



"Men of the village training our boys to become men"

African Proverb/Proverbs 22:6

10736 Jefferson Blvd. #404 Culver City, CA 90230
310-280-9035 ItsKidsFirst@aol.com

Day Camp

WHO	<p>Kids First Comprehensive Conflict Resolution Services for Children <i>presents</i> Boyz 2 Men Day Camp 10736 Jefferson Blvd. #404 Culver City, CA 90230 (mailing address) ItsKidsFirst@aol.com www.KidsFirstConflictResolution.com 310-280-9035</p>										
WHAT	<p>A day camp for African American boys, ages 8 – 12, run by African American men</p>										
WHEN	<p>5 two week sessions Monday, June 22nd – Friday, August 28th</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">June 22 – July 3</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">July 6 – July 17</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">July 20 – July 31</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">August 3 – August 14</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">August 17 – August 28</td> </tr> </table> <p>Drop off 7:00 AM – 9:00 AM Campers must be signed in by parent/guardian</p>	1	June 22 – July 3	2	July 6 – July 17	3	July 20 – July 31	4	August 3 – August 14	5	August 17 – August 28
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5	August 17 – August 28										

	<p align="center">Campers arriving after 9:00 AM may not be able to participate in the day's activities</p> <p align="center">Pick up 4:00 PM – 6:00 PM Campers must be signed out by parent/guardian Campers picked up after 6:00 PM are subject to a \$1.00 per minute late fee</p>				
WHERE	<p align="center">Drop off and Pick up at 4409 S. Budlong Ave. Los Angeles, CA 90037</p>				
THEME	Monday	Tuesday	Wednesday	Thursday	Friday
	Conflict Resolution	The Village	Volunteerism	Business	Just for Fun
INVESTMENT	<p align="center">\$50 Deposit <i>(non-refundable)</i></p> <p align="center">Tuition \$300.00 per session <i>(non-refundable)</i></p> <p align="center">Payable by US Postal money order or credit card only, no cash</p>				
WHAT CAMPERS NEED TO BRING/WEAR TO CAMP DAILY	<ol style="list-style-type: none"> 1. Camp T-shirt (1 shirt provided, additional shirts \$10 each) 2. Camp cap (provided) 3. Backpack 4. Lunch 5. Bottle of water 6. Sunscreen 7. Tennis shoes with socks 8. Shirt and tie (Thursdays) 9. Swim suit and towel on swim days 				
WHAT CAMPERS MAY NOT BRING TO CAMP	<ol style="list-style-type: none"> 1. Video games (i.e. PSP, Game Boy) 2. MP3 or CD players 3. Cell phones 4. Electronics of any kind 				
PHOTOGRAPHS	<p>Campers and counselors will be using photography to document this historic event. The photographs will be used for promotional purposes and may appear in print as well as on the Internet.</p>				

Session(s) desired

Boyz 2 Men Day Camp Registration Form

Please print

Child's Name _____

Age _____ Date of Birth _____

Parent/Guardian's Name _____

Mailing Address _____ City _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____



T-shirt size

S (6-8) _____ M (10-12) _____

L (14-16) _____ Adult Small _____ Adult Medium _____

A \$50 (non-refundable) deposit must accompany this application.
Make US Postal money order payable to: Kids First
Credit card payments may be made through
PayPal to: itskidsfirst@aol.com

I hereby register my child for Boyz 2 Men Day Camp. I agree to abide by the program's policies and requirements. I give permission for my child to participate in all activities of the program. I understand I will receive a weekly calendar of activities, including location of all activities. All fees must be paid by US Postal money order or credit card through PayPal.

Parent/Guardian Signature

Date

Please print

Child's Name _____

Age _____

Date of Birth _____

Parent/Guardian's Name _____

Home Phone _____ **Work Phone** _____

Cell Phone _____

Name of Physician _____ **Phone** _____

Health Insurance Carrier _____ **Policy #** _____

If the person named above is not available during an emergency, please contact:

Name	Relationship	Home#	Work#	Cell #

These people may pick up my child from camp

Name	Relationship

Does your child have any allergies to food, medicines, insects, plants, etc.? Yes No
Please list them

Does your child have any medical conditions or restrictions? Yes No
Please list them

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the camp director to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent/Guardian Signature

Date