



# UCIC SPRING BREAK

APRIL 6TH-APRIL 10TH

It's Spring time for UCiC! We are having a 1 week Spring Break Camp where we celebrate and enjoy the beautiful Spring after a long winter. We will be doing plenty seasonal-themed crafts and activities as well as going Bowling and jumping around at Pump-It-Up.

[Pump-It-Up] April 6th 9:30am-12:00pm

[Bowling] April 9th 9:30am-12:00pm

Cost:

Cost: \$280.00 per week for Spring Camp ONLY.  
\$300.00 per week for both Spring Camp and Spring Academy.

(No Cost for students currently enrolled in After Care who sign-up for Spring Break ONLY. There will be an additional charge of \$20.00 per week for Academy Program.)

\*\*\*\*\*Due by the first day of camp\*\*\*\*\*

**Everyone MUST turn in a registration packet to attend Spring Break, including students enrolled in After Care**

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Dates: April 6th-April 10th

Time: 6:00 AM - 6:00 PM

(Students may only be in our care for a max of 10 hours)





# SCHEDULE

APRIL 6TH-APRIL 10TH

6:00 AM : Free Choice (Dive Hall)  
8:00 AM : Transition to the Gym  
9:30 AM : Snack (Gym)  
10:00 AM : Play Outside (Playground)  
11:00 AM : Activity #1 (Gym/Dive Hall)  
12:00 PM : Lunch  
1:00 PM : Outside (Playground)  
2:00 PM : Activity #2 (Gym/Dive Hall)  
3:00 PM : Snack (Gym)  
3:45 PM : Outside (Playground)  
4:30 PM : Indoor Play (Dive Hall)

ACTIVITIES INCLUDE: SPRING RELATED  
CRAFTS, GAMES, AND STEAM ACTIVITIES

*\*Schedule is subject to change\**

*\*Activities will vary in time\**






# ACADEMY

The Bridge will be offering Spring Academy! Upon registration, each student will take a diagnostic test to be placed in their proper reading groups for the duration of Spring Camp. Students will work on their individualized math packets. Students will then read selected novels and comprehension questions by level. After that, students will write responses and prompts based on their reading.

Spring Academy will be integrated into our spring camp program. This means that if you sign your kiddo up for Spring Academy, they will still have care between the hours of 6:00 AM-6:00 PM. Before 12:00 PM, students will be with our Spring camp group, and after 3:00 PM, they will be brought back to join the Spring camp.

The Bridge Program helps to aid in educational growth throughout the year with personalized Tutoring services. If you are interested in learning more about The Bridge, please contact [thebridge@ucicschool.org](mailto:thebridge@ucicschool.org) or 425-471-0416. You can also learn more on their website, [thebridgetutoring.com](http://thebridgetutoring.com).







# UCiC SPRING BREAK

Kindergarten – 6<sup>th</sup> Grade

April 6<sup>th</sup> – April 10<sup>th</sup>

Last Name		First Name		Preferred Name	
Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth (mm/dd/yyyy)		Age	Current Grade
U.S. Address				City	State
Zip Code					
Mother's Name		Mother's Cell Phone		Mother's Email	
Father's Name		Father's Cell Phone		Father's Email	
Emergency Contact #1 Name		Emergency Contact #1 Cell Phone		Emergency Contact #1 Email	
Emergency Contact #2 Name		Emergency Contact #2 Cell Phone		Emergency Contact #2 Email	
Insurance Information:					
Company		Policy		Group	
Does your child have any medical conditions? Please specify:					
<p><b><u>Please Mark One:</u></b></p> <p>My Child will attend Spring Break Camp ONLY: _____</p> <p>My Child will attend Spring Break Camp AND Academy: _____  <i>(An additional \$20 will be added to my tuition)</i></p> <p><b><u>Field Trip Permission Slip:</u></b> *Field Trips are subject to change*</p> <p>My child, _____ (name), has my permission to travel on the UCiC School bus to the following destinations on the following days;</p> <p>Kirkland Pump-it-up on April 6<sup>th</sup> from 9:30 AM – 12:00 PM          Kenmore Lanes on April 9<sup>th</sup> from 9:30 AM – 12:00 PM</p> <p>_____ (Parent Signature) _____ (Date)</p>					

## MEDICAL RELEASE:

Hospitals may be reluctant to treat or care for children without consent from a parent or guardian. This can cause delay in treatment if there is a medical emergency when parent(s) or guardian(s) is not available to give consent. Therefore we require your signature on this statement. If a 911 call is needed, the aid car will take the student to Swedish Edmonds Hospital.

I, \_\_\_\_\_ (Parent/Guardian Name), the natural parent/legal guardian of \_\_\_\_\_ (Student Name) authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment, and procedures are immediately necessary or advisable in the interest of my child's health and well-being, after the school has made every effort to contact me.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results and possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment. (The preceding statement is from Swedish Edmonds Hospital.)

Guardian's Name Printed: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WAIVER, RELEASE, ASSUMPTION OF RISKS & INDEMNIFICATION: I, the parent or legal guardian of \_\_\_\_\_ (Student Name), agree as follows: I acknowledge and understand that certain activities, including, but not limited to, use of playground equipment, field trips and other UCiC activities, can be hazardous and may result in injury, including loss of life. I voluntarily assume any and all risks of loss, damage or injury while my student is on the premises. In consideration for student participation, I represent that I am the parent or legal guardian and hereby release and forever discharge UCiC Learning Center, Community Church of Seattle, their volunteers, employees, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as "UCiC, Community Church of Seattle"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected student's viewing or participation in any activities.

By signing this Agreement, it is my intention to waive any rights I may otherwise have to sue or seek damages from UCiC, Community Church of Seattle; except where injury, death or disability results from UCiC, Community Church of Seattle's gross negligence. I further agree to indemnify, hold harmless and defend UCiC, Community Church of Seattle against any and all claims for damages, costs, expenses or attorneys fees brought by any third party in connection with or arising out of Student's involvement or participation. Moreover, in consideration for Student's participation in activities, including the use of equipment and facilities, I further agree to indemnify and hold UCiC, Community Church of Seattle harmless from any and all claims which are brought by, or on behalf of Student and which are in any way connected with such use or participation by Student. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

EMERGENCY CONSENT: \_\_\_\_\_ (Student Name) may receive emergency or routine medical care from a licensed physician or emergency facility if I cannot be reached in an emergency situation. Such emergency or routine care includes emergency surgery, administration of medications or other measures as determined necessary by a licensed physician. I agree to assume the responsibility for all medical, transportation and rescue-related expenses incurred on behalf of Student.

Guardian's Name Printed: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Student's Name: \_\_\_\_\_

<b>Meat Products</b>	My child can be given:		Do NOT give my child:	
		Beef		Beef
		Pork		Pork
		Turkey		Turkey
		Chicken		Chicken
		Fish		Fish
		Other:		Other:
Reason: <input type="checkbox"/> Preference <input type="checkbox"/> Digestive Issues <input type="checkbox"/> Allergies				

<b>Dairy Products</b>	My child can be given:		Do NOT give my child:	
		Milk		Milk
		Cheese		Cheese
		Egg		Egg
		Food Containing Dairy		Food Containing Dairy
		Other:		Other:
Reason: <input type="checkbox"/> Preference <input type="checkbox"/> Digestive Issues <input type="checkbox"/> Allergies				

<b>Grains &amp; Sweets</b>	My child can be given:		Do NOT give my child:	
		Bread		Bread
		Cracker		Cracker
		Cookie		Cookie
		Cake		Cake
		Candy		Candy
		Other:		Other:
Reason: <input type="checkbox"/> Preference <input type="checkbox"/> Digestive Issues <input type="checkbox"/> Allergies				

**Allergies:**

My child has the following serious allergies:

Mild Allergies	
Severe Allergies	
Symptoms of allergy reactions	
Treatment to provide	
Medication	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Pump It Up Waiver, Release, Hold Harmless, and Indemnification Agreement ver 13.08

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following: **1:** I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf. **2:** I acknowledge and understand that there are known and unknown risks associated with participation in Pump It Up activities and the use of the play area, inflatable equipment and any and all other Pump It Up equipment, including but not limited to the Pop-In Playtime and Open play, which include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death. **3:** I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. **4:** I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any Pop-In-Playtime and/or any other open play event at Pump It Up. **5:** I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **6:** I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **7:** I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. **8:** I understand that entry, by myself and the participant(s) named, constitutes consent for Pump It Up to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. **9:** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. **10:** Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration in Maricopa County Arizona, before a single arbitrator in accordance with the rules of the American Arbitration Association then in effect.

_____/_____/_____ Participant Name	_____/_____/_____ Date of Birth
_____/_____/_____ Participant Name	_____/_____/_____ Date of Birth
_____/_____/_____ ** Parent/Guardian Signature	_____/_____/_____ Today's Date **
_____ ** Emergency Contact Number **	

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_____ Email Address (Optional)	

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