

Child's Name: _____

Fall 2026 Grade: _____ Gender M/F: _____ Date of Birth: _____ / _____ / _____

PARENT OR GUARDIAN INFORMATION

Parent Name(s): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Home Phone: (_____) _____

Cell Phone 1: (_____) _____ (mom/dad) Cell Phone 2: (_____) _____

Email 1: _____ (mom/dad) Email 2: _____

CREDIT CARD INFORMATION (ALL Major Credit/Debit Cards Accepted) _____ EXP. DATE: _____

EMERGENCY INFORMATION

Medical Insurance Co: _____ Policy #: _____

Does your child(ren) have any physical activity restrictions?

YES NO

Does your child(ren) have any allergies to any foods?

YES NO

Does your child(ren) have any dietary restrictions?

YES NO

If YES to any of the above, please download the Medical Information and Clearance and submit with application.

Will your child(ren) be required to take any medication while at PTSC?

YES NO

If YES, please download either the Prescription or Non-Prescription Medication Dispensing Agreement and submit with application.

- In case of an emergency and I cannot be reached, I authorize the Prime Time Sports Camp Director, or his designee, to obtain whatever medical treatment he or she deems necessary for the welfare of my child. I understand the potential risks involved in the activities provided by Prime Time Sports Camp and I hereby agree to assume all such risks, including the risk of injury to my child. I hereby release, and agree to protect, defend, indemnify and hold harmless Prime Time Sports Camp and its owners, officers, directors and staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial or otherwise, for the conduct of my child. I further understand that my child may be dismissed from the program for conduct deemed improper by the Director in his sole discretion.
- I authorize the exchange of information regarding my child between Prime Time Sports Camp and Short Ave. Elementary School.
- I understand that it is my sole responsibility to arrange for signing my child in and out of the program and for arranging for his/her drop off and pick up. I understand and agree that Prime Time Sports Camp is not responsible for my child or for the actions and behavior of my child in the event that my child leaves the supervision of the program during the hours of the program with me or a person authorized to pick up my child as set forth above, regardless of whether or not he or she has been signed into or out of the program.
- All pictures, films, tapes, or other likenesses of my child taken during camp hours are the property of Prime Time Sports Camp and may be used for any and all promotional materials.
- I understand, authorize, and agree that any art projects made by my child during, or as part of, the Prime Time Sports Camp (or any likenesses, replicas, or re-creations of any such art projects made by my child) may be used, depicted, or displayed by Prime Time Sports Camp for any promotional or fundraising purposes that Prime Time Sports Camp may choose or deem appropriate.

Signature of Parent or Guardian

Date

**PLEASE FAX SIGNED APPLICATIONS TO THE PRIME TIME SPORTS CAMP OFFICE at (310) 838-8825 or
SCAN AND EMAIL TO STAFF@PRIMETIMESPORTSCAMP.COM
QUESTIONS CALL (310) 838-7872**

Prime Time Sports Camp Admission Agreement

Name of Child: _____

Acknowledgement & Agreement - As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

Program:

- A. I acknowledge that I have received a copy of the PRIME TIME SPORTS CAMP Parent Handbook and will comply with the policies set forth.
- B. My Child will receive after school care from PTSC from the time he/she is signed into the program by a teacher or PTSC Staff member until the time that an authorized person signs him/her out of the program. PRIME TIME SPORTS CAMP will offer homework assistance, art & enrichment activities, and sports and recreations activities.
- C. In the event that optional services are offered, PTSC will require a separate Admission Agreement.
- D. PTSC will provide at least 30 days advance notice for any rate change.
- E. That per Department of Social Services (DSS), Community Care Licensing, Title 22, Section 101200, my child's file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.

Tuition:

- F. The program participation requires an annual tuition and that non-payment will result in my child losing the privilege of participating in the program and could result in legal referral with additional costs to myself. The **tuition can be paid in full or divided into 10 equal payments that are collected on the 15th of the following months: August 2026, September 2026, October 2026, November 2026, December 2026, January 2027, February 2027, March 2027, April 2027, May 2027. Each month's payment will be exactly the same regardless of my child's attendance or school holiday schedule.** I further understand that it is an administrative processing fee for any payment returned by my bank or credit account.
- G. **The monthly payment will be \$540.** A 10% discount is given to each additional sibling. Acceptable methods of payment include Credit Card (ALL Major credit/debit cards are accepted) and personal check. A Valid credit card number must be on file for all participants. In the event that payment is received within five business days of the due date, the card on file will be charged for the appropriate amount, including applicable late fees.
- H. **PTSC charges a one-time ASP Registration fee of \$60 per student and \$40 for each additional sibling.**
- I. Late Pick-Up Policy: PTSC will charge \$1 for every minute your child is picked up after 6pm. Charge will be made to the credit/debit card on file.

Cancellation/Refund:

- J. Any cancellation or changes to service must be made at least two weeks in advance in writing on site or emailed to Staff@primetimesportscamp.com. All enrolled students are considered active unless written notice is given, regardless of attendance. PTSC will issue a prorated refund in the event that cancellation is required after a payment has been made, provided a two-week notice had been given. Registration fees, whenever applicable, are non-refundable.
- K. **Requests for cancellation after March 1, 2027 will incur a \$200 cancellation fee.**

Termination:

- L. PTSC may terminate my child's enrollment for any of the following reasons:
 - a. Child leaving the program site without authorized written permission
 - b. Dangerous or disruptive behavior towards others and/or self.
 - c. Behavior that is destructive to property and/or refusal of parent/guardian to replace said property
 - d. Failure to comply with the sign in/out policies
 - e. Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or person associated with the child
 - f. Failure to notify PTSC program that the child will be absent
 - g. Non/Late NSF Payment fees
 - h. Repeated instances of late pick-up
 - i. Incorrect emergency and /or enrollment information
 - j. Any single incident that is deemed by the Site Director and/or President/CEO to be excessively dangerous, harmful or disruptive.
- M. PTSC reserves the right to review each application on an individual basis to determine whether or not the facility can meet the needs of your child based on the information provided in the application and corresponding forms.

Parent/Legal Guardian Name:	Parent Signature:	Date:
PTSC Representative Name:	PTSC Representative Signature:	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 Division

Licensing Office Address: 300 Continental Blvd #290 A, El Segundo, CA 90245

Telephone #: (424) 301 - 3077

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.

Prime Time Sports Camp @ SHORT AVE. ES
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

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 Division

ADDRESS

300 Continental Blvd #290 A,

CITY

El Segundo

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

(424) 301-3077

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)

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Prime Time Sports Camp @ Short Ave. ES 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:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()



**PARENT
HANDBOOK
2026 - 2027**

Child Care Program Description

Program Purpose, Goals and Methods

At PTSC Sports Camp [PTSC] we recognize that participating in after school activities has a positive impact on a child's life. By combining academics, athletics, leadership training and the arts into a comprehensive after school program, PTSC strives to offer programming that delivers a sense of accomplishment to each child, enhancing his or her confidence and self-esteem.

The programming we offer helps kids learn necessary socialization skills, including how to work with others, and provides the framework for developing lifelong friendships. Further, we strive to teach the students valuable life lessons, such as the importance of setting goals. As such, we have made it our goal to offer after school care for children that promote these values. We can think of no finer purpose than helping a child reach their full potential in life through their experiences in our program.

Days and Hours of Operation

PTSC will operate on the {Insert School Name} campus Monday-Friday immediately following the end of school day until 6pm.

Ages of Children Accepted

All **Short Avenue Elementary School** students, grades TK through 5th, are eligible for the program.

Supplementary or Optional Services

At times, PTSC will provide optional services as part of the after school program. These services may take the form of a food program, youth sports league, enrichment course, etc. These services are strictly optional and information about fees and schedules will be available on each service on a separate form or flyer.

Daily Snack

PTSC will provide ONE daily nutritious snack to all program participants. Parents who have children with food allergies or dietary restrictions are asked to provide a snack for their child.

Medication Policy

Our Medication Policy complies with Incidental Medical Services (**IMS**) requirements per Title 22 Regulations. Please fill out either the Prescription or Non-Prescription Medication Dispensing Agreement if your child needs to take medication during after school program hours. Children are not allowed to have medication of any kind in their possession. Please provide medication and dispensing instructions from your child's physician, as required in the aforementioned agreements.

Medical or Dental Emergency

All PTSC staff are CPR and First-aid Certified. Any injury or circumstance requiring assistance beyond which PTSC staff are certified to provide will result in an immediate call to the parent(s) or emergency contact if parent(s) cannot be reached. In addition, PTSC staff will call 911 if deemed necessary by the Site Director or his/her designee. Similarly, PTSC staff might call the physician on record if deemed necessary by the Site Director or his/her designee.

Sign-In Policy

Children enrolled in PTSC should report immediately to the designated areas on campus as determined by the child's grade. Staff will take roll and sign-in children within 5 minutes after school dismissal. Please notify staff if your child will not be attending PTSC for that day. TK, Kinder and 1st graders will be picked up by PTSC staff at their classrooms and escorted to the appropriate sign in the area. Please instruct your children to remain in their class until picked up by PTSC staff.

Sign Out Policy:

Parents, or their designees, must sign their child out each day. The sign out roster is a record of your child's attendance. For the safety of each child, only the persons designated on their application may pick up a child. All persons that are unknown to PTSC staff will be asked to present valid identification. If you wish to add additional adults to the authorized list, please notify PTSC staff in writing. **PLEASE LIST BOTH PARENTS / GUARDIANS ON THE AUTHORIZED LIST IN ADDITION TO YOUR DESIGNEES. PTSC WILL NOT RELEASE A CHILD TO A MINOR (UNDER THE AGE OF 18).**

Admission Policies and Procedures

Parent Responsibilities

Parents we ask that you ...

- Call the PTSC office when your child is absent. Your child's safety is our Primary Concern.
- Instruct your child to come directly to the program immediately after school
- Make arrangements to have your child signed out everyday by an authorized adult listed on the application (your child will not be released otherwise)
- Go over the rules of the after school program with your child
- Support PTSC efforts to promote positive behavior by discussing the reasons behind, and purposes of, discipline actions taken by the PTSC staff.
- Be supportive of the consequences given to your child as a result of his or her behavior
- We are working together for the welfare and healthy development of your child's social skills.
- Parents are their children's primary role models. Any Parent who uses abusive language or behavior toward staff, other parents, or children risks registration cancellation for their child.
- Parents are not allowed to confront children about any incident. The law protects children from this type of action.
- Make sure that your child's name appears on all his or her belongings
- Per the LAUSD Code of Conduct, staff is not allowed to meet with, or be in the company of, students or their families off campus except for approved school/program activities. Staff is not allowed to communicate with students by phone, email, internet, or in person for any reasons that are not specifically school/program -related. Please call the PTSC Main Office should such actions occur.

Individual Needs of Participants:

PTSC will determine the appropriateness of placement given an individual child's needs through the following:

1. Prior meeting with parent and/or legal guardian and child
2. Review of health screening forms provided by parent and/or legal guardian, where applicable

3. Review application with school administrator.

Payments

PTSC charges a one-time registration fee of \$60 per student and \$40 for each additional sibling.

Annual tuition can either be paid in full or divided into 10 equal payments, due the 15th of each month, as detailed below:

August 15, 2026	January 15, 2027
September 15, 2026	February 15, 2027
October 15, 2026	March 15, 2027
November 15, 2026	April 15, 2027
December 2026	May 15, 2027

Each month's payment will be exactly the same regardless of attendance or school holiday schedule. Monthly payments do not reflect the number of school days per billing cycle. Payments that are not received within 5 working days are subject to a \$10 late fee per week. Acceptable methods of payment include credit card (ALL major credit/debit cards accepted) and personal check. A valid credit card number must be on file for all participants. In the event that payment is not received within five business days of the due date, the card on file will be charged for the appropriate amount, including applicable late fees. Nonpayment will result in the child losing the privilege of participating in the program and could result in legal referral with additional costs to the parent. The parent or guardian of the child is responsible for the reimbursement to PTSC for time expended and for any and all collection or legal costs incurred in collecting outstanding balances. Please indicate the name of your child(ren) on your check if you are paying by check.

Returned Checks

Returned checks are subject to a \$25 fee. Returned checks will be handled pursuant to Calif. Civ. Code Sec. 1719. Any family who has two returned checks in one calendar year will be required to pay by money order or cashier's check for the remainder of the school year.

Refund and Cancellation Policy

PTSC requires a two-week written notice to cancel registration or to make any changes. Your enrollment will remain active until we receive written notification whether or not your child is actively attending the program. You will receive a prorated refund if you have paid for a full month of care and give a two-week notice. Pro-rated refunds are calculated based on the last day of the two-week notice period. Registration fees, whenever applicable, are nonrefundable. Requests for cancellation after March 1st, 2027 will result in a \$200 cancellation fee.

Prime Time Sports Camp does not offer refunds for missed program days unless the program itself is canceled.

Discipline Policies

Student Expectations (LAUSD Culture of Discipline)

1. Learn and follow school and classroom rules.
2. Solve conflicts maturely, without physical or verbal violence.

3. Keep a safe and clean campus that is free of graffiti, weapons, and drugs.
4. Be good role models and help create a positive school environment.
5. Report any bullying, harassment, or hate motivated incidents.
6. Display good sportsmanship on both the athletic field and playground.
7. Attend the program on time, have appropriate supplies, and be prepared to learn.
8. Keep social activities safe and report any safety hazards.

Prime Time Points

Prime Time Points are rewarded by PTSC Staff to reinforce positive behavior. PTSC Points can be redeemed for rewards and/or access to positive behavior activities. PTSC Points vary from site to site in an attempt to more closely align with the unique culture of each host-school.

Disciplinary Measures

PTSC Utilities Disciplinary Measures that give each child the guidance and support needed to thrive in a social, structured environment.

Step 1: PTSC Involvement

1. Discussion with staff
2. Behavioral Contracts with PTSC
3. Suspension from Activities & positive behavior activities
4. In-Program Suspension

Step 2: Parent Involvement

1. Call Home
2. Parent Conference
3. Behavioral Contracts w/ Staff, Parent, Student
4. Suspension until Parent Conference

Step 3: School Involvement

1. Conference with school administration
2. 2nd suspension
3. Removal from Program

Consequences for More Serious Behaviors

PTSC strives to work with each child in a supportive manner that reinforces positive behavior and provides guidance when needed in order to help each child become the best citizen he or she can be. This three-step process detailed above provides the framework that best supports this goal. However, there are some behaviors that are more serious and require a swifter response, especially when these behaviors impact the safety of other children. Such behaviors include, but are not limited to, fighting, bullying, biting, spitting, leaving the group or campus without permission, intimidation of any kind, defacing property, disrespectful behavior towards others students or staff and stealing. Any of these behaviors can result in a variety of consequences, ranging from a one-day suspension to expulsion from the program. There are no refunds for time missed due to suspensions or expulsions.

No corporal or unusual punishment will be used at any time during the PTSC Sports Camp after school program, pursuant to Child Care Requirements, Title 22, Section 101223.2.