

Date Received _____



Other Side for Camp
Selection

<p>Camper Last Name _____ First Name _____ Male or Female _____ Age _____ Birth Date ____/____/____ School _____ Grade _____</p> <p>Allergies or Intolerance to food, medication, etc. _____ _____ _____</p> <p>Any Special Needs? _____ _____ _____</p> <p>Parents/Guardians (primary contact) _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Email _____ (primary contact) Email _____ (secondary) Is this camper a current Lopez Studios, Inc. student? Yes * No</p>	<p>Parent/Guardian Business Phone _____ Parent/Guardian Home Phone _____ Parent/Guardian Cell Phone _____ Other Phone Contact _____ (_____)</p> <p align="center">EMERGENCY CONTACTS</p> <p>Camper's Physician _____ Firm _____ Phone _____ Health Insurance _____ Policy Number _____</p> <p>Emergency Contact #1 _____ Home Phone _____ Cell Phone _____ Address _____ Relationship to camper _____</p> <p>Emergency Contact #2 _____ Home Phone _____ Cell Phone _____ Address _____ Relationship to camper _____</p> <p>List persons authorized to pick up camper:</p> <table style="width:100%; border: none;"> <tr> <td style="width:70%;">Name _____</td> <td>Phone _____</td> </tr> <tr> <td>Name _____</td> <td>Phone _____</td> </tr> <tr> <td>Name _____</td> <td>Phone _____</td> </tr> </table> <p>How did you hear about our Winter/Spring Break Camps? _____</p>	Name _____	Phone _____	Name _____	Phone _____	Name _____	Phone _____
Name _____	Phone _____						
Name _____	Phone _____						
Name _____	Phone _____						

Winter Break Camp Policies 2010

Fees Due: All applicable registration fees and an initial non-refundable deposit per camper are due at the time of registration. The remaining balance will be due on **December 15th, 2010**. Campers registered within 2 weeks of the start of the camp program will need to pay all applicable fees and tuition in full at the time of registration. Balances paid late will be subject to a **\$30 late fee** for confirmed registered campers. An additional non-refundable deposit per camper will be due for campers registered for the Extended Camp Program.

Refund Policy: No refunds will be given for any reason (missed days, illness, etc.) and all deposits and registration fees paid are non-refundable. Likewise, no refunds will be issued after camp balances have been paid. These include fees paid for tuition, registration, hot lunch, extended camp hours, transportation, or any other service or product requested and paid for in advance.

Liability Waiver: Lopez Studios, Inc. desires to provide a safe and enjoyable camp program for all campers, but understands that accidents can still occur. Parents understand that there are risks involved with transportation and other associated camp activities. In consideration of your child being allowed to participate in this program, parents/guardians agree to assume responsibility for those ordinary and reasonable risks associated with travel and summer camp activities. Parents will agree to hold harmless Lopez Studios, Inc., its affiliates, employees, agents, and representatives, including volunteers and drivers from any and all claims arising from their child's participation. We also certify that we have read and will abide by all of the camp policies as stated above. In addition, I (we) have thoroughly read and understand all information pertaining to our camp selection including but not limited to fees, non/refundable items, due dates, late fees, and any additional requirements needed to participate in the selected camp. Lopez Studios, Inc. reserves the right to cancel any camp program for low enrollment or any other reason it deems necessary by contacting registered campers when this decision has been confirmed and issuing 100% of all fees paid in advance.

Emergency Health Authorization: Lopez Studios, Inc. and its representatives have parents/guardians permission, in an emergency when you or your camper's physician cannot be reached, to take the camper at parent/guardian expense to the emergency room of the nearest hospital; and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of the camper.

Parent/Guardian Signature: _____ **Date:** _____

I give permission to administer Tylenol to my camper if needed YES NO (please circle)

CAMP SELECTION- Indicate all registered camp programs and complete applicable information.

WINTER BREAK CAMP

December 23-31 2010 7 days

<p>Tuition</p> <p>_____ Hot Lunch Program Select Dates: _____ _____ (see menu)</p> <p>_____ AM Extended Camp Hours (7-9AM) _____ PM Extended Camp Hours (3-6PM) _____ Both AM & PM Extended Camp Select all that apply above</p>	<p><u>Tuition</u></p> <p>\$42 per day \$42 X _____ (#days) = \$ _____</p> <p>\$7.50 per meal \$7.50 X _____ (# lun.) = \$ _____</p> <p>\$15 per day (7AM-9AM) \$20 per day (3PM-6PM) \$30 per day</p>	<p><u>Deposit Due</u></p> <p>\$15 per day \$15 X _____ (#days) = \$ _____</p>	<p><u>Select Age Group</u></p> <p><input type="radio"/> (grades K-3) <input type="radio"/> (grades 4-6)</p> <p><u>Select Dates</u></p> <p><input type="radio"/> Dec. 23 <input type="radio"/> Dec. 24 <input type="radio"/> Dec. 27 <input type="radio"/> Dec. 28 <input type="radio"/> Dec. 29 <input type="radio"/> Dec. 30 <input type="radio"/> Dec. 31</p>
	<p>Tuition Due \$ _____</p>	<p>Deposit Due \$ _____</p>	

<p>Registration Fee: \$35 per camper (if registered after Dec. 10th.)</p>	<p><u>Please complete if paying by Credit Card</u></p> <p>Card Holder _____ Card Type: Visa * MC * Amex * Disc</p>
<p>Grand Total Due: \$ _____ add Tuition Columns & Registration Fee</p>	<p>Account # _____ Expiration date: ____/____/____</p>
<p>Total Deposit Due: \$ _____ Pay Now (add Deposit Columns & Registration fee)</p>	<p>Authorized Signature: _____ Security Code _____ (located on back of credit card)</p>
<p>Balance Due: \$ _____ subtract Deposit Due from Grand Total Due</p>	<p>(please indicate option) ___ Use for Deposit Only ___ Use For Deposit & remaining balance when due</p>

**WELCOME TO OUR
 WINTER BREAK CAMP 2010**