Phone	Cell Phone
Name	Home Phone	Work Phone	Cell Phone

Persons other than Parents and Emergency Contacts who are authorized to pick up your child from Las Posas Children's Center

**Las Posas Children's Center, Inc.**  
 Child Emergency Information, Health History,  
 & Medical Release

Page 1 of 2

Child's Name	Date of Birth	Sex
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**Parent/Guardian 1**

Name		Relationship to Child(ren)	
Home Phone	Work Phone	Ext	Cell Phone
Email	Street Address	City	Zip

**Parent/Guardian 2**

Name		Relationship to Child(ren)	
Home Phone	Work Phone	Ext	Cell Phone
Email	Street Address	City	Zip

**Emergency Contact Other Than Parent**

Name	Home Phone	Work Phone	Cell Phone
Name	Home Phone	Work Phone	Cell Phone

Known allergies \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I, the natural parent/ legal guardian of \_\_\_\_\_ authorize the following:

1. My child's participation in the Las Posas Children's Center, Inc. program and all its activities.
2. Las Posas Children's Center, Inc. and its staff to provide transportation to and from related Children's Center activities.
3. Las Posas Children's Center, Inc., its staff, and ambulance to provide necessary emergency transportation.
4. Las Posas Children's Center, Inc. staff to provide basic first aid treatment.
5. Any Physician or the medical staff of a licensed hospital or clinic to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

I also understand that there is risk involved with respect to such activities and will assume responsibility and will indemnify, hold harmless and defend the Las Posas Children's Center, Inc., its staff, its officers, and its agents against any claim brought on behalf of my minor child in connection with this program. This authorization will remain effective during the enrollment period of this child, unless sooner revoked in writing to said agent.

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

\_\_\_\_\_  
 Date

**Please complete and sign Page 2 of 2**

**Health History** for \_\_\_\_\_

We cannot allow anyone to participate in our camp program until immunization history is completed. **Please submit a copy of current immunization record.**

<b>Conditions</b>	<i>(Yes/No)</i>		<i>Approx. Dates</i>	<b>Allergies</b>	<i>(Yes/No)</i>	
Frequent Ear Infections	Yes	No		Hay Fever	Yes	No
Heart defect/Disease	Yes	No		Insect Stings	Yes	No
Convulsions	Yes	No		Penicillin	Yes	No
Diabetes	Yes	No		Other drugs	Yes	No
Bleeding/Clotting Disorders	Yes	No		Asthma	Yes	No
Hypertension	Yes	No		Other (Specify)		
Mononucleosis	Yes	No				

**Diseases**

COVID-19	Yes	No	
Chicken Pox	Yes	No	
Measles	Yes	No	
German measles	Yes	No	
Mumps	Yes	No	

Operations or serious injuries (*type and dates*) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Current medications \_\_\_\_\_

Other diseases \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

For Female: Has this person menstruated?

If not, has she been told about it?

Please list anything about your child that you think we should know. Are there any activities in which you don't want your child to participate?

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

\_\_\_\_\_  
Date