

GIRLS ON THE GO!

A field trip camp for girls ages 9-13

A program of Monkey Business Camp

Three Ways to Get Forms to Us.

You choose:

1. **Mail** with your check made out to:
Monkey Business Camp
2880-A Sacramento Street, Berkeley, CA
94702
2. **Fax to:** 510-540-4708
3. **Scan & E-mail:**
office@monkeybusinesscamp.com

For last minute sign ups (within 5 days of camp), call us for instructions: 510.540.6025

Returning Camper(s)

Full Name(s):

- 1.
- 2.
- 3.

New Campers – fill out page 3

& send with registration! (We will keep this form on file at our office for future programs.)

Donations

WE APPRECIATE YOUR GENEROSITY.

If possible, please donate to our scholarship or staff training fund:

I'd like to contribute to the scholarship program:

\$

No amount is too small – consider adding \$5-\$25 onto your registration. With these funds last year, we gave out over \$2000 in scholarships thanks to your support!

I'd like to contribute to the staff training fund:

\$

No amount is too small – consider adding \$5-\$25 onto your registration. With these funds last year, we hired a trainer on diversity!

Fees include a full day of care, all travel costs and entrance fees, arts and crafts and other supplies, and for those campers who stay into our Afternoon Extended program - a snack at 4:15 p.m. with healthy organic ingredients.

Register	Hours/Fees	Choose Weeks (s):
1 week only	8:00-4:00	\$325
	8:00-6:00	\$385
OR 2 weeks (offer expires May 15 th)	8:00-4:00	\$630
	8:00-6:00	\$750
OR 3 weeks (offer expires May 15 th)	8:00-4:00	\$900
	8:00-6:00	\$1080
OR 4 weeks (offer expires May 15 th)	8:00-4:00	\$1140
	8:00-6:00	\$1380
OR Register for 5-8 weeks (offer expires May 15 th)		Please list your weeks here:
OR 5 weeks		
8:00-4:00	\$1425	
8:00-6:00	\$1725	
OR 6 weeks		
8:00-4:00	\$1710	
8:00-6:00	\$2070	
OR 7 weeks		
8:00-4:00	\$1995	
8:00-6:00	\$2415	
OR 8 weeks		
8:00-4:00	\$2280	
8:00-6:00	\$2760	

--- TALLY YOUR FEES HERE ---

Session Fees Due: \$
 + Scholarship Donation: \$
 + Staff Training Donation: \$
 = Total Amount Due: \$
 - Amount Enclosed: \$
 = Remaining Balance: \$

A \$200 deposit PER CAMP SESSION or full payment must be sent with registration*

If using the Payment Plan, please see page 4.

Please keep this page for your records

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Note: GOTG stands for Girls on the Go Camp

Policies

Girls on the Go Camp tries to save trees and money! Whenever possible, we prefer to email confirmations of registration, Parent Packets Balance Due Invoices, and Receipts. If you supply us with your email address, we will use that as our first means of communicating in writing. **If an email address is not provided, we will use post mail.** Please check your email provider's spam protection to ensure that office@monkeybusinesscamp.com is a safe address and emails from us will not be blocked.

Refund Policy:

If you cancel by June 1st, you will receive an 80% refund. If you cancel 14 days in advance of your child's registered enrollment date AND we can find a replacement for your child's registration, you will receive an 80% refund. NO OTHER REFUNDS. See transfer of session's policy as alternate. For 3 day or longer absences due to illness, please submit a written request with a doctor's note to transfer to another program within a month after camp ends.

Transfer/Changes in Registration:

We will transfer registration to an alternate session up to one week before a session starts, if available. A \$10 transfer fee will apply. Extended Care days may be changed once for no fee.

Confirmations:

We confirm via e-mail, phone, or post within a week of receipt of your registration. It is **IMPORTANT** to contact us if you do not receive a message within 10 days of registration. *We may not be able to admit your child to camp unless you have received a confirmation.* Please check your email provider's spam protection to ensure that office@girlsonthegocamp.com and office@monkeybusinesscamp.com are safe addresses and emails from us will not be blocked.

Payment for Drop-In Care Due Day of Service: Fill out a slip each time you use drop-in care and leave credit card info or check payment.

Bounced Check Fee: \$25

Late Pick-Up Policy: There is a 5 minute grace period, after which you will be charged \$10 for every 15 minutes. (A staff member will get paid for staying late!).

Dependent Care Receipts: Receipts w/tax id number will be e-mailed the second week of June and again the first week of September. If you need a dependent care form signed, mail or fax it to our office. *On site staff cannot sign.*

Curriculum Notes: We may alter plans slightly if there are fewer kids enrolled. We may walk to a local park to play.

Requirement to Disclose Special Needs or Behavioral Issues

Prior to, or at the time of registration, parents/guardians are responsible for notifying us of an officially diagnosed special need. Additionally, notify us if your child's school teacher has spoken to you with concerns about their disruptive behavior in a group setting. *If your child has an aide during school, s/he will need one during camp.* If your child is a return camper, we need you to update any information for our site staff at time of each camp registration to confirm that your child's participation is still possible. Your disclosures do not necessarily preclude your child's participation.

Dismissal from Camp

There are rare times when GOTG must dismiss a child due to behavioral problems that preclude a child from participating safely in a group. If a camper is dismissed for aforementioned reasons, there will be no refund for the unused days.

Statement of Understanding and Acceptance of Policies

(by registering for a Girls on the Go program, you agree to the following)

I hereby certify that I have given full disclosure concerning all medical, physical, and psychological conditions which may have relevance to my child's performance while at GOTG. I understand that failure to provide full disclosure is grounds for immediate dismissal without refund. I will assume the necessary financial obligations and understand and agree to abide by GOTG policies and procedures.

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Return this page to:
Girls on the GO c/o Monkey Business Camp
2880-A Sacramento Street
Berkeley, CA 94702
Or sign, scan and e-mail to:
office@girlsonthegocamp.com

NEW Camper Registration Form

Camper Information:

First Name: _____ Last Name: _____

Date of birth: _____

Sibling:

First Name: _____ Last Name: _____

Date of birth: _____

Parent/Guardian Info:

Parent(s)'s Name(s) _____

Mailing/Billing Address _____ City _____ Zip _____

Email Address(es) _____

Home Phone _____ Work Phone(s) _____ Cell Phone(s) _____

Emergency Contact Information: *In case of emergency...*

Please list **3 names & phone numbers, including yourself**, you would like us to call in order of preference (list 1 or 2 phone #s per person and indicate if that number is Home, Cell or Work (H, C, W)).

- | | | | |
|----------|-----------|-------|-------|
| 1. Name: | Relation: | Phone | Phone |
| 2. Name: | Relation: | Phone | Phone |
| 3. Name: | Relation: | Phone | Phone |

PHYSICIAN: Phone: _____ Hospital _____

DENTIST: Phone: _____

Medical/Behavioral information Include known allergies and medications. Attach additional page with desired plan of action in case of reaction :

----- **Requirement to Disclose Special Needs-read details in Policies on page 2** -----

Sign Out Information List all people authorized to pick-up your child (aside from parent/guardians and emergency contacts above):

Can your 11+ year old daughter sign herself out (walking home alone included here)?

Are you interested in sharing your contact info with families interested in carpooling?

Current School: _____ Where did you hear about our camp? _____

Indemnification Waiver (GOTG =Girls on the Go)

I certify that the children named are in normal health and give permission for them to participate in program activities. I hold blameless GOTG and all involved in the program from any liability for any harm that befalls the child(ren) as a result of participation in the programs. I authorize the employees of GOTG to consent to medical care to be rendered to said child(ren) upon the advice of a licensed physician. The undersigned further agrees that the employees of GOTG are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: _____ **Signature:** _____ **Date:** _____

Photo Release (GOTG =Girls on the Go)

I hereby grant GOTG the right and permission, in connection with photos and video taken of my child, his/her artwork or written work, the following: the right to use the above items, *without the use of names*, for promotional/advertising purposes, e.g. the internet and camp fairs.

Printed Name: _____ **Signature:** _____ **Date:** _____

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Payment Plan Agreement-Summer 2011

Name of Camper(s): _____

Dates: _____

Type of Card: _____ Card Number: _____ Exp. _____

We will process payments on the last weekday of the month. Depending on when you register, we will charge to your credit card in equal amounts throughout spring and summer, unless you specify a different schedule below. You can opt to pay deposit amount (\$200/session) for initial charge and final balance on May 31st, which is our requirement for payment by check registration. Do not leave all payments until the end of summer. Plans must start with an initial deposit of \$50/session. Last payment must be made by or on September 30, 2011.

Total Due: \$ _____

Please deduct according to the schedule below:

Initial Deposit on _____: \$ _____

March 31 \$ _____

April 30 \$ _____

May 31 \$ _____

June 30 \$ _____

July 31 \$ _____

August 31 \$ _____

September 30 \$ _____

For office use only:		VT	DB
3/31	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
4/30	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
5/31	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
6/30	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
7/31	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
8/31	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
9/30	<input type="checkbox"/> initials: _____	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

Agreement to Terms of Payment Plan

I understand Monkey Business Camp will be charging my credit card as specified above. I agree to pay off my balance for my child's attendance at Monkey Business Camp. I will contact the office with any updates to my credit card information.

Printed Name: _____

Signature: _____

Date: _____