

# SUMMER DAY CAMP 2024

We are so excited to kick off Paramount Care Foundation's 17<sup>th</sup> annual Summer Day Camp! Kids entering 1<sup>st</sup> – 6<sup>th</sup> grade in the Fall are welcome. Spaces are limited.

We will begin taking registrations beginning April 22<sup>th</sup>. A **\$25 non-refundable deposit** is due when you turn in your registration in order to hold your child's place. The deposit will be used towards your first week tuition.

The cost of Day Camp is:

**\$90.00** per child per week, if you sign up a WEEK IN ADVANCE.

**\$100.00** per child per week, if you sign up any day after that,

**Please make checks payable to PCF**  
**All payments are Non-refundable.**

Camp will run from 9am-3pm Monday through Friday, June 10<sup>th</sup> – July 26<sup>th</sup>. We will meet in the Activity Center.

There will be **NO Day Camp** July 1<sup>st</sup> - 5<sup>th</sup> and July 8<sup>th</sup> -12<sup>th</sup> .

Children **may not be dropped off before 8:50am**, and **must be picked up** by 3:00pm.

July 8<sup>th</sup> – July 12<sup>th</sup> is our Vacation Bible School program from 9:00am-12:00pm at **NO cost. You will be getting a form to sign your children up.**

Day Camp Registration forms may be mailed to:

Paramount Care Foundation  
Attention: Mayte Hernandez  
8303 Alondra Blvd.  
Paramount CA 90723.

Or, you can download them at PCF.LA

If you have any questions, please **Contact:** Mayte Hernandez at 562-531-6820, or email [mayte.hernandez@erc.la](mailto:mayte.hernandez@erc.la)

## Summer Day Camp Registration 2024

**All payments are Non-refundable.**

Check	Week	Cost	Total	Amount Paid
Week 1	June 10 <sup>th</sup> - June 14 <sup>th</sup>	\$90.00		
Week 2	June 17 <sup>th</sup> - June 21 <sup>st</sup>	\$90.00		
Week 3	June 24 <sup>th</sup> - June 28 <sup>th</sup>	\$90.00		
VBS	July 8 <sup>th</sup> - Jul 12 <sup>th</sup>	NO CAMP	V B S	
Week 4	July 15 <sup>th</sup> - July 19 <sup>th</sup>	\$90.00		
Week 5	Jul 22 <sup>nd</sup> - July 26 <sup>th</sup>	\$90.00		
	ALL 5 WEEKS	\$450.00		

Total \_\_\_\_\_

Please fill out the entire bottom portion:

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Childs School of Attendance \_\_\_\_\_ Grade in the fall \_\_\_\_\_

Parent's Name \_\_\_\_\_

Siblings attending \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PARAMOUNT CARE FOUNDATION**  
Summer Day Camp  
Medical Form

**2024**

**Grade:** \_\_\_\_\_

(Please Print)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Person:

Parent/Guardian Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #(Home)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate Contact Person" (Use someone near the primary contact)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #(Home)(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_

City \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during day camp.

Health History

Any pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

\_\_\_\_\_

Any allergies? \_\_\_\_\_  
to Medications? \_\_\_\_\_

\_\_\_\_\_ Hay fever \_\_\_ Heart Condition \_\_\_ Diabetes \_\_\_ Insect Stings

\_\_\_ Epilepsy/Nervous Disorders \_\_\_ Asthma \_\_\_ Frequent stomach upsets

\_\_\_ Physical Handicap \_\_\_ Any major Illnesses during the past year \_\_\_\_\_

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes What? \_\_\_\_\_

Parent Medical and Liability Release Statement:

\*I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

\*I understand all reasonable safety precautions will be take at all times by Paramount Care Foundation and Emmanuel Reformed Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Paramount Care Foundation or Emmanuel Reformed Church its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

Date \_\_\_\_\_

***I give permission to take and publish pictures from my child to use in PCF advertising materials. \_\_\_\_\_ Initials***

This form shall be in effect from June 10<sup>th</sup>, 2024 - July 26<sup>th</sup>, 2024  
Unless revoked sooner in writing.