Springtastic!

Mid Zone Spring Break 2011
April 4th thru 8th

Have a rip roarin' good time at Mid Zone's Springtastic Spring Break--a week of crazy critters, hot air balloons and more . Read on for more exciting details.

DAY 1--Go Kart World; Carson, CA
Put the pedal to the metal around Go Kart World's 6 amazing tracks. Take hairpin turns, impress your friends, or hang in the truly awesome arcade.

DAY 2--Amy's Farm; Chino, CA
Bring your appetite Learn what it means to be "down on the farm" when you visit this real working poly culture farm that has served over 190,00 students.

DAY 3--Los Angeles Zoo with Guided Tour; LA, CA
You've never seen the zoo like this before. This time out you will traverse the lions, and tigers, and bears (Oh my!) with your own, personal tour guide.

DAY 4--El Capitan Theatre--Mars Needs Moms; Hollywood, CA
If you haven't vested the famed El Capitan Theatre, then you've never really done a Mid Zone camp. This will be the one day that you may bring money for lunch as we will head to our favorite McDonald's for lunch and yummy treats.

DAY 5--Great Park Balloon/Lyon Air Museum;
Always wanted to fly like Superman? Well, then this one will help your mom say yes because we will head for the clouds on our own tethered balloon ride. Later, we will head over the Air Museum and discover what forces kept us afloat.

✂ _____

TO REGISTER: Please fill out the following and return to office.
(Prices include tuition, all transportation, and fees related to activities.)

April 4 – 8, 2011

☐ Full Day Camp 9:00 AM – 4:30 PM: Cost $295;

☐ Daily rate; $75

Early & Late Care ☐ 7:30 AM – 9 AM $30/wk ☐ 4:30 PM – 6 PM $30/wk

**Bring sack lunch daily, except Thursday.

Mid Zone Camp Emergency/Enrollment Form

Child's Name _____ Age _____ Date of Birth: _____ Sex: M ___ F ___
First Last
Allergies/Medical Concerns _____ School _____ Grade _____

Address _____
Street City & Zip
Home Phone _____ e-mail _____

Mother's name _____ Mother's Cell/Work _____

Father's name _____ Father's Cell/Work _____

List 2 persons authorized to pick up child. In the case of an emergency or disaster these persons will be notified. Your child will be held at Rolling Hills United Methodist Church and released only to the parents or authorized person(s) listed below:

1 _____
Name Phone # Cell Phone #

2 _____
Name Phone # Cell Phone #

Photos, videos, etc. of my child taken by authorized staff and are the property of Rolling Hills United Methodist Church. They may be used for display, publicity and in-house activities.

In the event that I cannot be reached, I hereby give my consent for the physician on duty at a licensed hospital to provide emergency care for my child should serious illness or accident occur.

Signature of Parent/Guardian _____ Date _____