



Summer Day Camp Sign-ups

Each summer, children ages 5-13, are accepted first-come, first-serve into a 6-week program, divided into two sessions. Session one is in June for 3 weeks minus a day, we take the week off during the Fourth of July and return for session two for 3 weeks, minus a day. The present capacity is 60 children per week. The Summer Camp program is a fun-filled cognitive program immersing the children in their five senses. Each summer we pick a new theme, where campers can learn more about the amazing world around them. Children can be dropped off as early as 7:30 am and must be picked up by 6 pm. We start our day with breakfast served at 8 am, lunch is at 11:30, and afternoon snacks are at 3 pm unless it is pool day, then we wait until we get back to the center. The campers will be attending classes at the Lauro G. Deleon Center like Arts & Crafts, Sport of the week, Game Room, Reading, Home Economics, Science experiments, Drama, Cooking, and other cool things all taught around our theme of the Summer. They will have two free times, in the gym, one after breakfast and one after lunch where they can play what they want. Our registration fees do give discounts for siblings. The first week your child attends will include a rental fee charged by the Floresville 4a Board for the usage of the facility. First Child: \$155 and thereafter, \$125 per week. The second child: \$130 and thereafter, \$100 per week. The third child: \$120 and thereafter, \$90 per week. Payment schedules can be arranged and scholarships are available to those who qualify, by calling our office. We accept cash, checks, or credit cards for payments. Shop at our online store to help us with Fundraising. This camp is not a licensed Day Care but is in compliance with State of Texas Exemption laws.

Contact information: 830-581-9797, allcityyouthprograms@gmail.com, www.acyp.org,

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All City Youth Programs

Summer Camp Registration Form

Parents/ Guardians must pay fees equaling 1-week payment, in advance. To be eligible for a longer payment plan parents must start payments before camp actually starts, with the understanding that non-payment can cause the camper to lose their spot. No refunds.

Child's Last Name - First Name	DOB	Age	Gender
1.			
2.			
3.			
4.			

See Attached flyer for Camp dates and description of week's activities

Address	City & Zip
Parent/Guardian	Phone
Emergency Contact	Phone
Parent's Email address	

Check box for weeks attending /	\$125 for 1st child, \$100 for 2nd, \$90 for 3rd or more/Amount /	Payment made by Ck, CC or Cash
Session 1 - Week One	\$	
Week Two	\$	
Week Three	\$	
Session Two - Week 4	\$	
Week 5	\$	
Week 6	\$	
One time Usage Fee	\$30 per child upon entrance to program	\$

I, parent/guardian of the above named child, understand and accept the payment terms and refund policy, as stated above. I also, hereby give my permission for his/her participation in the elected program above. I understand the All City Youth Programs (ACYP), the City of Floresville, and the 4(a) Board and affiliates are not responsible for any sickness or injury that the above named child may receive while in attendance of this program. In case of a medical emergency, I agree that 911 should be called and every effort will be given to contact me or any other emergency contacts that I list. No insurance is provided by ACYP. I give my permission for any pictures of my child taken during this program to be used for ACYP promotions, unless otherwise stated in writing. This program is not a licensed Day Care, but exempt from DFPS regulation under the Short Term Program: A State Program 40: TAC 745:117(2).

Parent/Guardian Signature: _____ Date: _____



Summer Day Camp Supply List

- 1. No Toys, blankets, stuffed animals, or electronics from home.**
- 2. Every Wednesday is movie day. The items needed are a hoodie or a sweater, no blankets or sleeping bags. We have a big screen where children will be seated at tables. We treat the campers with fresh popped popcorn and juice or snow cones. We try to give the children a real movie atmosphere. You may request a list of movies we will be showing.**
- 3. Every Friday is Swim Day. The items needed are sunscreen, a towel, flip-flops, or other swim shoes, and they must wear their bathing suits under their clothes. We do not change the children into their bathing suits or into dry clothes. We walk to the City Pool a little before 4 pm. We swim for approximately 45 minutes and then walk back to the center. If you need to check your child out during swim, I will have the check-out roster with me.**
- 4. If your child is highly allergic to certain foods, please provide them with lunch and snacks. Make sure you list their allergies on the Medical Information form.**
- 5. All children must wear closed-toed, soft sole shoes, preferably gym shoes. Please no flip flops or sandals, except for Thursday. Children will be required to keep their shoes on during camp for health and safety reasons.**
- 6. You may send money with your child if they want to purchase concession stand items, but please put the money in a plastic bag with your child's name on it and hand it to the monitor when dropping off your child. Concession stand items, like chips or cookies, can only be purchased after they finish their lunch or at snack time. Soda & candy will only be sold when they are leaving to go home. If you do not want your child to buy soda & candy, let us know.**

We are not responsible for any lost items



All City Youth Programs

Medical Information & Emergency Contact List

Child's Name Or Names: _____

Gender/ Age of Child _____

Name of Parent/ Parents child resides with: _____

Name of Parent child does **not** reside with: _____

Phone Numbers: Mother _____ Work _____

Father _____ Work _____

E-mail address _____

Notes (regarding schedules, etc.): _____

Additional Emergency Contact Numbers (other than parents)

Name: _____ Relationship to child: _____

Phone Numbers: _____

Name: _____ Relationship to child: _____

Phone Numbers: _____

Health Insurance: _____ Policy Holder Name: _____

Policy # _____ Group _____

Medical Information:

Asthma: Yes ☐ No ☐ How is it treated _____

Allergies: Yes ☐ No ☐ Specify _____

Physical Restrictions: Yes ☐ No ☐ Specify _____

Learning Disabilities: Yes ☐ No ☐ Specify _____

Medications: Yes ☐ No ☐ Specify _____

This Program does not give out medications. Please let us know with a written statement that your child can take their medication by themselves, list what the meds are and times taken. Your child's meds should be in a clear baggy clearly marked with your child's name. All meds will be kept in our office.

Pediatrician's Name: _____

Address: _____ Phone Number: _____

Dentist's Name: _____

Address: _____ Phone Number: _____



Parental Consent for Child Pick-up

Please Print the person or persons who will be picking up your child from Summer Camp, including yourself. The people you chose must have some form of picture identification so we can make sure the right person is picking up your child. We will not allow your child to be picked up by anyone, other than the people you have authorized. We will not allow your child to be picked up by an authorized person if the person is intoxicated or under the influence of some type of substance that alters their normal state of being. The person picking up your child must be 18 years of age or older.

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

Print Child or Children's name(s) who will be picked up from Summer Camp or the After School Program.

I the undersigned agree to the terms above.

Parent's Signature

Date

All City Youth Programs

Summer Day Camp Parent Contract

We hope your children have fun with us this summer. We have lots of planned activities to keep their minds active and their bodies moving. Please make sure you sign in your child's name and arrival time when dropping him/her off and make sure you put down your pick up time when your child is signed out, by you or your designated person. Children may not sign themselves in or out, must be a parent or parent appointed adult. This is a safety measure to make sure all children are accounted for.

We usually have children that are on a waiting list to come into this program. I encourage scholarship parents to call us and let us know if their child is going to be absent. If we do not hear from you, losing your place in the program could be possible. If your child is absent for 2 days or more without notice.

Breakfast will be served from 8:00 to 8:30 and lunch from 11:30 to 12:30, so if your child comes into the program after these designated times, please make sure they have eaten or you provide them with something to eat. The USDA Food Grant rules do not allow us to feed before or after these designated Breakfast and Lunch hours. We do provide afternoon snacks.

All children must be dressed in appropriate clothing (nothing that we might deem provocative). No flip flops, open toed shoes, bare feet or stocking feet will be allowed. A cell phone, ipad, or any other gaming device will not be allowed. The children are not allowed to text or talk out of turn during class. Such items will be stored in my office for their supervised use until they are ready to go home.

We are, for class management purposes, initiating the "3 strikes you're out" rule. This rule helps us manage the discipline in each class, which of course keeps the children safe. Each teacher will give the misbehaving child two redirects, with the third redirect resulting in an office visit. If the teacher has to redirect the child's bad behavior after an office visit, the child will get one strike for that class period. A child with 3 strikes for the day will not be allowed to come back into the program for 2 days (there will be no refunds for the 2 day consequence). We give each child a clean slate every day to encourage them to behave. We want them to have fun, but as you know, children must have clear boundaries and learn to follow instructions, in order to keep them safe and to ensure that all the children can enjoy this program. My discipline actions with any child coming into my office end up with time out, after discussing with the child, their behavior choices.

Please be in line to pick your child up on or before 6 pm. We will charge you \$1.00 per minute, per child, after 6 pm because our volunteers want to go home and we have to prepare for the basketball league which starts promptly at 6 pm.

Thank you,
Debbie Bolf
Executive Director

I, the undersigned, have read and understood the above contract. I accept the above terms and instructions.

Signature

Date