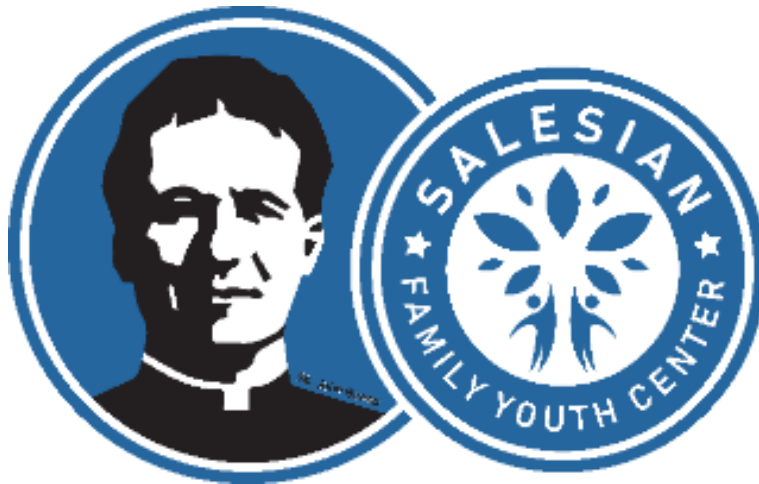


Salesian Family Youth Center



Visit our website at:

<http://salesianclubs-la.org>



Camp Salesian 2023

2228 E 4th Street. Los Angeles, CA 90033 • (323) 980-8551

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**A Salesian Club that evangelizes. A school that prepares for life. A home that welcomes.
A playground for recreation. A place where friends can come together**



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Registration Packet

From June 19th to August 4th

Dear Families,

It is our pleasure as Salesian Family Youth Center to present Camp Salesian 2023!

In 1966 the Salesian Community started this here at Boyle Heights with the intention of creating a fun, enriching Catholic environment, where the youth of the community would not only find safety, but family.

After 57 years, we have grown as a camp and have developed into more than just an environment, but an experience. Our goal is to give the youth of this community a fun and safe summer! We are constantly striving to grow so that we may incorporate more participants and become better every year.

All of our staff have been trained in giving your child(ren) the best summer experience, they have been trained in child psychology & child appropriate communication. Our Head Counselors have been certified in First Aid and CPR -to better care for the well-being of your child(ren).

At Camp Salesian we know that some families have to work late. Due to this we also offer “Extended Care,” for a minimal fee. Trained staff are at the care of our child(ren) until you are able to pick them up.

Inside this packet you will find all the details and paperwork necessary for you to register your child(ren) in this fantastic summer experience.

Thank you very much for trusting us with your child(ren) and we look forward to welcoming your child(ren) into our family.

Sincerely in Christ,

Christina Mendoza
Camp Director



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Information

General Objective:

“To inspire and enable the young people of Boyle Heights and the surrounding communities to realize their full potential as productive, responsible and caring citizens and to support their families in this effort.”

Schedule:

7 weeks
From June 19th to August 4th
Monday – Friday
From 9:00 AM to 3:30 PM

A Normal Day:

For working families, we have “Extended Care” in the morning from 7 AM until 9 AM and in the afternoon from 3:30 PM until 6 PM. This program was created to assist working parents with the care of their children before and after camp for a reasonable price of \$2 from 7 AM to 9 AM, and \$3 from 3:45 PM to 6 PM. Extended Care services are paid daily. \$5 for both morning & afternoon. ***Scholarships are available by request.***

We have created a schedule so that the child(ren) can participate in different activities every hour, every weekday. Children will play games, they will have a designated swimming time, faith formation, sports, field trips and many more fun-filled activities!

Children not picked up by 3:45 PM will be sent automatically to “Extended Care.” The fee used for “Extended Care” is ***not tax-deductible.***

Lunch and snacks will be provided by Camp Salesian.

Who is able to attend:

Children ages 4 to 13 are able to attend Camp Salesian.
(Going into Transitional Kinder* to 8th grade)

*All TK students must be 4 and potty trained to attend

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Special Days:

(if COVID-19 restrictions remain the same) you are allowed to opt out of field trips just let the secretary know you want to opt out of field trips.

All students must arrive before 9:15 AM in order to go on field trips.

- ✓ **Beach Days:** June 28th and July 19th
- ✓ **Special Field Trips** July 5th, July 12th, July 26th, August 2nd
- ✓ **Masses** Every Friday at 10 AM Holy Mass will be celebrated for campers and counselors at St. Mary's Church. *Relatives are always welcome to come.*
- ✓ **7th and 8th Gr. trips** 7th and 8th grade Boys and Girls will be going on extra field trips to different places every Tuesday. *These trips are subject to change or last minute cancellation.*

Registration:

You can register your child(ren) at the Club's Front Desk.

List of Costs:

For all of our services the following fees must be paid in full:

- ✓ **Registration:**
 - \$ 35 *non-refundable* if registered until May 31st.
 - \$ 45 *non-refundable* beginning June 1st.
- ✓ **Weekly Payment:**
 - \$60 per week per child (TK - 6th grade)
 - \$80 per week per child (7th & 8th grade) *includes extra field trip per week*
- ✓ **Family Promotion:**
 - If there are two siblings the cost is \$100 per week
 - If there are three or more siblings the cost is \$150 per week
 - Add \$ 20 per week for each child in 7th or 8th grade

Financial Aid is available for those who qualify, please ask for an application!

(These prices include a camp T-shirt, field trips, and lunch)



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Dress Code:

It is very important that boys and girls wear appropriate attire; this is why we ask you to please consider the following:

Girls: No short shorts, No tank tops, No sandals or flip-flops. Appropriate bathing suits for pool, one piece swimsuits preferred for 7th & 8th grade girls.

Boys: No baggy pants or shorts. No obscene writing or displays on shirts, no sandals or flip-flops.

Important notices and reminders:

- ✓ If you are making weekly payments, all money due must be paid each Monday morning before your child(ren) attends camp.
- ✓ All payments must be made from Monday or Tuesdays **ONLY**. The front desk is the only place where payments will be accepted. *Remember to keep all receipts as proof of payment.*
- ✓ There are absolutely no refunds for any reason.
- ✓ In the last week of camp, no checks or Monday payment will be accepted. All payments must be made by the Friday **before** the last week of camp.



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Registration Form One per Camper

For office use only:

Please mark the week your child will be attending Camp Salesian 2023

- 1st week (June 19 - 23) _____
- 2nd week (June 26 - 30) _____
- 3rd week (July 3 - 7) _____
- 4th week (July 10 - 14) _____
- 5th week (July 17 - 21) _____
- 6th week (July 24 - 28) _____
- 7th week (July 31 - Aug 4) _____

Date: _____		Received by: _____	
Family Name: _____			
# of Children attending camp: _____			
Reg. Fee: _____			
Week paid 1 _____			
Week paid 2 _____		Total Paid _____	
Week paid 3 _____		Cash: _____	
Week paid 4 _____		Check No. _____	
Week paid 5 _____			
Week paid 6 _____			
Week paid 7 _____			

Camper Last Name: _____ First Name: _____
 Mailing Street Address: _____ City: _____
 State: _____ Zip _____ Phone #: () _____ home / cell
 Gender: M / F Date of Birth _____ Family email: _____
 Grade in Sept. 23 _____ School Attending: _____

T-shirt note: Please be aware we are not responsible if you choose the wrong t-shirt size

Youth Size			Adults			
S	M	L	S	M	L	XL

- I agree to pick up my child(ren) from camp & sign the attendance sheet at 3:30 P.M. I understand that if I'm not able to do so by 3:45 P.M., I will pay for "Extended Care."
- My child(ren) has permission to walk home from Camp Salesian. Camp Salesian is not responsible for my child after 3:30 P.M.

Model Release: I grant permission for my son/ daughter's image to be used from photos taken during the 2023-2024 Salesian programs.

Use of photographs/ video: Salesian Family Youth Center assure the below-signed guardian that the use of images of your son/ daughter will be for very limited purposes of parish publications, on Province and Youth Ministry websites, and for promotion of similar kinds of events or for news reports on this and future similar events. No matter of manipulation will be employed in the use of these images nor will they be made available for public use beyond the limitations set in these documents.

I, _____, parent/ legal guardian of the child(ren) listed below, have read all the information that this document contains and I fully understand and agree with everything stated.

Signature: _____



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Medical Consent Form

Consent form for families in case of medical emergency

In case _____ becomes ill or has an accident while in the care of Camp Salesian, I give permission so that the Head Staff can use First Aid on my child(ren). I also authorize my child to receive any medical treatment that is considered necessary and is given by a professional. In addition, I will not hold the Salesian Family Youth Center responsible for any medical treatment.

Name of Mother/Guardian: _____ Signature: _____

Home phone number: (____) _____

Work/Cell phone number: (____) _____

Name of Father /Guardian: _____ Signature: _____

Home phone number: (____) _____

Work/Cell phone number: (____) _____

In case of emergency, please contact:

Name _____ Telephone: (____) _____

Address: _____

Relationship with child(ren): _____

Is there a person who should not pick your child(ren) up from camp?

No ___ Yes ___ Name: _____

Allergies to any medicine or food: _____

Any physical condition which does not permit your child to participate in certain games and events: _____

Medications the child is currently taking: _____

Family doctor: _____ Telephone: (____) _____

Address: _____

Insurance Company: _____ Policy Number: _____



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FOR PARENTS/GUARDIANS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Salesian Family Youth Center (SFYC) has put in place preventative measures to reduce the spread of COVID-19; however, the SFYC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the SFYC could **increase your risk** and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the SFYC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the SFYC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SFYC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the SFYC or participation in SFYC programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the SFYC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the SFYC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SFYC program.

Signature of Parent or Guardian

Date

Name of Parent or Guardian

Name of Participant

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