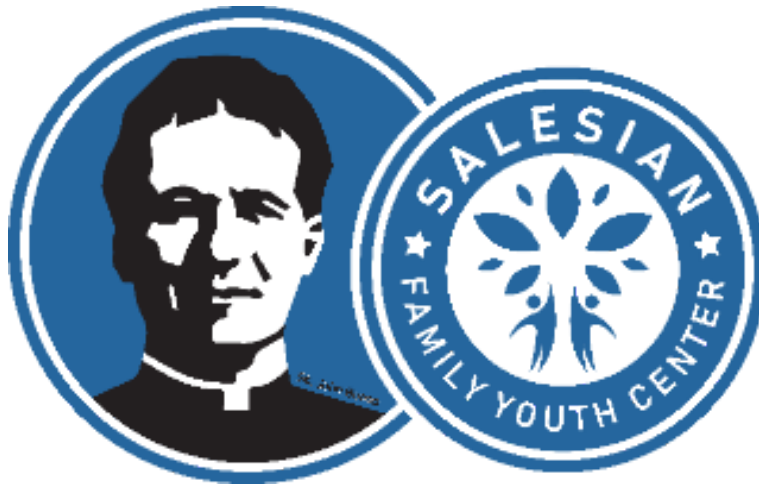


# Salesian Family Youth Center



Visit our website at:

<http://salesianclubs-la.org>



# Camp Salesian 2024

2228 E 4<sup>th</sup> 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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## 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 17th to August 2th  
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.***

Breakfast and Lunch 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 8<sup>th</sup> grade)

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

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## Special Days:

**All students must arrive before 9:15 AM in order to go on field trips. Field Trips are every Wednesday the 2nd-6th week of camp.**

- ✓ **Beach Days:** June 26th and July 17th
- ✓ **Special Field Trips** July 3rd, July 10th, July 24th
- ✓ **Masses** Every Friday at 10 AM Holy Mass will be celebrated for campers and counselors at St. Mary's Church. No mass on August 4th. *Relatives are always welcome to come.*
- ✓ **7th and 8th Gr. trips** 7<sup>th</sup> and 8<sup>th</sup> grade Boys and Girls will be going on extra field trips to different places every Tuesday for Weeks 1-6. *These trips are subject to change or last minute cancellation.*
- ✓ **Talent Show** will be on **July 19, 2024 at 6pm!** Food will be sold and organizations will have booths.

## 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:**
  - \$ 30 **non-refundable** if registered until April 30th.
  - \$ 40 **non-refundable** if registered until May 31st.
  - \$ 45 **non-refundable** beginning June 1<sup>st</sup>.
- ✓ **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 7<sup>th</sup> or 8<sup>th</sup> grade

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

(These prices include a camp T-shirt, field trips, and breakfast/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.*
- ✓ All payments must be current in order for the child to attend the weekly field trip.
- ✓ 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.
- ✓ Facility will be closed on July 4th in observance of Independence Day.



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## Registration Form One per Camper

For office use only:

Please mark the week your child will be attending Camp Salesian 2024

- 1st week (June 17 - 21) \_\_\_\_\_
- 2nd week (June 24 - 28) \_\_\_\_\_
- 3rd week (July 1 - 5) \_\_\_\_\_
- 4th week (July 8 - 12 ) \_\_\_\_\_
- 5th week (July 15 - 19) \_\_\_\_\_
- 6th week (July 22 - 26) \_\_\_\_\_
- 7th week (July 29 - Aug 2) \_\_\_\_\_

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. 24 \_\_\_\_\_ School Attending: \_\_\_\_\_

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

Youth Size			Adult Size			
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 2024-2025 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 Headstaff 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: \_\_\_\_\_