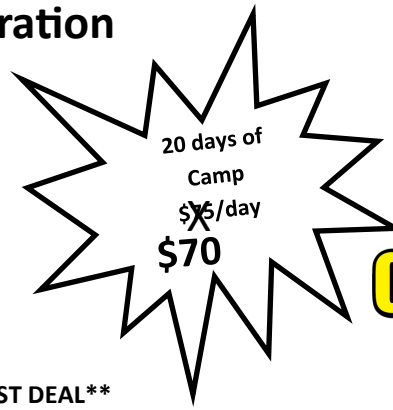


Phoenix Ranch Summer Camp Registration Form

(805) 527-7764

Campers entering TK-6th Grade

June 9, 2025 - August 8, 2025



FEES

Registration Fee	\$85/child
Ranch Camp Tuition (less than 20 days)	\$75/day
Ranch Camp Tuition (20 days or more)	\$70/day **BEST DEAL**
Emergency Daily Rate (If enrolling after deadline)	\$80/day
Afternoon Extended Care (4:30-5:30 PM)	\$25/5 days or \$30/day emergency rate

READ AND INITIAL NEXT TO EACH IMPORTANT NOTE BELOW:

- Initial Here** _____ Tuition and fees are due upon enrollment.
- Initial Here** _____ There is a 6 day minimum.
- Initial Here** _____ Registration will be honored on a first come, first serve basis (space is limited).
- Initial Here** _____ You must register by the Monday prior to the week your child will attend Ranch Camp or the cost is \$80/day.
- Initial Here** _____ No refunds or credits! Camp days are non-transferable.
- Initial Here** _____ Ranch campers are allowed 3 makeup days due to illness if you call the office before 9 AM on the day your child is out.
- Initial Here** _____ I have read and agree to the Summer Camp Illness Policy.

TELL US ABOUT YOUR CAMPER!

Camper's Full Name _____ DOB _____ School _____ Grade in Fall _____ Sex _____

Buddy Request _____ Health Considerations _____ T-Shirt Size _____

Parent/Guardian #1: Name _____ Phone # _____ Email _____

Parent/Guardian #2: Name _____ Phone # _____ Email _____

Address _____ City _____ Zip Code _____

REGISTRATION FOR RANCH CAMP

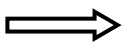
Camp Hours: M-F 8:00-4:30 PM. Extended care is available from 7:30-8:00 AM for no additional charge and 4:30-5:30 PM for a fee.

My child will attend the following:

- Little Ranch Camp** Grade Levels: Entering TK – 2nd Grade (Campers must be 4 years old by June 1, 2025)
- Big Ranch Camp** Grade Levels: Entering 3rd – 6th Grade
- Afternoon Extended Care**

My child will attend the following days of Ranch Camp:

Week 1: June 9-June 13	___ M, 6/9	___ T, 6/10	___ W, 6/11	___ Th, 6/12	___ F, 6/13
Week 2: June 16-June 20	___ M, 6/16	___ T, 6/17	___ W, 6/18	No camp Th, 6/19	___ F, 6/20
Week 3: June 23-June 27	___ M, 6/23	___ T, 6/24	___ W, 6/25	___ Th 6/26	___ F, 6/27
Week 4: June 30-July 4	___ M, 6/30	___ T, 7/1	___ W, 7/2	___ Th, 7/3	No camp F, 7/4
Week 5: July 7-July 11	___ M, 7/7	___ T, 7/8	___ W, 7/9	___ Th, 7/10	___ F, 7/11
Week 6: July 14-July 18	___ M, 7/14	___ T, 7/15	___ W, 7/16	___ Th, 7/17	___ F, 7/18
Week 7: July 21-July 25	___ M, 7/21	___ T, 7/22	___ W, 7/23	___ Th, 7/24	___ F, 7/25
Week 8: July 28-August 1	___ M, 7/28	___ T, 7/29	___ W, 7/30	___ Th, 7/31	___ F, 8/1
Week 9: August 4-August 8	___ M, 8/4	___ T, 8/5	___ W, 8/6	___ Th, 8/7	___ F, 8/8



TURN PAGE

READ THE TERMS BELOW AND PROVIDE FULL SIGNATURE.

PARENT/GUARDIAN AGREEMENT OF TERMS

Admittance to Camp Phoenix Ranch admits students without regard to race, color, national origin, ancestry, sex, religion or creed. **Phoenix Ranch** reserves the right to modify this agreement at any time by giving the payer a written 30-day notice of modification. All arrangements for change of services must be made in writing and approved by the administration. A child shall not be admitted to camp until all of the Camp Registration requirements (Registration Form, Health Form, signed Summer Camp Illness Plan and Full Payment) have been received by Phoenix Ranch Summer Day Camp. I understand that Phoenix Ranch is not a special needs camp and therefore cannot provide services to accommodate a "special needs" camper. My child is physically, emotionally, socially, and cognitively able to participate in the activities scheduled for camp, and will participate in all camp activities without infringing upon the rights of others (fighting, stealing, abusive language or other negative behavior).

Camp Activities offered at camp such as swimming, sports, and more may add increased risk, and I permit my child to participate in such activities.

Swim I acknowledge that while every effort can be made to create a safe pool environment, swimming can be a hazardous activity. I agree to hold Phoenix Ranch harmless for any injury that may occur to my child.

Change of Program and Registering for Additional Days You must make schedule changes and/or register for days of the coming week by the Monday prior. If registering after that Monday, the daily rate for that coming week will be \$80 per day. For example, if you would like to register for days during the week of July 14, 2025 - July 18, 2025, you must do so by Monday, July 7, 2025. Full payment is due at registration.

Returned Check Fee There is a \$30.00 charge for any returned check or ACH debit for non-sufficient funds. Payments in the future may be required to be cash, money order or cashier's check.

Late Pick-Up Fee There is no grace period after your child's scheduled camp end time. If your child is not registered for EDC and is picked up after 4:30 p.m., or if your child is registered for EDC and is picked up after 5:30 p.m. you will incur a \$15 charge for the first 10 minutes and \$2/minute thereafter.

Staff and Parent/Guardian Relationship: Phoenix Ranch School and Camp staff members are not permitted to provide services, such as but not limited to tutoring, carpooling, and babysitting outside of school sponsored activities. Further, this policy prohibits staff and parents from the following: 1) socializing with one another outside of school related events and activities 2) befriending one another on social media sites such as, but not limited to, Facebook or Instagram.

School/Camp to Home Communication All communication between Administration and the families of the school is done via email, phone, Procure mobile app or flyers sent home with each student. It is imperative that you submit your cell phone number and email address to the school office during the enrollment process. It is your responsibility to read all correspondence by Phoenix Ranch School and Camp to make sure you are aware of all camp happenings, announcements, reminders, news, etc. All emergency related messages will be relayed via email, text message, Brightwheel mobile app and/or telephone.

Child's Photo I give permission for my child's photograph and video to be used for publicity purposes for Phoenix Ranch School and Camp, including but not limited to school websites, Facebook and any other social media as well as marketing in print.

Student Privacy Personal information regarding each student is confidential and will be discussed with only the parent(s) or legal guardian(s) of the child. In the event that there is an altercation between two or more children at the school, the names and identifies of the children involved will be kept confidential. Only information regarding your child will be discussed with you.

Siblings In the case of siblings enrolled at Phoenix Ranch, the administration may elect to treat the various contractual obligations relating to the enrollment of the sibling as a single obligation. In case of default on one sibling's enrollment contract, Phoenix Ranch may pursue dismissal or other remedies against the other enrolled sibling(s).

Consent for Medical Treatment In case of an emergency, permission is hereby granted to Phoenix Ranch School and Camp and consultant physicians to treat my child, to carry out essential diagnostic procedures, and to make necessary referrals to private physicians or other community facility as indicated.

Student Allergies/Asthma/Other If a child requires an inhaler, EpiPen, or other medication to control an allergy or other medical condition, the family must provide a written plan from the child's physician to include the following information: Name of student, name of medication, dosage, and instruction on how to administer the medication correctly. The family must provide 2 duplicates of the medication along with the plan.

Immunizations In order to enroll, a child must have received all required immunizations or provide a medical exemption in writing, signed by parent and physician. The school must be notified of all immunization updates during the child's enrollment.

Contract Termination or Withdrawal Phoenix Ranch reserves the right to withdraw any child from the roster due to physical damage, verbal harassment, or any other action (s) by parent or child that proves disruptive to the effective operation of the school. The cost to repair damages to the school by a child or parent will be billed to parent or guardian and/or deducted from the security deposit paid by the child's parent/guardian.

I will be financially responsible for the registered programs including any other fees incurred through participation. In the event that I withdraw my child for any reason, I know that I will be held responsible for the terms and conditions set forth in this agreement. All payments & fees are non-refundable and must be made regardless of sick days, holidays, vacations, unplanned public health emergency or natural disaster related closure, or withdrawal. I understand that there will be no refund or credit given for missed field trips. I understand that Phoenix Ranch may allow for a make-up camp day in the event of illness. On the morning of the illness, the parent must notify the Main Office to report the missed day before 9:00 a.m. A voucher may be issued. A maximum of 3 vouchers may be issued at the discretion of management during Camp 2025. I understand that The Phoenix Ranch School & Camp shall have the unilateral right to cancel this agreement at any time. I have read the Phoenix Ranch Registration Agreement and agree to the terms and conditions set forth. By signing and initialing this agreement, I as parent or guardian, am solely responsible and in agreement with all the terms and conditions stated above, including all financial obligations, policies, procedures, and other documentation provided on this form.

Default If any action to law or equity, including an action for declaratory relief is brought to enforce or interpret the provision of this agreement, the prevailing party shall be entitled to recover actual attorneys' fees, which may be determined in court in the same action or in a separate action brought for that purpose.

I have read and fully understand this agreement and have made a copy for my records. If English is not my first language, someone I trust has fully explained the agreement to me and all contained herein. I agree to pay all outstanding balances at the time of withdrawal, or the account will be referred to a collection agency, Small Claims Court, or legal counsel.

Parent/Guardian Signature _____ Date _____

Child's Full Name _____

**Bring or mail Registration Form, Health History Form, signed Illness Policy & tuition/fees to:
Phoenix Ranch - 4974 Cochran St, Simi Valley, CA 93063.**

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Turn in your completed form with your registration documents:

Phoenix Ranch School & Camp
4974 Cochran St.
Simi Valley, CA 93063

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) **Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.**
- 2) **Send the original, signed FORM 1 to camp by the requested date.**

Camper Name
First

Middle

Last

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) (____)

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Relationship to Camper: _____
Date: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First Middle Last

Birth Date: _____

Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster * (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
<input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First Middle Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

PHOENIX RANCH SUMMER CAMP 2025 Illness Policy

It is expected that staff and families comply with these policies and procedures. Failing to comply may result in expulsion.

- Upon arrival each day, the staff will conduct a visual inspection of each child for signs of illness which could include flushed cheeks, rapid/difficulty breathing, fatigue, cough, or runny nose. If a staff member suspects your child may be ill, you will be asked to take your child home.
- Parents are encouraged to conduct their own wellness check at home before coming to camp. If your child appears ill, please keep him/her home, and inform the camp.
- If a child develops a fever or symptoms of illness while in camp, parents will be notified immediately, and the child must be picked up within 30 minutes.
- If a child develops symptoms of highly contagious illnesses or conditions, parents will be notified immediately, and the child must be picked up within 30 minutes to prevent the spread of infection. Campers may only return once they have been cleared by a healthcare provider and are no longer contagious.
- **Your child must stay home if he/she:**
 - has a temperature of 100 degrees or higher (in order to return, your child must be fever free for 24 hours)
 - has a cough
 - has shortness of breath
 - has a sore throat
 - has a runny nose
 - has a tummy ache
 - vomits, even if just once
 - has even one bout of diarrhea
 - has a rash of any kind
 - is lethargic and not his/her usual self
 - is suspicious of being ill, based on the staff's observations
 - has lost a sense of smell or taste
- If you disagree with the camp's decision to send your child home, you must pick-up your child regardless and may return the following day with a doctor's note clearly stating your child has been seen by the doctor and may safely return to camp without the risk of infecting others.
- If a child is sent home for illness related reasons, he/she must remain home for at least 24 hours, even if symptoms don't appear at home.
- If a staff member or student tests positive for Covid-19, the individual must be isolated.
 - The individual may return after Day 5 if:
 - They are asymptomatic or their symptoms have greatly improved, and they are 24-hour fever free.
 - They take a test on Day 5 or later and are negative.
 - A well-fitting face mask worn indoors is suggested upon return to camp through Day 10.
- All children must be up to date on all required vaccines.
- If a student or staff member lives with someone who tested positive:
 - Quarantine is required. Each situation is different (e.g. whether the family member is isolated, how long the family member is sick, etc.), so we will design a quarantine timeline for the specific child or staff member. Please note that the required quarantine could exceed 5 days.

Tuition Policy for Camp Closures

We do not anticipate closing cohorts this summer. However, please note that guidelines may change. Campers who need to quarantine can schedule make-up days, subject to space and availability. No refunds will be given for days missed due to outside exposures.

Our Camp reserves the right to dis-enroll any student at any time. We ask that you take our Illness Policies seriously and support us in our efforts to keep the camp as safe and healthy as possible. We must work together!