



Student Name: _____

Date Received: _____

Grade (2020/21): _____

Migrant Ed: Yes/No

My child will attend (Mi hijo atendera): My child attends WJUSD (Mi hijo atende WJUSD):

Monday/ Tuesday /Wednesday /Thursday/ Friday
Lunes/Martes/Miercoles/Jueves/Viernes

Yes/Si No/No

Please Indicate the weeks your child will attend

(Endique las semanas que asistira su hijo):

___ June 15th-July 3rd

___ July 6th - July 24th

___ 15 de Junio-3 de Julio

___ 6 de Julio-24 de Julio

Tuition Per Session (matricula por sesion):

\$125 Student qualifying for Free Lunch(para los estudiantes que califican para almuerzo gratis

\$150 Student qualifying for Reduced Lunch) (para los estudiantes que califican para el almuerzo reducido)

\$250 for Students not qualifying for Free/Reduced Lunch(para los estudiantes que no califican para el almuerzo gratis/reducido)

**Breakfast, Lunch and PM Snack is provided
(Desayuno, Almuerzo y Bocado de la tarde sera proveido)**

CONTACT INFO:

Nicole Jordan Halley
(530)681-1620

Nicole.jordanhalley@cityofwinters.org

Marina Ibarra (Español) - (530)681-6098

Betsy Bryan - (530)681-5537



Munchkin Summer Camp Emergency Contact Information

Child's Full Name: _____ Male/Female: _____

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

Home Telephone Number: _____ Email: _____

Age of Child: _____ Grade Child *will be in*: _____

Mother/Guardian: _____

Cell Phone Number: _____ Work Phone Number: _____

Father/Guardian: _____

Cell Phone Number: _____ Work Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Child can be picked up by:

1. _____ Phone Number: _____
2. _____ Phone Number: _____
3. _____ Phone Number: _____
4. _____ Phone Number: _____

Will your child be signing themselves to walk home? Yes No Days: _____

(Children may not sign themselves out the first week of camp) Time: _____

Is your child allergic to anything? _____ If so, what? _____

Does your child have any disabilities? _____ If so, what? _____

Is there anything we need to know about your child? _____ If so, what? _____

Parent Signature: _____





Waiver of Liability, Medical Release & Indemnification Agreement Minor

In consideration of the minor child being permitted by the above City to participate in the above described activities, each of us hereby waives, releases and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that the described activity may be of a hazardous, strenuous and/or physical nature; that serious accidents occasionally occur during the above described activity; and that participation in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above City and Munchkin Summer Camp activities (its officers, employees and agents) who through the negligence or carelessness might otherwise be liable to me or said child. It is further understood and agreed that this waiver, releases and assumption of risk is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agreed to indemnify and to hold the above City and Munchkin Summer Camp (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which may incur as a result of any injury and/or property damage that said minor child may sustain while participating in said activity.

I certify that I have custody, or am the legal guardian of said minor by court order. I further agree to reimburse or make good any loss or damage or cost the above City and Munchkin Summer Camp (its officers, employees, and agents) may have to pay if any litigation arises an account of any claim made by said minor or by anyone on behalf of said minor child.

I agree that in the event said minor child requires medical or surgical treatment while under the supervision of said City and Munchkin Summer Camp, in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses, which said minor may incur as a result of such treatment. I expressly permit said minor child to travel by either private automobile, entity vehicle or walk to activities and events related to the above described activity.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability, and a contract between myself and Munchkin Summer Camp and I sign of my own free will.

Name of Participant: _____ Date of Birth: _____

Signature of Participant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____





Munchkin Summer Camp 2020

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT FOR A MINOR PARTICIPANT

Entity: Munchkin Summer Camp

Describe Activity: Walking and Driving Field Trips to: (Initial each line please)

____ Town Pool (Swim Team & Swimming) ____ Town Library ____ Lester Farms Bakery
____ The Scoop ____ The City Park ____ Brenden Theaters ____ Rock n Jumps

In consideration of the participating minor child being permitted by the above entity to participate in the above described activities, each of us hereby waives, releases and discharges any and all claims and damages for personal injury, death or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that:

1. this release is intended to discharge in advance the entity, its officers, employees and agents from, and against, any and all liability, even arising out of the entity's own negligence or carelessness, connected in any way with the participation of the minor child in said activity;
2. the described activity may be of a hazardous, strenuous and/or physical nature;
3. participation in the described activity may occasionally result in injury, death or property damage;
4. knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above described activity;
5. we assume all risk of injury, and to release and hold harmless the above entity, its officers, employees and agents (even for their own negligence or carelessness);
6. this waiver, release and assumption of risk is to be binding on the heirs and assigns of each of the undersigned;
7. we will indemnify and hold the entity harmless from any losses, liability, damage, or cost or expense, including litigation, which it might incur as a result of any injury and/or property damage which said minor child may sustain while participating in said activity;
8. we will make good any loss or damage or cost the above entity may have to pay if any litigation arises an account of any claim made by said minor or by anyone on said minor's behalf;
9. in the event that said minor required medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment;
10. we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment;
11. we expressly permit said minor child to travel by either private automobile, entity vehicle or walk to activities and events related to the above described activity.

I certify that I have custody, or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability, and a contract between myself and the above entity, and that I sign it of my own free will.

Name of Participant: _____ Date of Birth: _____

Signature of Participant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____





Munchkin Summer Camp EARLY RELEASE POLICY

I understand that the intent of the Munchkin Summer Camp is *designed* for students to attend the program's full day, every day the program is offered. Although some students may have other scheduled activities* (see below), I hereby permit said child to leave Munchkin Summer Camp before the actual closing time of 5:00 pm.

Participant's Name: _____ Date: _____

Parent or Guardian's Name (Please Print): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

***Child's Other Planned Activities Information:**

Please list any other planned activities that your child may be involved in during Munchkin Summer Camp (Please Include Swim Team)

Summer Camp staff will drive or walk (*depending on what is available*) your child to and from Swim Team or Swim Lessons at the Winters Town Pool if they occur before 12pm. Staff will not take students to any other activities

- | | | | |
|----|---------------------------|----------------|-----------------|
| 1. | _____ | | |
| | Parallel Program/Activity | Estimated Days | Estimated Times |
| 2. | _____ | | |
| | Parallel Program/Activity | Estimated Days | Estimated Times |
| 3. | _____ | | |
| | Parallel Program Activity | Estimated Days | Estimated Times |

It is the responsibility of the parent to inform Camp staff if their child will be absent from the program or if they will be missing portions due to other activities.

The School Bus is available at normal in town stops & Yolo Housing, will your child be riding?
Yes / No

Fundraiser: I would like to purchase an MSC shirt for \$15! Size: YxS/ YS/ YM/ YL/ S/ M/ L/ xL

Parent Signature: _____





Munchkin Summer Camp Contract

Student: _____ Grade: _____ Phone Number: _____
(2020-2021)

The goal of the Munchkin Summer Camp is to provide students with a safe, fun and positive learning environment during the summer.

Program Components: Academic, Enrichment, Recreation, Healthy Meals/Snack, Performing Arts, STEM

All participating students will be expected to follow School standards during program hours. This means always being:

- Safe
- Respectful
- Responsible

I _____, hereby enroll my child, _____, in Munchkin Summer Camp. I understand that my child's **continued enrollment** in the program will depend on the following:

1. Program hours begin at 8:00am and end at 5:00pm
2. I will pay tuition for my child/children on time and in full for each session or my child will be dropped from the program.
3. **I understand there will be no refund of my tuition payment whether I decide to take my child out of the program or if he/she is dropped from the program due to problems with behavior.**
4. I understand that my child will not have a spot in the program until a tuition payment has been made.
5. Camp Staff **will not** notify you if your child does not attend the program. It is the parents responsibility to notify staff if the child will not be attending.
6. I will pick up my child each day at the appropriate time, between 4:30pm and 5:00pm. If I send someone in my place, I will notify Camp Staff in advance or I will send a note with my child.
7. I understand that if I don't pick up my child by 5:00pm there will be a **LATE PICK UP FEE** of \$1.00 per minute per child.
8. **Repeated late pick-ups or misconduct can result in the dismissal of my child from the program with no refund of tuition.**

Parent Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____





Munchkin Summer Camp Authorization for Release of Information

Child's Name: _____

Child's Grade in 2020-21: _____ Child's Date of Birth: _____

Some important information regarding your child may not be available to the program staff without your expressed permission. Such information may be necessary to complete program reporting requirements requested by the State Department of Education.

Your signature on this form does hereby authorize the release of the requested information as cited from the Winters Unified School District records and/or staff. Such information shall be used for program reporting or program evaluation purpose only.

We appreciate your cooperation in this endeavor. Thank you.

- Daily Attendance Records
- Helpful Behavior Indicators and Instructions
- Classroom or Activity Period Teacher/Aide Communication (in written or verbal form)
- Grades and test scores (for program evaluation purposes only. To be kept strictly confidential and reported as "group totals" and "group averages" only, not individual statistics)

I hereby authorize the release of the information cited above for such purposes and uses only as stated. I understand that I can rescind this authorization in writing at any time.

Signature of Parent/Guardian

Date





Photograph Authorization/Autorización de Fotografías

2020

Student Name: _____

Nombre de estudiante: _____

I hereby give my permission to the Munchkin Summer Camp to take photos of my child for the program purposes, including publication promoting community awareness and participation in the program.

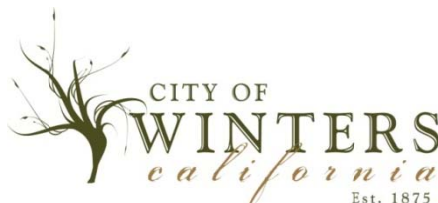
Yo, a través de este contrato, doy mi permiso al Campamento de Verano Munchkin que tome fotos de mi hijo/a para el propósito del programa, incluyendo para la promoción del programa y la participación en el programa.

Guardian/Parent Name: _____

Guardian/Parent Signature: _____ Date: _____

Padre/Guardian Nombre: _____

Padre/Guardian Firma: _____ Fecha: _____





Munchkin Summer Camp

Welcome to Munchkin Summer Camp. Childs enrollment is valid upon the return of a **completed registration packet and tuition payment**. The completed paperwork must be returned to City Hall between the hours of 8:00am to 5:00pm, Monday through Friday in the Finance Office. We will be enrolling on a first come first serve basis by grade. If your child's registration packet is not completed they will not be added to the roster until it is.

Munchkin Summer Camp operates from 8:00am-5:00pm Monday-Friday. Child drop off time is 8:00am-9:00am for breakfast in the Cafeteria and child pick up time is 2:30-5:00pm each day. **Children not picked up by 5:00pm will be subject to a \$1.00 late fee per child for every minute late, due upon pick up.**

Breakfast, Lunch and a PM snack will be provided daily.

Daily Schedule

Daily students will participate in Academics, Reading, STEM, Nutritious Meals and Snacks, Recreation and Enrichment Activities such as Crafts, Learning Games, and Performing Arts. Weekly students will participate in Field Trips or Presentations such as the Town Pool, Town Library, Museums, etc. All students will participate in each component of the program daily unless they are absent from the site.

Payment Schedule

Munchkin Summer Camp is funded and run through your child's tuition and the 21st Century Grant. Each child will be charged \$250.00 for each session of the program (3 weeks). If your child qualifies for the states Free or Reduced Lunch Program through the district, then tuition will be discounted to \$150 per session per child for those qualifying for Reduced Lunch and \$125 per session per child for those who qualify for Free Lunch. To receive the discount the students lunch letter must be turned in with the registration packet. All tuition must be paid to The City of Winters; please make **checks payable to The City of Winters-Munchkin Summer Camp**, be sure to include your **child(s) full name in the memo section**. Payments may also be made in cash or credit. For inquiries regarding payment plans please speak to Betsy Bryan, Marina Ibarra (Spanish) or Nicole Jordan Halley. Your child's enrollment for each session will not be valid unless payment has been made in full. **MSC does not offer refunds**. To reserve your child's spot tuition or payment plan payment is due with the registration packet. First session tuition is due at time of registration. If your child is only attending the second session, that tuition payment is due in full when registration packet is turned in, unless payment arrangements have been made. For those with payment plans, the first payment must be made at time of registration and the payment plan must be complete before June 1st. Payment for the 2nd session must be paid in full by June 26th for those students who are enrolled in both sessions.

