



All Day Kids Camp

Summer Day Care

Kindergarten Graduate - 11 years of age

Fax Registration to: 510-578-4851. Visa or MC payment required.

Deposit: At time of registration, a \$35 deposit is required for each week. There are no refunds, credits, or transfers of deposits made.

Weekly Payment: The weekly balance of \$175 is due by 12:00pm on Monday mornings to avoid a daily late fee of \$10.

Withdrawal Policy: If you need to withdraw your child, please email karen.moraida@newark.org or call 510-578-4432 no later than Wednesday 12:00pm of the prior week or you will be required to pay the weekly payment.

Summer Day Care is exempt from the Recreation & Community Services Department Refund Policy.

Activities include: field trips (admission fee and bus transportation) arts, crafts, organized games, team building, special events, and nutritious daily snacks. Daily lunch is not provided.

Dates: June 18-August 17

Time: 7:00am - 6:00pm

Fee: \$210 per week

Children will be separated by age groups

SDC Location:

Newark Community Center
35501 Cedar Boulevard

Karen's Office Number:
510-578-4432

Summer Day Care 2018 Fax Registration Form

(fax completed form to 510-578-4851)

Child's Name _____ Date of Birth _____ Gender: M F

Address _____ City/Zip _____

Telephone (day) _____ (cell) _____ (home) _____

Weeks Needed: *closed 7/4

June 18-22 _____	June 25-29 _____	July 2-6* _____	July 9-13 _____	July 16-20 _____
July 23-27 _____	July 30-Aug 3 _____	Aug 6-10 _____	Aug 13-17 _____	

Release of Liability: I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. By signature below, I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation in the above named program/activity.

I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the City of Newark, its officers, agents, employees, or volunteers from and against any and all such claims, whether caused by negligence or otherwise.

I further understand that the City of Newark is not and will not be responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity.

Visa/MC: _____ Name on Card _____ Ex date _____

Parent' Name: _____ Parent Signature: _____
(please print)

Email: _____