

Pick-up/ Drop-off Policies

Drop Off / Check-In:

Morning check-in will be on the patio. Please have your child's welcome packet and payment balance ready on the first day of camp.

The patio will be closed for check-in after 9:15, if you are running late please call ahead and let us know **805-595-7280**.

Pick-up/ Check-Out:

Campers must be signed out by a parent/legal guardian at the end of each day. If you plan to have someone other than the parent/guardian picking up your camper, the camp director must be notified in writing.

To help parents during this busy time of year in Avila Beach, we will have the campers out on the grass in front of the aquarium from 2:50-3:10. Parents may drive up to the first parking spot out front of the aquarium (where the dumpsters are housed). Camp staff will be stationed there to sign campers out and escort them to the car.

Late Pick-Up Policy:

Campers must be picked up promptly at 3:00pm each day (12:00pm for Jr. Sea U am session). In the event of an emergency where you are running late, please notify the Central Coast Aquarium staff immediately.

As a non-profit organization our staff's time is very valuable to us and scheduled according to program needs, therefore late pick up fees are incurred beginning at 3:15pm.

Payment for late pick up for is due at the time of pick-up, no exceptions.

- Campers picked up between 3:15pm and 3:30pm will be charged \$15.00
- \bullet Campers picked up between 3:30pm and 4:00pm will be charged \$50.00
- Any camper picked up later than 4:00pm will be charged \$75.00 and this is ground for *dismissal from the camp without refund.*

By signing below, I agree to the Central Coast Aquarium's pick up and drop off policies.

Parent/Guardian Signature	Date	
Parent/Guardian name, printed:_		



Central Coast Aquarium – Summer Camp Medical Disclosure Form

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. This from and the information therein will be kept confidential and will only be used to help the staff respond to an injury or illness. Please print your responses and attach any additional information you think we may need.

print your responses and attac	•			
Child's Full Name	Birth date (MI	Birth date (MM/DD/YYYY)		
Emergency Contact Infor	mation:			
Name of Contact		Relationship		
Main Phone Number	Alternate Phone Num	ber		
Address	City	State/Zip		
(Circle one) Does your child have medical insu	urance? Yes No	If so, what carrier:		
		Policy #:		
emergency evacuation. Please list the following (if non	ie, please put "N/A")	nt that they become ill, injured or require condition that may affect participation:		
Any dietary restrictions?:				
Medications?:				
Any Learning Disabilities?:				
		ated issue that should preclude or restrict ve provided is correct to the best of my		
Parent/Guardian Signature		Date		
Parent/Guardian name, printed:				



Summer Camp

Phone Number

Acknowledgment of Risk				
understand that will be embarking on the Central Coast Aquarium's				
Summer camp program that will be understand that he/she will be part but not limited to, irregular and uns slippery surfaces, variable sea and virregular lighting, equipment and obliability to the Central Coast Aquarit employees of those entities by reason that I, my dependents, or any other	cicipating in a program that has in stable walking surfaces (including weather conditions, wildlife (terre ostructions. I agree to indemnify a um and Port San Luis Harbor Dist on of any accident, injury, or dam	therent dangers including, g stairs and sand), wet and estrial and marine), low and and hold harmless from trict including agents and ages to persons or property		
Child's Full Name	Date of Program	Phone		
Gina 31 an Name	Date of Frogram	THORE		
Parent/Guardian Name (Please Print)	Parent/Guardian Sign	nature		
Address	City	State/Zip		
I understand that the aforementioned eprogram location(s) of the Central Coast		sportation to or from the		
Photo Release The Central Coast Aquarium occasion may include your child. These picture may appear on our website at www grant the Central Coast Aquarium per purposes.	res are used for displays, brochui centralcoastaquarium.com . By s	res, educational purposes and signing this form you hereby		
I agree to let Central Coast Aquarium to	o use's in Child's Name	nage for commercial		
purposes such as displays, brochures, v I understand that he/she will not be en	website and/or educational purpose			
Child's Full Name		Date		
Parent/Guardian Signature	Parent/Guard	dian name, printed		