



# NOCCS Rocks Summer Camp Registration

## **Camper Information**

Camper Name: \_\_\_\_\_ Gender: M F

Birth date: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

## **Parent/Guardian Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **Pick-up Information**

I give the following people permission to pick up my kids at camp:

1) Drop Off/Pick Up Adult Name & Phone #s:

2) Drop Off/Pick Up Adult Name & Phone #s:

## **Emergency Contact Information**

1) Emergency Contact Adult Name & Phone #s:

2) Emergency Contact Adult Name & Phone #s:

PLEASE LIST ALLERGENIC, MEDICAL, AND EMOTIONAL CONDITIONS THAT NOCCS ROCKS CAMP OR MEDICAL ATTENDEES SHOULD BE AWARE OF:

## **Medical Release**

PARENT/MAIN CONTACT AUTHORIZATIONS: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. In consideration of acceptance of this authorization, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators, waive and release all rights and claims that may arise against NOCCS Rocks Camp, and persons affiliated with this camp. I hereby give permission to NOCCS Rocks Camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to NOCCS Rocks Camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## **Permission For Walking Trips**

I give my permission for my child to go on field trips within walking distance from NOCCS. My child will be with staff at all times. I have provided the camp with emergency contact information, which will be taken on all field trips.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## **Camp Information**

**Hours:** Full Day: 9 a.m. – 4 p.m.  
AM Session: 9 AM - 12 PM  
PM Session: 1 PM - 4 PM

**Location:** NOCCS  
1000 42<sup>nd</sup> Street  
Oakland, CA 94608

**Cost:** \$300/week (full day)  
\$150/session (half day)

**Extended Care:** \$30 per week 8 a.m.— 9 a.m.  
\$50 per week 4 p.m. – 5:30 p.m.

## **Specials:**

\*\* Early Bird/Multi-Week Special: Register for all three weeks by March 15, 2010 for \$280/week (a \$60 value!) \*\*

\*\* Sibling Discount: Enroll two children in full-day camp for all three weeks and receive one week **free** for one child (a \$300 value!) \*\*

Payment plans and a limited number of partial scholarships available. Contact Mariah Landers at [mlanders@noccs.org](mailto:mlanders@noccs.org) for a scholarship application.

## **To Register**

Turn registration forms and payment in to Lily Jones, leave in her mailbox in the NOCCS office, or mail to NOCCS (Attn: Lily Jones) at 1000 42<sup>nd</sup> St. Oakland, CA 94608.

Make all checks payable to NOCCS.

Indicate sessions you would like to enroll in with an X. See information packet for details about each session. Note that the grade ranges refer to the grade your child will be entering in Fall 2010. To figure out fees, please fill out the appropriate worksheet on the following page.

### **Week One July 12<sup>th</sup> - July 15<sup>th</sup>**

<i>AM Session 9 AM - 12 PM</i>		<i>PM Session 1 PM - 4 PM</i>	
Art Studio (K-3)		Science Laboratory (K-3)	
Discover the World (4-6)		Discover the World (4-6)	
Play-Well Legos (2-6)		Music Production (4-6)	
		Play-Well Legos (K-1)	

### **Week Two July 19<sup>th</sup> - July 23<sup>rd</sup>**

<i>AM Session 9 AM - 12 PM</i>		<i>PM Session 1 PM - 4 PM</i>	
Art Studio (K-3)		Science Laboratory (K-3)	
Discover the World (4-6)		Discover the World (4-6)	
Play-Well Legos (2-6)		Music Production (4-6)	
		Play-Well Legos (K-1)	

### **Week Three July 26<sup>th</sup> - July 30<sup>th</sup>**

<i>AM Session 9 AM - 12 PM</i>		<i>PM Session 1 PM - 4 PM</i>	
Art Studio (K-3)		Science Laboratory (K-3)	
Discover the World (4-6)		Discover the World (4-6)	
Play-Well Legos (2-6)		Music Production (4-6)	
		Play-Well Legos (K-1)	

**Full Day**

For full day campers:

_____	x \$300 (weekly rate)	=	\$ _____
_____	x \$30 extended am care	+	\$ _____
_____	x \$50 extended pm care	+	\$ _____

**Total amount due \$ \_\_\_\_\_**

**Early Bird/Multi-week Special**

For those registering for all three weeks before 3/15/10:

3 x	\$280 (weekly rate)	=	\$ 840
_____	x \$30 extended am care	+	\$ _____
_____	x \$50 extended pm care	+	\$ _____

**Total amount due \$ \_\_\_\_\_**

**Sibling Discount**

For those registering two siblings for all three weeks before 3/15/10

6 x	\$280 - Sibling Discount (\$280)	=	\$ 1400
_____	x \$30 extended am care	+	\$ _____
_____	x \$50 extended pm care	+	\$ _____

**Total amount due \$ \_\_\_\_\_**

For those registering two siblings for all three weeks after 3/15/10

6 x	\$300 - Sibling Discount (\$300)	=	\$ 1500
_____	x \$30 extended am care	+	\$ _____
_____	x \$50 extended pm care	+	\$ _____

**Total amount due \$ \_\_\_\_\_**

**Half Day**

For half day campers:

_____	x \$150 (half day rate)	=	\$ _____
_____	x \$30 extended am care	+	\$ _____
_____	x \$50 extended pm care	+	\$ _____

**Total amount due \$ \_\_\_\_\_**