



TOM SAWYER CAMPS, INC.

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

Dear Parent

Welcome to POLY AFTER SCHOOL CAMP. We are delighted that your child will be with us this coming school year.

In 1984 Tom Sawyer Camps began a quality after-school program in Pasadena for elementary-aged children every school day until 6:00PM. We wanted to provide a loving and unique environment for the enrichment of school-aged children. Poly After School Camp began in the fall of 1997, and our vision is the same. We take our responsibility for your child seriously, yet we have fun and find great joy and satisfaction in doing this.

Poly After School Camp (PASC) serves students Kindergarten through 8th grade. Program structure and activities for each of these grades are selected according to age level and appropriateness. Our staff is second to none. We believe that the key to our successful program rests with the counselors. Our highly qualified staff consists of energetic college students experienced with children as well as experienced and mature high school students.

We believe that each child is special and has gifts that are unique to him/her. At PASC we will model and reinforce the skills that help our campers succeed throughout life: sharing, being patient, resolving conflicts peacefully, handling frustration, and learning to make and keep good 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 PASC please fill out the enclosed forms and return them to us prior to your child's attendance with us. **A \$100 payment (\$25 fee, \$75 deposit) should accompany the forms.**

The first day of PASC is Tuesday, September 8, 2009.

Call our 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



POLY AFTER SCHOOL CAMP

GENERAL INFORMATION

ENROLLMENT AND PROGRAM HOURS

We operate 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 Years Day and Memorial Day. During school holidays and half days, PASC offers full day programs. You will need to specifically sign up for these days. We need to have at least 10 children in order to be open. **If you change your mind about sending your child on one of these full days, you must cancel at least two days prior or you will be charged for that day.**

We bill each week, based upon the number of days each child attends. These are our 2009-2010 Poly 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 (grades 6-8 only):	\$25
Friday Club!	\$25

PASC is designed to be a five-day per week program, but variable day options are available. In order to ensure the quality of our program, your child must attend at least two days per week. If your child comes for only one day during a particular 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 during scheduled school week-long holidays. An exception to this policy is for middle school students, who have a one-day a week option or if one of your scheduled days lands on an official school holiday.

Based on parent feedback, we are offering a Friday only enrollment structure open to all aged campers that we call **Friday Club!** As Poly students are released at 1:50 pm on Fridays, and since typically Fridays are light homework days we want to provide even more fun! The cost for Fridays only is \$25 and will be billed regularly. Enrollment is ongoing, and *parents will be billed for the day regardless of attendance.* The exception to this policy is a scheduled school holidays, and middle schoolers (they typically go to Lake Street on Fridays anyway.) Our **Friday Club!** will include the great program and staff that our families have come to rely upon as well as extra crafts, games, activities and monthly field trips. Campers will have a say in the program elements, and work with the staff to create their intentional activities.

Kindergartners have an early dismissal schedule for the first two weeks of school. PASC will be operating camp from dismissal until 6 PM. Families interested in just utilizing the camp program for that short time are welcome to do so by indicating so on their enrollment form. The enrollment process remains the same, and families will be charged an additional \$10.00 per day to cover the extra time.

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. Cash, checks, and Visa/Mastercard are

acceptable forms of payment. If it is inconvenient for you to pay weekly other arrangements may be made with the PASC administrative director. You may leave a check in the red folder next to the sign-out sheet 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 charge, in accordance with our policy. TSC reserves the right to dismiss a camper at any time, 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

PASC is based out of the lower school playground and surroundings. We will be using the K-1st campus for the early time those children are out, and then re-locate to the classrooms just east of the Library. Our main base will be at the south end of the 6th grade rooms near our program office. This is where you will come to sign-out your child, pick-up your weekly information and find out about upcoming camp events. Our site phone number is **626-793-3504** and will only be answered during after school camp hours. Please note this for your records, but be sure to call the TSC office with any attendance changes.

PICKING UP YOUR CAMPER

Parents need to pick up their children by 6:00 PM. There is a \$1.00 per 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 us at the site (626-793-3504). The late fee charge doubles 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 Poly School office.** Remember that we are responsible for your child beginning at school 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.

FULL DAY PROGRAMS

School holidays are a unique opportunity for us to go on fieldtrips and other special adventures. We will offer full day programming on select school holidays and need a minimum number of campers to host the day. Sign up lists will be placed on the sign out clipboard. We charge \$50 per camper per full day. 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 enroll. Cancellations for the full 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

COMMUNICATION

1. The On-Site Director, Eric Ikari is available at Poly beginning at 2:30 PM until 6:00 PM. Marah Lyvers is the Administrative Director of the PASC program, and can be reached at the Tom Sawyer office, (626) 794-1156 or at marah@tomsawycamps.com for any questions or concerns regarding the program. Your feedback helps us continue to provide a quality after-school program for your child.
2. **Our on-site phone number is (626) 793-3504.** Between 3:00 PM 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, not siblings, must sign-out their child.**
4. Each family will have a folder in the sign-out box. At the beginning of each week your statement (the bill for the previous week) will be put in your folder. We will also leave calendars and flyers of upcoming events, so do check your file daily.
5. **Do not give messages to the staff or leave messages in the red 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 PASC and needs emergency treatment, the staff 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 injuries received at PASC to the extent that they are not covered by any other health and/or accident insurance covering the child.

FOOD

We provide a snack and drink at approximately 3:15 PM each afternoon. Please send an extra snack in your camper's lunchbox if you would like more food available to him/her in the late afternoon.

MEDICATION

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

TOYS AND VALUABLES

Sometimes campers bring cell phones, 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 office area (off limits to campers) until a parent comes to claim them. *Cell phones and iPods 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 our office. Also, no wheeled equipment such as “Heelys”, skateboards or skates will be allowed at camp.

ENRICHMENT PROGRAMS

The Tom Sawyer enrichment program is designed to provide high quality educational opportunities after school in a variety of subjects that reflect different interests. The following are our enrichment programs for the 2009-2010 school year. **Please Note: Since our classes are contracted through outside instructors there are no refunds for missed classes. Therefore, if your child is absent, you will still be charged for the missed class and for the duration of the session.**

Dance

Dance lessons will be provided by Plaza Production I. Plaza Production I is a small group of dedicated, professional instructors committed to bringing you the highest quality dance programs. They teach classes that combine the basics of ballet, tap jazz and creative movement. Plaza Production I has served the Southern California area since 1984.

Class size is limited and registration is on a first come-first serve basis. There will be fall, winter and spring sessions of Dance, each approximately 8 to 10 weeks long. The classes will be every **Monday** (times TBA.) Cost: \$20.00 per week.

Cooking!

This class is meant to be an introduction to cooking. The class is 90 minutes long and will focus on hands-on-cooking, food history, cooking techniques, and food hygiene. Campers will eat some of the food after class or they may take it home to bake with an adult's help. The class is for students in 1st grade and up. Each session runs for 5 weeks at a time. The class day will be determined after school starts to accommodate the most children. Cost: \$20 per class.

PIANO

We are proud to offer private piano lessons at PASC. The emphasis is on learning and having fun at the same time! Our teachers are enthusiastic about piano and are excited to share that joy with the campers. The program is designed for on-going enrollment. Students have a 30 minute lesson each week on a day that will be scheduled at the start of the fall. There is an annual Spring Talent Show to offer that needed performance opportunity! The cost for each lesson is \$25 and the session length is for the duration of the school year.

POLY 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 '09) _____ **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 Poly 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.

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						\$78.00 _____
4 days/week						\$70.00 _____
3 days/week						\$55.00 _____
2 days/week						\$42.00 _____
1 day/week (grade 6-8 only)						\$25.00 _____
Friday Club						\$25.00 _____
Kindergarten early dismissal.....						\$10.00/day _____

Optional Enrichment Programs - Check on line next to fee to enroll your camper (first come first served)

	Weekly Fee
Piano (30 minutes on Tuesdays or Wednesdays)	25.00 _____
Dance (45 minutes on Monday)	20.00 _____
Cooking (45 minutes on TBA)	20.00 _____

Office Only	Dep	Date	Chk	HH	PA	Conf/Group
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POLY AFTER SCHOOL CAMP PARENT AGREEMENT

Please enroll _____, _____ grade, in the POLY AFTER SCHOOL CAMP located at the Polytechnic School in Pasadena for the 2009-2010 school year. I understand and accept the following stipulations:

1. **I will notify the Tom Sawyer Camp office before noon 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 After School Camp Director. If I fail to maintain my account, TSC can suspend care for my child until I have paid my balance.
3. I understand that a minimum enrollment of two days per week is required for K - 5th graders, and one day for 6th - 8th graders. I agree that the weekly statement will always reflect this policy, unless my camper is absent during a regular school holiday or holiday week, and the office has been notified by me in advance.
4. I understand that 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 minimum charge.
5. I will keep my emergency information form current. I will notify PASC 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 PASC if I am unable to pick up my child by 6:00 PM. There will be a \$1.00 per minute late fee for every minute after 6:00pm, payable in cash at the time of pick-up. Three late fee charges will constitute the fee being doubled.**
7. I understand that PASC 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. PASC is offered Monday through Friday from dismissal to 6:00PM except holidays and school vacations unless otherwise notified.

I will pick up my camper at approximately _____ each day.

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.)

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

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).

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

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

Please do not send a copy of immunization record.

DPT _____ MMR _____ Polio _____ TB _____

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 _____

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.