



# TOM SAWYER CAMPS, INC.

707 West Woodbury Road #F, Altadena, CA 91001, (626) 794-1156  
www.tomsawycamps.com

Dear Parent

Welcome to AVESON AFTER SCHOOL CAMP! We hope that your child will be joining us this coming school year.

Tom Sawyer Camps (TSC) is one of the pioneers of youth camping in Southern California, and has operated a camp since 1926. In 1984 TSC began a unique after school program for elementary-aged children based on the successful philosophy of our summer camp. We opened a program at Polytechnic School in 1997, another program at The Waverly School in 2002 and one at The Odyssey Charter School in 2008. We are delighted to offer our high quality program to all Kindergarten through fifth grade students of The Aveson Charter School for the first year.

Our camp's reputation is based on the quality of our staff. We feel that the key to our successful program rests with the counselors: high-energy college and high school students who are experienced with children, trained and evaluated in safety, positive discipline methods and child development, and most of all, who love to have FUN!

We believe that each child is special and has gifts that are unique to him/herself. At Aveson After School Camp we will model and reinforce the skills that help our campers succeed throughout life: sharing, being patient, resolving conflicts peacefully, and learning how to make and keep friends.

The information that follows will provide you with considerable detail regarding our program and operations. Please read it carefully.

If you would like to enroll your child in Aveson After School Camp, fill out the enclosed forms and return to us as soon as possible. **A \$100 payment (\$75 deposit, \$25 non-refundable fee) should accompany the forms.** We will need all the information in order to coordinate our program schedules.

***The first day of AASC is Tuesday, September 7, 2010.***

Call our camp office if you need further information at (626) 794-1156. We're looking forward to a fun and exciting year with your child!

Sincerely,

Marah Lyvers  
After School Camp Director

# AVESON AFTER SCHOOL CAMP

## GENERAL INFORMATION

### DAYS/HOURS PER WEEK

**We are open from school dismissal until 6:00 PM, Monday through Friday.** We will be closed on Thanksgiving and the day after, selected days during the Winter Holidays, New Year's Day and Memorial Day. We will provide full day care if we have **10** or more children on other holidays (Presidents' Birthday and Martin Luther King's Birthday) and on certain school holidays and vacations to be announced. Watch the AASC bulletin board for the extra days' sign-up lists.

Our billing system is as follows. We bill each week, based upon the number of days each child attends. These are our 2010 - 2011 Aveson After School Camp fees:

5 days per week:	\$78
4 days per week:	\$70
3 days per week:	\$55
2 days per week:	\$42
1 day per week*:	\$25

<p><b>Multi-Child Discount:</b> If you are enrolling more than one child, each week your statement will include a 10% discount off your total amount owed.</p>
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For any option less than five days per week, we ask that you choose the days in advance (for example: 3 days – Mon/Wed/Fri). However, you are welcome to call our camp office any day **prior** to 11:00 AM and switch days (for example: this week John will attend Mon/Thurs/Fri instead of Mon/Wed/Fri).

In order to ensure the quality of our program we have a **two-day-a-week minimum enrollment policy**, unless the week is a minimum week and includes school holidays, which we then would impose a **one-day minimum**. *If your child comes for only one day during a typical week we will bill you for two days in accordance with this policy.* During any given week, if your child is not able to be with us on a day he/she is scheduled to attend, you may substitute another day during **that same week**. This two-day per week billing policy does not apply if one of the two days you originally selected falls on a scheduled school holiday.

On Wednesdays, Aveson has an earlier dismissal time. The fee for Wednesday will not be increased to compensate for the extra time.

### FULL DAY AND ½ DAY PROGRAMS

School holidays are a unique opportunity for us to go on fieldtrips and other special adventures. We will offer full day and half day programming on select school holidays and need a minimum of 12 campers to host the day. Sign up sheets will be placed on the sign out clipboard. We charge \$50 per camper per full day and \$25 per half day. We also will provide half-day programs on days the Aveson has half day dismissal. On days that we offer half day programming we will stay on campus. In order to ensure adequate staffing we need to know in advance if your child will be joining us. Please watch the sign out clipboard for the opportunity to sign up. Cancellations for full days and half days must be made 48 hours in advance or you

will be billed for the day. We cannot accept “day of” walk-ins. Please call the office with any questions.

## **BILLING**

**At the beginning of each week you will be billed for the previous week's tuition and optional activities. Payment is due at that time.** We accept cash, check or credit card payments (Visa/Mastercard only). If it is inconvenient for you to pay weekly other arrangements must be made with the administrative director. You can leave your check in the red folder at the sign-out table or mail your check to the TSC office in Altadena. **Please keep your account current.** Failure to keep your account current may result in the dismissal of your child.

## **CANCELLATIONS**

Two weeks notice is required to permanently withdraw your camper from the program. In the event of an immediate cancellation your account will be billed for two more weeks, at the minimum two-day charge, in accordance with this policy. TSC reserves the right to dismiss a camper whose conduct or influence is unsatisfactory, or in the opinion of the director, not in the best interest of the program.

## **LOCATION OF THE PROGRAM**

We will be on the ASL campus, each afternoon centered in and around the “Café”, lower playground and the cafeteria areas. Our onsite phone number is **626-797-1765**. Please use this number to get in touch with your camper or our site staff only. This number has no voice mail and may not be used to update your camper's attendance schedule.

## **PICKING UP YOUR CAMPER**

**Parents need to pick-up their children by 6:00 PM at the site.** There is a \$1.00/minute late fee charge for each minute after 6:00 PM. This fee, **in cash**, goes to the staff that has had to wait until you arrive. If you are going to be late please call the site directly and notify us. The late fee charge will double after your third late arrival. Thank you for your consideration of our staff.

## **ABSENCES**

You must notify the camp office (626-794-1156) **BEFORE 11:00 AM** if your child is going to be absent. **This is in addition to any calls made to the Aveson School office.** Remember that we are responsible for your child beginning at dismissal and if he/she is not there to sign-in, we spend a considerable amount of time verifying his/her absence. We appreciate your help in this matter. If you do not notify the camp office by **11:00 AM** on the day your child will be absent, you will be charged for the regular day.

## **COMMUNICATION**

1. Our On-Site Director, Eric Ikari is always available at Aveson beginning at 1:00 PM until 6:00 PM. Marah Lyvers is the Administrative Director of the AASC program, and she can be reached at the TSC office (626-794-1156) or marah@tomsawycamps.com.

Please contact us with any questions or concerns regarding the program. Your feedback helps us continue to provide a quality after-school program for your child.

2. **Our site phone number is 626-797-1765.** Between dismissal and 6:00 PM this number can be used to contact the program. **Please call the Tom Sawyer office with attendance changes, not the site.**
3. “Sign-out” is a very important part of your job. You must sign out indicating the time you picked up your child. If someone other than the parent will be picking up your child, we must be notified in writing or by phone. Your child will not be released to anyone unknown to us. **Parents/Guardians, not siblings, must sign-out their child.**
4. Each family will have a folder on the sign-out table. At the beginning of each week your statement (the bill for the previous week) will be put in your folder. We will also leave flyers of up-coming events and announcements in your folder. Please check and empty your file daily.
5. **Do not give messages to the staff or put messages in the site folder regarding absences, pick-ups, etc. You must call the Tom Sawyer Camps office for changes (626) 794-1156.**

## ACCIDENTS

In the event a child is hurt at AASC and needs emergency treatment, the director will immediately try to reach the camper's parents, followed by the alternate contact. **It is therefore important to keep all your work and emergency phone numbers current.** Tom Sawyer Camps' accident insurance covers, up to our policy limits, any injury received at AASC to the extent that they are not covered by any other health and/or accident insurance covering the child.

## MEDICATION

If your child needs to take medication while at AASC, you must inform the camp office, bring the medication and give it to the director on site. There is an accompanying form that must be filled out with the medication. **Do not just send it in his/her lunchbox.** We keep all medications in a locked area. This is not only safer for your child, but for all others, and is a legal requirement.

## FOOD

We provide a snack and drink at approximately 3:30 PM each afternoon. Please send an extra snack in your camper's lunchbox if you would like more food available to your child in the late afternoon.

## TOYS AND VALUABLES

Sometimes campers bring toys and other valuable items from home (for sharing at school, etc). **We are not responsible for any of these items and campers are discouraged from bringing them to camp.** If your child does bring them to camp we can keep them in our storage area (off limits to campers) until a parent comes to claim them. *Cell phones and I pods pose a special challenge to our program. We value the personal relationships we build with our campers and feel strongly that the after school camp experience is hampered by cell phone use and personal listening devices. Please encourage your camper to leave these items at home.* If

there is something you know in advance that you would like to be “guarded,” let us know and we will keep it in the office area. Also, no wheeled equipment such as “heelys” or skates will be allowed at camp.

## ENRICHMENT PROGRAMS

**Please Note: Since our classes are contracted through outside instructors, there are no refunds for missed classes. That means if your child is absent, you will still be charged for the missed class, and for the duration of the session.**

To allow for the children’s fall schedules to settle into routine, we will begin our enrichment programs the first week of October. **Registration will be available at the site, please look for the sign up form. If you are interested, please feel free to indicate that on your enrollment form.**

### Art

We are thrilled to offer Art classes for our campers at AASC. The classes are each one-hour long and introduce the camper to a variety of media and techniques. The fringe benefit of Art is the fantastic drawings for the fridge!

Class size is limited and registration is on a first come - first serve basis. There will be fall, winter and spring sessions of Art, each approximately 10 weeks long. For staffing purposes, we ask the campers to make a commitment to the entire session. The cost is \$20.00 per week, which is added to your weekly statement. **Registration will be available at the site, please look for the sign up form.**

### Horse Back Riding!

Tom Sawyer Camps has horses of our own! On Wednesdays, the Aveson campers will travel in our TSC vans (driven by TSC class B-licensed drivers) to our corral to have an hour ride. The children truly look forward to this experience as it has become an AASC favorite. Please keep your eyes out for the schedule this fall. This class is only \$5 for each ride and each session is just 3 weeks long.

### Circus!

We have a spectacular teacher, Donna Babcock who is a professional circus arts performer. She teaches a 45 minute lesson including plate spinning, improvisational skills and culminates in a show at the end of each series of classes. We are excited to offer this monthly class to our campers free of charge!

# AVESON AFTER SCHOOL CAMP ENROLLMENT FORM

## TOM SAWYER CAMPS, INC

707 W. Woodbury Road, No. F, Altadena, CA 91001  
626-794-1156  
www.tomsawycamps.com

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Grade (in Fall '10) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Parent 1 Work No (\_\_\_\_) \_\_\_\_\_ Parent 2 Work No(\_\_\_\_) \_\_\_\_\_

Parent 1 Cell (\_\_\_\_) \_\_\_\_\_ Parent 2 Cell (\_\_\_\_) \_\_\_\_\_

**Family email address** \_\_\_\_\_

Child lives with (circle one):      Parent 1      Parent 2      Both      Guardian

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Any conditions we should know about your child \_\_\_\_\_

Parent Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Aveson After School Camp (Tom Sawyer Camps, Inc.) to secure proper treatment for my child as named above. To my best knowledge, this child is in good health. I further agree to allow my child to be used in any promotional media.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

**PROGRAM SELECTION** - Circle days of the week, then check on line next to desired option

Circle days:	Monday	Tuesday	Wednesday	Thursday	Friday
5 days/week . . . . .					
4 days/week . . . . .					
3 days/week . . . . .					
2 days/week . . . . .					
1 day/week . . . . .					

\$78.00 \_\_\_\_\_  
\$70.00 \_\_\_\_\_  
\$55.00 \_\_\_\_\_  
\$42.00 \_\_\_\_\_  
\$25.00 \_\_\_\_\_

There is a multi-child discount of 10% off the total amount owed each week.

Please turn to reverse side of this sheet, read the parent agreement, sign and date. Thank you.

<b>Office Only</b>	Dep	Date	Chk	HH	PA	Conf/Group
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# AVESON AFTER SCHOOL CAMP PARENT AGREEMENT

Please enroll \_\_\_\_\_, \_\_\_\_\_ grade, in AVESON AFTER SCHOOL CAMP located at Aveson Charter School, Altadena for the 2010-2011 school year. I understand and accept the following stipulations:

1. **I will notify the Tom Sawyer Camp office before 11:00 AM if my child will be absent that day. If I do not notify the camp office in advance I will be charged for that day.**
2. I will be billed at the beginning of the week for the previous week. Tuition is payable by Friday of that week, unless arrangements are made with the director. If I fail to maintain my account, TSC can suspend care for my child until I have paid my balance.
3. A minimum enrollment of two days per week is required. If my child attends only one day one week I will be charged for two days. My bill will reflect the two-day minimum each week. There is only one reason why the one-day minimum is honored: if my child is absent during a regular school holiday that falls on one of his/her two registered camp days.
4. Two weeks notice is required to permanently withdraw my camper from the program. In the event of an immediate cancellation my account will be billed for two more weeks at the two-day minimum charge.
5. My emergency information form will be kept current. I will notify Aveson ASC regarding any physical concerns or limitations my child may develop, or **changes in phone numbers**. A completed health history form is required for attendance.
6. **I will notify Aveson ASC if I am unable to pick-up my child by 6:00 PM. There will be a \$1.00 late fee for every minute after 6:00 PM, payable at the time of pick-up. Three late fee charges will double the late fee.**
7. Aveson ASC reserves the right to dismiss a child whose conduct or influence is unsatisfactory, or, in the opinion of the Director, is not in the best interest of the program.
8. Aveson ASC is offered from dismissal until 6:00 PM, Monday through Friday (1:15 to 6:00 on Wednesdays) except holidays and school vacations unless otherwise notified.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this agreement will be left in your file.

# TOM SAWYER CAMPS HEALTH HISTORY FORM

**This form must be returned to the Tom Sawyer office before your camper may attend After School Camp.**

Name \_\_\_\_\_ Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent 1 \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent 2 \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child lives with:  Parent 1       Parent 2       Both       Guardian

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, indicate:

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.)

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Any specific problems? (Hyperactivity, speech problems, physical challenges, etc.)

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Please state any drugs/medications that will accompany child to camp: (These must be cleared with camp office. All medications must be clearly labeled with specific instructions).

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Any medical, physical and/or emotional history, conditions, treatments or diseases that we should know?

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**IMMUNIZATION HISTORY** (Check and list dates. Month and year only)

**Please do not send a copy of immunization record.**

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_ PPD \_\_\_\_\_

# GENERAL QUESTIONS

Has/does the camper:

YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eyewear                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent infections   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Ever had back problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ever had problems with joints (Knees, ankles)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have an orthodontic appliance being brought to camp?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have any skin problems (itching, rash, acne)?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Had mononucleosis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Had problems with diarrhea/constipation?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers \_\_\_\_\_

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## PARENT'S AUTHORIZATION

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure proper treatment for me or my child named above.

This form may be photocopied.

Signature of parent/guardian of camper \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

IF FOR RELIGIOUS REASONS YOU CANNOT SIGN THIS FORM, THEN THE CAMP SHOULD BE CONTACTED FOR A LEGAL WAIVER WHICH MUST BE SIGNED FOR ATTENDANCE.