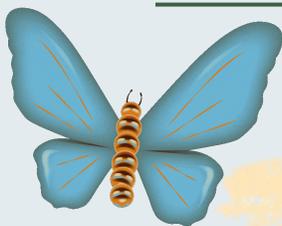




# SPRING CAMP

During the Spring Break  
7:30 AM - 6:30 PM



**CAASPP TEST PREP  
I-READY TEST PREP  
ACADEMIC ENRICHMENT  
SCIENCE/COOKING  
AND MORE**

**TK - 8TH**

**DAILY REGISTRATION AVAILABLE**

**More  
Information**



**714-464-8355**



**eplexbp@gmail.com**



# 2026 E-PLEX Spring Camp Registration Form

**Student Name** \_\_\_\_\_

**Grade** \_\_\_\_\_

**School** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

## Programs Selection (textbooks & materials are included)

Programs	Tuition Detail	Check Your Attendance
<b>FDS, BPSD, NLSD</b> March 16,17,18,19,20	<input type="checkbox"/> Current Afterschool Student Additional Morning <b>\$35/day</b>	<input type="checkbox"/> 3/16 <input type="checkbox"/> 3/17
	<input type="checkbox"/> Non-Afterschool Students All Day Care <b>\$90/day</b>	<input type="checkbox"/> 3/18 <input type="checkbox"/> 3/19
		<input type="checkbox"/> 3/20 <input type="checkbox"/>
<b>CESD</b> March 23,24,25,26,27	<input type="checkbox"/> Current Afterschool Student Additional Morning <b>\$35/day</b>	<input type="checkbox"/> 3/16 <input type="checkbox"/> 3/17
	<input type="checkbox"/> Non-Afterschool Students All Day Camp <b>\$90/day</b>	<input type="checkbox"/> 3/18 <input type="checkbox"/> 3/19
		<input type="checkbox"/> 3/20 <input type="checkbox"/>
<b>ABC SD</b> April 6,7,8,9,10	<input type="checkbox"/> Current Afterschool Student Additional Morning <b>\$35/day</b>	<input type="checkbox"/> 3/16 <input type="checkbox"/> 3/17
	<input type="checkbox"/> Non-Afterschool Students All Day Camp <b>\$90/day</b>	<input type="checkbox"/> 3/18 <input type="checkbox"/> 3/19
		<input type="checkbox"/> 3/20 <input type="checkbox"/>

No additional payment is required for Current Afterschool students dropped off after 3 PM. The fee is already included in your tuition.

## Camp Daily Schedule Overview

7:30 am - 8:30 am	<b>Before School Program</b>	<ul style="list-style-type: none"> <li>• Quiet Reading</li> <li>• Drawing/Coloring/board games</li> </ul>
8:30 am - 9:15 am	<b>Daily Warm Up</b>	<ul style="list-style-type: none"> <li>• Stretching Your Body</li> <li>• PE and Group Game in the indoor GYM</li> </ul>
9:15 am - 9:45 am	<b>Breakfast &amp; Check-in</b>	<ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Classroom Check-in</li> </ul>
9:45 am - 12:00 pm	<b>Morning Study</b>	<ul style="list-style-type: none"> <li>• TK-2nd : I-Ready Test Practice</li> <li>• 3rd and above : CAASPP State Test Practice</li> </ul>
12:00 pm - 1:00 pm	<b>Lunch &amp; Recess</b>	<ul style="list-style-type: none"> <li>• Lunch</li> <li>• Free Time</li> </ul>
1:00 pm - 3:00 pm	<b>Afternoon Activities</b>	<ul style="list-style-type: none"> <li>• Cooking / Arts and Craft / PE Games</li> <li>• Academic Game / Science Lab</li> </ul>
3:00 pm - 3:30 om	<b>Snack &amp; Transition</b>	<ul style="list-style-type: none"> <li>• Afternoon Snack</li> <li>• Move to the Afterschool Classroom</li> </ul>
3:00 pm - 5:30 pm	<b>Afterschool Program</b>	<ul style="list-style-type: none"> <li>• Genius English / Genius Math</li> <li>• Time for Kids - News Article / Fun time with teachers</li> </ul>
5:30 pm - 6:30 pm	Pick-up for all students	

I UNDERSTAND AND AGREE BY THE OPERATION RULES AS SET BY THE E-PLEX. I UNDERSTAND THAT THERE WILL BE NO ABSENT CREDIT OR REFUND GIVEN TO STUDENTS AT ANY CIRCUMSTANCES. MY SIGNATURE AUTHORIZES E-PLEX TO USE A PHOTOGRAPH OF MY CHILD NAMED ON THIS FORM IN FUTURE PROMOTIONS. I UNDERSTAND THAT THE ACTIVITIES OFFERED AT "E-PLEX BP" INVOLVE PHYSICAL ACTIVITY THAT MAY RESULT IN INJURY. I HEREBY RELEASE AND AGREE TO INDEMNIFY "E-PLEX" AND ANY OF ITS SHAREHOLDERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, OR AGENTS FOR ANY AND ALL LIABILITY FROM ACCIDENT OR INJURY INCURRED WHILE MY SON/DAUGHTER PARTICIPATES IN ANY OF THE PROGRAMS OFFERED, WHETHER THESE PROGRAMS OCCUR INSIDE OR OUTSIDE OF "E-PLEX" IN ADDITION, I GIVE MY PERMISSION FOR "E-PLEX" TO SEEK NECESSARY MEDICAL AID FOR MY SON/DAUGHTER IN CASE OF AN EMERGENCY. I AGREE TO ACCEPT FINANCIAL RESPONSIBILITIES FOR ANY COST INCURRED IN THE TREATMENT OF ANY INJURY OR ACCIDENT OF THE ABOVE STUDENT NAME.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_