



# SPRING CAMP

## APRIL 2-6

### APTOS VILLAGE PARK

"Adventures In Play" is the theme for this springtime day camp for children in grades K-6. Each day of the program features activities--art, crafts, games, sports, cooking, science--which relate to the day's theme, including Marvelous Mammals, Carnivale, Flights of Fancy, and Outdoor Odyssey. Also included is a **field trip to the Santa Cruz Beach Boardwalk** for a day of rides and fun!

For more information: **Mar Vista ACE - 454-7929; Mar Vista Kinder 454-7922; La Selva ACE - 454-7923**

- \* Please send your child with a daily lunch and snacks, and in closed-toe shoes (i.e., sneakers).
- \* Be sure to fill out an emergency/information card to give to the program staff on the first day your child attends the program.
- \* You may register your child in the extended care programs (AM & PM Care) only if they are enrolled in the "Core Program"; AM and PM Care are not available as a separate program.

#### **Aptos Village Park - Grades K-6 - April 2-6**

Full-time	5 days	7:30 AM-6:00 PM	\$222 / \$244	#19114
Rec. Core	5 days	10 AM-3:30 PM	\$144 / \$158	#19118
AM Care	5 days	7:30-10:00 AM	\$51 / \$57	#19111
PM Care	5 days	3:30-6:00 PM	\$51 / \$57	#19115
60% Core	3 days	10 AM-3:30 PM	\$99 / \$109	#19119
60% AM	3 days	7:30-10:00 AM	\$36 / \$39	#19112
60% PM	3 days	3:30-6:00 PM	\$36 / \$39	#19116
40% Core	2 days	10 AM-3:30 PM	\$76 / \$84	#19120
40% AM	2 days	7:30-10:00 AM	\$27 / \$30	#19113
40% PM	2 days	3:30-6:00 PM	\$27 / \$30	#19117



ADULT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

Emergency Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Register ONLINE at [www.scparks.com](http://www.scparks.com).



MAIL registration to: COUNTY PARKS REGISTRATION  
 979 17th Ave., Santa Cruz, CA. 95062. Enclose a Check or Money Order payable to: "Santa Cruz County Parks Dept."

FAX-in your registration 24-hours a day, using Visa or MasterCard (831) 454-7940

PHONE-in your registration (831) 454-7941 Monday-Friday, from 9:00 AM-4:00 PM.

I hereby authorize the use of my  VISA  MASTERCARD

Signature \_\_\_\_\_ Print name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

PARTICIPANT NAME	D.O.B.	PROGRAM NAME	PROG. #	PROG. FEE	TOTAL DUE

\*\*A Non-Resident is a person(s) living in one of the 4 cities (Santa Cruz, Capitola, Watsonville, Scotts Valley) or one of the 4 special recreation districts (Alba, Opal Cliffs, La Selva Beach, & Boulder Creek).

Does the participant require special accommodation to participate? If yes, Recreation Staff will contact you.  Yes  No  
 Please note - We require two (2) weeks advance notice before the participant enters the program.

Permission to participate in the above program sponsored by Santa Cruz County Parks, Open Space & Cultural Services Dept. (POSCS) is given for myself and/or my child as shown above. In consideration of participation in this program, I hereby indemnify and hold harmless the County of Santa Cruz, its agents, employees and volunteers from any and all liability for any injury suffered by myself or my child, arising from or connected with this program and I assume all risk for any injury. In case of emergency, I give my permission for emergency medical treatment. I also give my permission for photos of me or my child to be taken by POSCS to be used for promotional purposes. My signature acknowledges that I understand and agree to the above conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent  Guardian  Participant