



CAMP DYNAMITE

June 15 – August 12, 2016



June 15 – July 8th: Located at Hanna Ranch Child Care site

July 11 – August 12: Located at Lupine Child Care site

Welcome Everyone – Let's have a Fun Summer!

The following chart should help answer common questions regarding our program.

	Questions	Answers
1.	What is our camp philosophy?	To provide a safe, fun, and exciting environment for campers in K-5 th grades and to build positive relationships and make new friends. Weeks are based on themes, and daily schedules are built around those themes.
2.	Do I have to sign up for the whole 9 weeks?	No, you may sign up for the weeks you want. You can reserve weeks by paying a \$20.00 deposit for those weeks and then pay the full tuition the Thursday before camp.
3.	How long is camp what are my options? 	Monday-Friday, 7:00am-5:30pm. Weekly Fee: Res.\$236.00 /Non-Res.\$295.00 ½ Day Weekly Fee: 8:00am-12:00pm/1:pm-5:pm Res.\$118.00 /Non-Res. \$148.00 Other options: Full Drop-In Daily Fee (if space available): Res.\$50.00/Non-Res. \$63.00 ½ Day Daily Fee (If space available): Res. \$25.00/Non-Res. \$32.00 1/2 time options -AM-8AM-12 and PM -1PM-5PM
4.	How's the week set up?	<ul style="list-style-type: none"> ○ Monday - PE instructed & Crazy Science projects. ○ Tuesday/Thursday - Swimming at Community Swim Center 12:30-4:00pm ○ Wednesday - Diner Day & Entertainment on site for campers. Every Wednesday we will provide a lunch on site for full day campers. ○ Friday Fun Days on site - Station rotation of group activities like Art, Chess Club, PE, Group games, and Cooking projects. Theme related dress up contest and prizes. Check the calendar section on our website or pick up a flyer with details.
5.	Do the campers go swimming each week? 	Campers go to the Parks & Recreation Community/Swim Center on Tuesdays and Thursdays from 12:30pm-4:00pm. They walk down to the swim center from the Hanna Child Care site and take the City van back. From the Lupine Child Care site they take the vans both ways. All camper must go to the pool both days even if they don't swim.
6.	Do I have to reserve the weeks I want and how do I pay for summer camp?	You can reserve weeks you want by paying a \$20.00 deposit. The deposit goes towards your weekly Summer Camp tuition and is non-refundable and non-transferable for any reason. Should you drop the summer program at any time, your deposit is non-refundable.
7.	Does my child need to bring a lunch or snack? 	Camp Dynamite provides a healthy snack two times a day in the morning and afternoon. Yes, you need to provide your child with a bag lunch and drink on a daily basis, except on Wednesdays. Lunch will be provided every Wednesdays for full day campers. Reminder no peanut/peanut butter products on site.



CAMP DYNAMITE REGISTRATION FORM

June 15 – July 8, 2016: Hanna Child Care site

July 11 – August 12, 2016: Lupine Child Care site

EMERGENCY/REGISTRATION PACKET FORMS ARE DUE AT LEAST ONE WEEK PRIOR TO STARTING SUMMER CAMP. If you're continuing Child Care you still have to fill out a complete packet for each new program.

All payments are due the **Thursday PRIOR to the week of attendance**. There is a 5% discount for siblings, but this does not apply to the \$20.00 deposit. If there is space available during the week of camp, we will also offer a daily drop-in option. See office staff or more information. Camp must have at least 10 children enrolled each day in order to not be cancelled.

A SEPARATE FORM FOR EACH CHILD IS REQUIRED

Check here if subsidized.

Child's Name _____ Age: _____ Grade in 16-17: _____

First Last

Home Address: _____ City _____ Zip Code _____

Home Phone: (____) _____ Message Phone: (____) _____

Primary Guardian's Name _____

First Last

Home Address _____ E-Mail _____

Home Phone (____) _____ Work Phone (____) _____ Cell phone (____) _____

SUMMER CAMP WEEKLY SCHEDULE: Please check the weeks and program your child will be attending summer camp.

OPTIONS	5 Days ½ Day - K-5 th 8:00am-12:00pm or 1:p-5:pm	5 days Full Day - K-5 th 7:00am-5:30pm		
DATES	Resident: \$118.00/week	Resident: \$236.00/week		
	Non-Resident: \$148.00/week	Non-Resident: \$295.00/week		
HANNA CHILD CARE SITE : JUNE 15 –JULY 8			\$20.00 deposit	\$20.00 deposit
Week #1 June 15 –June 17 (3-Day W.TH.F)	Res.\$71.00/Non-Res.\$89.00	Res.\$142.00/Non-Res.\$177		
Week #2 June 20– June 24				
Week #3 June 27 –July 1				
Week #4 July 5 – July 8 Monday July 4, 2016 Closed for holiday.	Res. \$95.00 Non-Res.\$119.00	Res.\$189.00 Non-Res:\$236.00		
LUPINE CHILD CARE SITE: JULY 11 – AUGUST 12				
Week #5 July 11 – July 15				
Week #6 July 18 – July 22				
Week #7 July 25– July 29				
Week #8 August 1 – August 5				
Week #9 August 8 – August 12				
Total \$			Total \$	

CAMP DYNAMITE POLICIES ACKNOWLEDGEMENT AGREEMENT

- Deposits:** There is a \$20.00 deposit required for each week of Camp. The deposit goes towards your weekly Camp tuition and is **non-refundable and non-transferable for any reason**. Should you drop the summer program at any time, your deposits are not refundable. (Please note our 5% discount for siblings does not apply to the \$20.00 deposit.)
- Late Payments:** A \$15 late fee will be assessed on Friday if payment has not been received for the upcoming week.
- Late Pick-Up:** There is a \$2 per minute charge for picking up your child (ren) past their scheduled time.
- Billing Issues:** The City of Hercules will not contact any other person except the parent or guardian on the registration form regarding billing issues.
- Electronics:** No electronics of any kind are allowed in our Summer Camp Programs (Cell phones must stay in back packets) The City of Hercules is not liable for lost, broken or stolen items.
- Program Changes:** You are allowed only **2 free** program changes for the 2016 Summer Camp program. Changes are defined as changing daily program hours or days of attendance. Additional changes requires a \$15.00 fee. Changes must be made at least one week in advance and **will not** be allowed during the current week of camp. To make a program change or drop a week of camp, you must complete a program change/drop form available at the site.
- Attendance Policy:** If your child is absent one or more days of Camp during a week that you have made payment, you will not receive a refund. **We do not allow make-up days or give credits for missed Camp days.**
- NSF Policy:** There will be a charge of \$36.00 for each returned check. All returned checks must be cleared with cash, money order, or cashier's check. Credit card policy does not allow returned checks to be cleared with a credit card. If a household has 2 NSF's occur in the span of 1 year, all future payments must be made in cash, money order, or credit card.

All sites closed on Monday, July 4, 2016 for the July 4th Holiday.

Summer Camp and Child Care will be CLOSED the week of August 15 – August 19, 2016.

For more information please contact:

Community Swim Center: Monday-Thursday, 10:00am-6:00pm, (510) 799-8291, Fax (510) 799-8288

Hanna Ranch Summer Camp: Office Hours 7:30am-5:30pm, (510) 245-4803/Classroom (510) 245-6510

Lupine Summer Camp: Office Hours 7:30am-5:30pm, (510) 799-8259/Classroom (510) 799-8235

Chris Bratton, Summer Camp Director: (510) 799-8259, cbratton@ci.hercules.ca.us

Rozen Stafford, Office Assistance: rstafford@ci.hercules.ca.us

Maria Rubio, Office Assistance: mrubio@ci.hercules.ca.us

Ambra Garfield, Recreation Manager: (510) 799-8230, agarfield@ci.hercules.ca.us



I have received, read, and understand the Summer Camp (Camp Dynamite) registration information. I understand programs may be cancelled if minimum required enrollment is not met. I acknowledge that I have read and understand the terms set above by the City of Hercules.

Parent/Guardian Signature

Date

OFFICIAL USE ONLY

Registration paid: Date _____ Code 5 day #22110(1-9) Code 5 day 1/2 #22111(1-9)

Cash \$ _____ Credit Card _____ Check _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent, Domestic Partner or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE	DATE
--	------

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

ONGOING AND/OR CURRENT MEDICAL PROBLEMS:

___ Bee Stings ___ Asthma ___ Heart Murmur ___ Hearing Loss ___ Vision Problems

Allergies to: _____

Activity Restriction: _____

Recent Hospitalization(within 1 year): _____

Other (please describe): _____

Please Check if your child HAS NO ONGOING OR CURRENT MEDICAL PROBLEMS: _____

Disaster Preparedness: In case of a disaster/evacuation, I authorize my child to be released to the following adults: Provide contact information:

Legal Issues: Are there any legal issues that we should be aware of such as custody or restraining orders,etc.? Must attach copy of court documents:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

AUTHORIZATION, WAIVER AND RELEASE-continued

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/ or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize the City of Hercules Child Care staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.

I acknowledge that assistance in administration of the Epi-Pen or medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Hercules, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in- administration, failure to administer or attempt to administer medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Hercules or its officials, officers, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer medication to my child.

I also give my permission to City of Hercules Child Care staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible for payment of any and all medical and emergency services rendered to my child.

Signature of Parent or Guardian: _____

Date: _____

REMINDERS:

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely- administer their medications.
- Medical monitoring of blood sugar levels must be done by parent or guardians prior to attending the program each day, to ensure that the child is within their target range.
- Staff will not be responsible for identifying symptoms of hyperglycemia hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parent or guardian.
- Parents or guardians are responsible for providing all necessary information regarding dietary restrictions, foods allergies or special diet considerations to staff.
- Participants and parents or guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parents or guardians to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.



City of Hercules Parks and Recreation Department
Parent/Guardian Agreement Waiver Slip

I (parent/guardian) have carefully read the description and regulations of the City of Hercules Parks and Recreation Program in which we are participating in and in consideration for being permitted by the City of Hercules Parks and Recreation Department to participate in the above activity. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which said minor may have, or which may hereafter accrue to the said minor, as a result of participation in said activity. This release is intended to discharge in advance the City of Hercules Parks and Recreation Department (it's officers, employees and agents) from any and all liability arising out of or connected in any way with the minor's participation in said activity, to the maximum extend allowed by law.

It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption or risk is to be binding on heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability damage, cost, expense which they may incur as a result of death or injury or property damage that said minor may sustain while participating in said activity.

I hereby give my consent to my son/daughter, _____ to participate in the above activity, and I hereby execute the above agreement, waiver and release on his/her behalf. I state that said minor is physically and emotionally able to participate in said activity. I have carefully read this agreement waiver and release, and fully understand its contents. I am aware that this is a release of liability and a contract between me and the City of Hercules Parks and Recreation Department and I sign it of my own free will.

Signature of Parent or Guardian

Date

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

1515 Clay Street #1102

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

510.622.2602

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1515 Clay St. Suite 1102 Oakland CA 94612

Licensing Office Telephone #: 510.622.2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov



City of Hercules Parks and Recreation Department

Activity & Event Permission Form

FIELD TRIPS

The City of Hercules Parks and Recreation Program will go on a variety of local excursions to the neighborhood parks, schools, local shopping centers, restaurants, community businesses, community swim center and other points of interest. I hereby give my permission for _____ to attend. I understand some trips will be in walking distance and others may require transportation. If trips require transportation other than West Cat or City of Hercules vehicles, parents will be notified in advance of the destination and type of transportation.

Signature of Parent/Guardian _____ Date: _____

PHOTO RELEASE

I hereby give my permission for _____'s photograph to be taken during events and activities for the City of Hercules Parks and Recreation Department and to be used for the sole purpose of publicity for the program. These photographs may be used in the classrooms, program brochures, media promotions, advertisement, or news articles. It is understood that I might review all photographs prior to their publication, if selected for promotional material for the City of Hercules Parks and Recreation Department and that photographs will not be released to any other individual not affiliated with the City of Hercules.

Signature of Parent/Guardian _____ Date: _____

COMMUNITY SWIM CENTER PARTICIPATION:

I hereby give permission for my child _____

To participate at the Community Swim Center in activities that is deemed age-appropriate, these activities might include, Swimming, Gymnasium Sports & Events and the Teen Center.

Children in Kindergarten – 2nd grades will swim in the Play pool only.

My Child's swimming ability is: (circle one) Can Swim Cannot Swim

Grades 3-8th:

My Child's swimming ability is: (Circle one)

Expert Average Beginner Cannot swim

My Child has permission to swim/use the following:

Play Pool 3ft-6ft Shallow End 6ft-13ft Deep End Diving Boards

Signature of Parent/Guardian _____ Date: _____



FEE INFORMATION

Tiny Tots - 2016-2017 School Year

Program fees for the 2016-2017 school year will have the following fees. These fees are based on a four week billing cycle and do not include holiday breaks. There is a 5% multi-child discount for families with two or more children enrolled.

Four Week Billing Cycle	Days	Times	Resident	Non-Resident
Little Learners (3 yrs)	T/TH	9:00am-11:30am	\$155.00	\$193.00
Little Learners (3 & 4 yrs)	M-TH	9:00am-11:30am	\$310.00	\$387.00
JR. Kindergarten (4 yrs)	M-F	9:00am-12:00pm	\$386.00	\$482.00
Pre-Kindergarten (4 yrs)	MWF	9:00am-12:00pm	\$232.00	\$290.00

Child Care - 2016-2017 School Year – K-5th Grades

The before and after school Child Care program for the 2016-2017 school year will have the following fees. These fees are based on a four week billing cycle and do not include holiday breaks. There is a 5% multi-child discount for families with two or more children enrolled.

Four Week Billing Cycle	Grades	Times	Resident	Non-Resident
Before School	K-5 th	7:00am-8:30am	\$193.00	\$242.00
After School	K-5 th	Dismissal-5:30pm	\$387.00	\$482.00
Weekly Billing Cycle	Grades	Times	Resident	Non-Resident
Before School (Sub rate)	K-5 th	7:00am-8:30am	\$49.00	\$60.50
After School (Sub rate)	K-5 th	Dismissal-5:30pm	\$96.75	\$120.50

Seasonal Camps – K-5th Grades Fees effective with camps starting after June 1, 2016

These fees are per week. There is a 5% multi-child discount for families with two or more children enrolled.

Program	Billing Cycle	Days	Times	Resident	Non-Resident
Camp Dynamite 2016	Weekly	M-F	7:00am-5:30pm	\$236.00	\$295.00
Camp Dynamite 2016	Weekly	M-F	8:00am-12:00pm	\$118.00	\$148.00
President’s Week	Weekly	Tu-F	7:00am-5:30pm	\$189.00	\$236.00
Spring Week	Weekly	M-F	7:00am-5:30pm	\$236.00	\$295.00

T.H.E. S.P.O.T. – Teen programs for 6th-8th Grades

Fees are per week or per 4 weeks as outlined below. There is a 5% multi-child discount for families with two or more children enrolled.

Program	Billing Cycle	Days	Times	Resident	Non-Resident
2016-2017 After School	4 weeks	M-F	Dismissal-5:30pm	\$378.00	\$437.00
Summer 2016	Weekly	M-F	8:00am-5:00pm	\$225.00	\$254.00

ADDITIONAL FEES

DESCRIPTION	FEE
Registration for 2016-2017 before August 1, 2016	\$50.00
Registration for 2016-2017 on or after August 1, 2016	\$100.00
Before School Drop-In/Day	\$15.00
After School Drop-In/Day (K-8 th Grades)	\$30.00
Camps Drop-In/Full Day (K-8 th Grades)	\$50.00/\$63.00
Late Payment	\$30.00
Late Payment 2 or more	\$35.00
Late Pick-Up fees per minute after 5:35pm	\$2.00
Deposit In-Service Day (Return if child attends on following billing tuition)	\$30.00
In-Service Day Drop-In/Day	\$55.00
Late Registration for camps (after deadline)	\$15.00
Late Registration for camps (day of camp)	\$30.00
Credit Card Payment charged fee: \$2.00 per \$100.00 charged	\$2.00

For additional information or questions contact us as PRregistration@ci.hercules.ca.us or call (510) 799-8291. You may also find more information about our programs and services on the City website at www.ci.hercules.ca.us.

