



City of Santa Clarita Parks, Recreation and Community Services Department
2018 Camp Clarita Change Form



Child's Name: _____ Date of Request: _____

All requests for refunds, transfers, or addition of weeks must be submitted in writing to the Camp Clarita office by completing the Change Form. Forms can be submitted directly to the Camp Clarita office through campclarita.com, fax at (661) 253-2567, or emailed to campclarita@santa-clarita.com. Change Forms must be submitted by the appropriate deadline. **All requests to transfer or add additional weeks/days/programs will be based on availability and deadline requirements.** You will be notified by the Camp Clarita office of the status of your request once written notification has been received.

REFUND POLICY

- A refund will be given when request is received by the Camp Clarita office at least **10 business days** prior to the start of the week enrolled.
- For each week refunded, a **\$30 charge per child, per week** is withheld regardless of reason for refund.
- A refund will not be issued for days missed in a week and there are no make-up days. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
- Any refund of camp fees may take up to one week after notification is received to be processed.
- After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take up to three weeks to receive.
- **No refunds will be issued after the 10 business day deadline.** Camp Clarita's advance reservation of buses, admission tickets, scheduling of staff, etc. does not enable us to refund camp fees after the deadline regardless of the reason for non-attendance.
- **\$30 deposit for the payment plan is non-refundable and non-transferable** as a spot has been held for your child.

CAMP TRANSFERS OR ADDITIONS

- Transfer requests must be received by the Camp Clarita office no later than the Wednesday prior to the start of the week at 5:00 p.m. Requests for addition of weeks must be submitted to the Camp Clarita office by the Wednesday prior to the beginning of the week at 5:00 p.m.

Please circle the program options you would like to cancel, add or transfer:

Week	Dates	Program (please circle one)	Location* (please circle one)	Currently Registered (if only adding weeks, please leave blank)	Circle One	Change/Add to (if canceling, please leave blank)
1	June 11-15	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP SCP VGP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
2	June 18-22	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
3	June 25-29	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
4	July 2-6* (no camp 7/4)	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/F T/Th	Cancel Transfer Add	M-F M/F T/Th
5	July 9-13	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
6	July 16-20	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
7	July 23-27	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
8	July 30-August 3	Wee Folks Little Folks Ranger Explorer Voyager	CCP NP NOP SCP VGP VMP	M-F M/W/F M/W T/Th	Cancel Transfer Add	M-F M/W/F M/W T/Th
9	August 6-10	Ranger Explorer	NOP SCP VMP	M-F M/W/F Tu/Th	Cancel Transfer Add	M-F M/W/F Tu/Th

* Canyon Country Park (CCP), Newhall Park (NP), North Oaks Park (NOP), Santa Clarita Park (SCP), Valencia Glen Park (VGP), Valencia Meadows Park (VMP)

Please state the reason for the request: _____
 Parent Name: _____ Parent Signature: _____ Email: _____

PAYMENT INFORMATION (complete only if balance due):

Credit Card # _____ Exp. Date: ____/____/____ CVV Code: _____
 Payee Name: _____ Payee Signature: _____
 Check #: _____ Drivers License #: _____ State Issued: _____ Exp. Date: ____/____/____

For Office Use
 Only:
 Date Received: _____
 Staff Initials: _____
 Receipt: _____