



Summer
Camp
2020



Ages
18 mos
to
5 yrs

Questions?

Call Us:

858-481-2893

Email Us:

ecc@betham.com

HEALTH PRECAUTIONS AGREEMENT AND RELEASE OF LIABILITY

I, the undersigned parent or legal guardian ("**Parent**"), and my child or children listed below (collectively, the "**Children**" and together with Parent, the "**Releasing Parties**"), desire to enter the premises ("**Premises**") of the Early Childhood Center (the "**ECC**") of Congregation Beth Am of North County, a California nonprofit religious corporation ("**CBA**") for the purpose of participating in ECC programs and in consideration agree to all terms and conditions set forth below. Parent understands that the Releasing Parties will be denied entry onto the Premises if Parent elects not to sign this release of liability.

PARENT UNDERSTANDS THAT BY ENTERING THE PREMISES THE RELEASING PARTIES MAY INCREASE THEIR RISK OF EXPOSURE TO COVID-19 OR ANY RELATED ILLNESS ("**COVID**"), REGARDLESS OF PRECAUTIONS THAT CBA IS PUTTING IN PLACE.

Parent on behalf of the Releasing Parties hereby expressly waives and releases any and all claims which the Releasing Parties may now have, or which they may have in the future, whether known or unknown, against the ECC, CBA, and their employees, agents, affiliates, successors, and assigns (collectively, the "**Released Parties**"), arising from or in connection with COVID attributable to the Releasing Parties' activities on the Premises, whether arising from the negligence of the ECC, CBA, or any Released Party or otherwise (collectively, the "**Released Claims**"). The Released Claims do not extend to claims for gross negligence, intentional or reckless misconduct, or any other liabilities that California law does not permit to be released by agreement.

Parent agrees that Parent or Children will abide by all health precautions set forth by CBA or the ECC. Violation of any health precautions will be grounds for immediate expulsion from ECC programs and denial of entry to the Premises.

By signing below, Parent acknowledges that Parent has read and fully understood all of the terms of this release and that Parent is voluntarily giving up substantial legal rights on behalf of the Released Parties.

If Children have more than one parent or legal guardian, then all parents and legal guardians must sign.

Date: _____

Date: _____

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Name of Child: _____
(Please list any additional children below)

ECC Summer Camp: June 15 – August 21 (For campers ages 8 months – 5 years)

Select	Session	Dates	Theme	M-F Full-Time (Year-Round)	M-F Full-Day (Summer Only) 8:00am-5:00pm**	M-F Half-Day (Summer Only) 9:00am-1:00pm
	1	June 15 – July 17*	WK 1: The Land Before Time WK 2: A Bug's Life WK 3: An American Tail WK 4: What's on Your Plate? WK 5: Lions, Tigers and Bears, Oh My!	Included in Monthly Tuition	Mem / Non-Mem \$2750 / \$2900	Mem / Non-Mem \$1480 / \$1630
	2	July 20 – August 21	WK 1: Once Upon a Time... WK 2: Under the Sea WK 3: Ooey, Gooey, Sticky, Splat! WK 4: Bob the Builder WK 5: To Infinity and Beyond!	Included in Monthly Tuition	Mem / Non-Mem \$2750 / \$2900	Mem / Non-Mem \$1480 / \$1630

*Camp will be closed on Friday, July 3rd. **Please contact the office if these hours present an issue for you.

A non-refundable deposit of 50% is due with application. Balance due in full by Friday, June 26, 2020. No refunds after June 26, 2020.
Camp programs subject to minimum enrollment and limited in size.

Extended Care

Flexible extended care will not be available. If you need extended care before 9:00am or after 1:00pm, please enroll your child in the Full Day option.

Children's Information

Child #1	First	Middle	Last	Date of Birth
Entering Program for 2020-2021 year: Parpar(18) Tzipor(2) Gamal (3) Arie(4) Gesher/K(5)				T-Shirt Size (order up one size) 2T 3T 4T XS S
Child #2	First	Middle	Last	Date of Birth
Entering Program for 2020-2021 year: Parpar(18) Tzipor(2) Gamal (3) Arie(4) Gesher/K(5)				T-Shirt Size (order up one size) 2T 3T 4T XS S

Family Information

Returning families complete shaded fields only.

Father/Guardian		Mother/Guardian	
Home #	Cell #	Home #	Cell #
Work #	Email Address	Work #	Email Address
Address		Address	
City	Zip Code	City	Zip Code

Credit Card Number:	Exp. Date:	Code:
Name on Credit Card:		

_____ Mem / _____ Non-Mem

Parent Signature _____ Date _____

Deposit received:	Amount:	Ck. #:	Balance received:	Amount:	Ck. #:
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Select	Session	Dates	Hours	M-F Mem/Non-Mem
	1: Virtual Camp	June 15 – July 17, 2020*	1:30-2:15 pm	\$330 / \$380
	2: In-Person Camp	July 20 – August 21, 2020	9:00 am – 1:00 pm**	\$1580 / \$1630

Deposit received:	Amount:	Ck. #:	Balance received:	Amount:	Ck. #:
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