

Winter Camp at Aptos Village Park

Dec. 31 - Jan. 14 • 7:30 a.m. - 6:00 p.m.

"Winter Around the World" Visit a new place everyday!



Children in grades TK-6 will enjoy celebrating the winter season and the new year at Santa Cruz County Parks' Winter Camp.

Each day will offer a structured program, starting with an assembly to review the daily schedule of activities which may include fine arts, science, organized games and sports, drama and music, crafts, and cooking. Winter Camp includes exciting local field trips!

Aptos Village Park - Grades K-6 - December 31-January 14*

Full Time	10 days	7:30 AM-6:00 PM	\$456 / \$502	#5883
Rec. Core	10 days	10 AM-3:30 PM	\$296 / \$325	#5884
AM Care	10 days	7:30-10:00 AM	\$106 / \$117	#5887
PM Care	10 days	3:30-6:00 PM	\$106 / \$117	#5890
60% Core	6 days	10 AM-3:30 PM	\$204 / \$224	#5885
60% AM	6 days	7:30-10:00 AM	\$73 / \$81	#5888
60% PM	6 days	3:30-6:00 PM	\$73 / \$81	#5891
40% Core	4 days	10 AM-3:30 PM	\$157 / \$173	#5886
40% AM	4 days	7:30-10:00 AM	\$56 / \$62	#5889
40% PM	4 days	3:30-6:00 PM	\$56 / \$62	#5892

- * Please note: staff time will be limited from 12/21-12/28 due to the holidays - please register early!
- * For more information, please see site staff, or call 831-454-7923 or (831) 454-7922.
- * To register, please call 831-454-7941 or visit www.scparks.com.
- * Camp will not be held January 1, 2019

*Camp will not be held on January 1, New Year's Day.



Adult's Name _____

Address _____

City _____ Zip _____

Cell Phone _____ Home Phone _____

Emergency Name _____

Emergency Phone _____

E-Mail _____ Participant's allergies (e.g. nuts, bees, penicillin) _____

Register ONLINE at 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 registration 24-hours a day, using Visa or MasterCard
 (831) 454-7940

PHONE-in registration (831) 454-7941 Monday-Friday
 from 9 AM - 1 PM

WALK-IN registration: 9 AM-1 PM, Monday-Friday at the
 County Parks Department, 979 17th Ave., Santa Cruz.

CREDIT or DEBIT Card # _____ - _____ - _____ - _____ Exp. Date ____/____ CVV/CVC _____

Name on card: _____ Sign to authorize use of card: _____

PARTICIPANT NAME	PROGRAM NAME	PROGRAM NUMBER	PROGRAM 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 3 special recreation districts (Alba, Opal Cliffs, and La Selva Beach).

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 the County of Santa Cruz - Parks, Open Space & Cultural Services (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