

# Summer Camp Registration 2020

**Shirt Size (Circle one):** S, M, L, XL, or XXL

**Family Password:** \_\_\_\_\_

**(Registration Fee and the first week of camp participating fee are due along with the application form)**

**Campus:** \_\_\_\_\_

**CHILD INFORMATION:** (Please Print)

Child's Last Name	First Name	Gender	Date of Birth	Grade
Child's Last Name	First Name	Gender	Date of Birth	Grade
Child's Last Name	First Name	Gender	Date of Birth	Grade

**Allergy/Medical Concerns:**  Yes  No (If YES, please list all applicable concerns on the attached page)

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Note: In the event of emergency, I can arrive at the facility within: 0-30 min  30-60 min  Other \_\_\_\_\_

Is your Child currently in an *ESE program* or receiving any special services during the regular school day?  
 Yes  No (If YES, you MUST complete a Special Needs Pre-Enrollment application).

**PARENT/GUARDIAN INFORMATION:**

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

**MOTHER'S INFORMATION**

**FATHER'S INFORMATION**

Name: _____	Name: _____
Cell Phone #: _____	Cell Phone #: _____
Home Phone #: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Work Address: _____	Work Address: _____
Driver's License #: _____	Driver's License #: _____
Mother's Address: _____	Father's Address: _____

Email address: \_\_\_\_\_

Mother permitted to pick up a child?  Yes  No

Father permitted to pick up child?  Yes  No

Is there anyone legally NOT allowed to pick up your child?  If so, who? \_\_\_\_\_

We must have a copy of the legal paperwork on these individuals in order not to release your child.

**EMERGENCY CONTACTS:** (Must be 18 years of age and show picture I.D. to remove child from the center)

Other persons authorized by the parent to pick up my child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parents' responsibility to keep this list current.

Name	Phone #	Address	Relationship

Parent/Guardian's Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that my child will be expected to behave in accordance with the After School Connections code of conduct available online at [www.afterschool-connections.org](http://www.afterschool-connections.org). Disruptive behavior or actions posing a threat or any danger to them or anyone else will result in dismissal.
- I understand that there will be NO refunds, credits, or reductions in fees.
- I acknowledge receipt of the payment schedule to be paid by me and read the payment policy and procedures. I understand that in the event I fail to pay these fees in a timely manner, I will be held responsible for ALL fees and collection costs on all unpaid charges.

## Allergy / Medical Conditions

Please Fill Out for Each Child

**For the safety of the child (ren) it is mandatory that all parents provide the program with a diagnosed EPIPEN to be administered by counselors in the event the child (ren) needs it.**

Child's Name: \_\_\_\_\_

Allergies?  No  Yes If Yes, please list: \_\_\_\_\_

Medical Conditions?  No  Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: \_\_\_\_\_

Allergies?  No  Yes If Yes, please list: \_\_\_\_\_

Medical Conditions?  No  Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: \_\_\_\_\_

Allergies?  No  Yes If Yes, please list: \_\_\_\_\_

Medical Conditions?  No  Yes If Yes, please list: \_\_\_\_\_

Please list any other important information, or special services your child receives, that we should be aware of:

**Camp Program:** After School Connections will offer your child a camp filled with safety, enriched learning opportunities indoors and outdoors. Each week we will offer a different theme which includes sports, arts and crafts, movies, cooking, Zumba, karaoke, STEAM, science, chess, academics and for the most part two or more field trips outside school campus. Please check the calendar schedule available online.

**Camp Supervision:** Campers are supervised by our counselors who meet all educational and professional requirements of Broward Child Care Licensing. All staff members have been fingerprinted, background and drug screened, and are CPR, First Aid, and AED certified.

**Weeks Attending:** Due to the fact that we limit our enrollment, you will be responsible for paying for all the weeks you indicate your child will be attending camp. Please indicate below the weeks your camper will be attending.

Week	Campus	Dates	Check	Child Name	Grade
1	Pines/Cooper/Sunrise	June 8 – 12			
2	Pines/Cooper/Sunrise	June 15 – 19			
3	Pines/Cooper/Sunrise	June 22 – 26			
4	Pines/Cooper/Sunrise	June 29 – July 2			
5	Pines/Cooper/Sunrise	July 6 – 10			
6	Pines/Cooper/Sunrise	July 13- 17			
7	Pines/Cooper/Sunrise	July 20 – 24			
8	Pines/Cooper/Sunrise	July 27 – July 31			

\*Activity Calendar available online. Tuition for the week of 4<sup>th</sup> of July will be \$128.00 per week.

**Late Pick-Up fee:** The late pick up fee is \$1.00 per minute after 6:00 pm. This fee is due by check or credit card upon picking up your child. After 3 late pick-ups in the same week we reserve the right to drop your child from the summer camp program.

**Registration Fee:** The registration fee per family is \$75.00 until April 30th. Starting May 1st there will be a late registration fee of \$90.00 per family, based on availability. Registration fees are non-refundable and include one T-Shirt per camper. **School staff fee:** \$55 per family.

**Fee Policies:** The cost is \$158.00 per week. Activity, Transportation, Field trips fees are included in the Tuition. Summer camp tuition is charged on a weekly basis. **School staff fee:** \$98 per week. Walk-in Fee: \$183.00. Fees are due weekly and must be made each FRIDAY prior to the next week to start. Payments not made by Friday will be assessed a late fee of \$25.00 Registration fee is due along with the application form. Payments must be by check, money order or credit card at [www.afterschool-connections.org](http://www.afterschool-connections.org). No refund or adjustments are made for days of absence, holidays, illnesses or camp closings due to inclement weather.

**Return Check charge:** In the event of a returned check, a \$25.00 fee will be charged to your account. We will require a Money Order for the total of the check plus the \$25.00 fee by the following business day. All subsequent payments must be made by money order only.

I acknowledge the payment schedule of fees is available on the Rules & Regulations packet and website under the Summer Camp/Make A Payment tab and it will be paid by me for my child’s attendance at After School Connections Summer Camp program. I understand that in the event I fail to pay these charges in a timely fashion and collection procedures are started or suit is initiated to collect unpaid charges, I will be responsible for all collection costs, 18% interest on the unpaid charges and reasonable attorney’s fee for counsel to After School Connections.

Parent Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent Form:** I hereby give my consent to have my child participate in all activities in the After School Connections Summer Camp. I also realize that After School Connections Summer Camp will not be responsible for any minor injuries that might occur during the normal camp day.

I have read the above and hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Field Trips:** I do release and agree to After School Connections summer camp program, agents, or operation facilities, from all claims for loss, injury or damage, to persons and property while participating in any chosen activity, which I or person claiming through me or on my behalf may at any time have arising out of or connected with the operation of this activity. I give permission for my child to travel off campus during selected activity times.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Video/ Photo Release:** I give permission to After School Connections summer camp or approved agent to photograph/video my child for the purpose of promoting the summer camp program or demonstrating the program's accomplishments and activities. Photos may be published on brochures, the aftercare school website, flyers, advertisements, etc. Yes, I give permission. \_\_\_\_\_ No, I do not give permission. \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Authorization for Emergency Medical Treatment:** In case of any emergency, After School Connections will attempt to reach either parent or the emergency number given by the parent. If for any reason none of these parties are available, I authorize After School Connections summer camp to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

First number to call when a parent cannot be reached!

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Rules and Regulations:** I have read and agreed to all of After School Connections Rules and Regulations for the summer camp available online at [www.afterschool-connections.org](http://www.afterschool-connections.org).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASSWORD is used for the protection of your child.**

Circumstances may occur when you will need someone that is not listed on the registration form to take your child from the camp. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only, to enable us to follow your instructions from over the phone.

**PASSWORD:** \_\_\_\_\_

Parent or Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_



## Discipline Policy

### The children are our first priority!

In After School Connections we feel strongly that a positive, supportive and structured environment promotes good behavior. A full day of varied activities is planned to direct your child's energy into positive channels. We believe that children learn from us and that we are their positive role models.

Our counselors and Site Directors/Managers have a goal to help children feel good about themselves by building their self-esteem and self-confidence. Whenever discipline is necessary, corrective discipline is used to change the inappropriate behavior of the child, never to hurt the child.

The following are the steps taken to correct inappropriate behavior in our program and to insure the safety and well-being of all our children:

1. Counselors will first take your child aside and quietly speak to him/her about their behavioral concern. If the inappropriate behavior warrants, the counselor will either put the child in thinking time (appropriate to their age) or if necessary, have the on-site manager speak to the child. The child will receive a verbal warning.
2. A child's second serious behavior incident will result in a phone call to the parents as well as a written behavior report copied to the school administration.
3. A child's third behavior incident will result in a phone call to the parent from the Site-Manager and possible suspension or expulsion from the program.

### Student Behavior Contract

1. I will not hit, kick or hurts others.
2. I will listen to my counselor.
3. I will follow directions.
4. I will not say mean things to anyone.
5. I will stay with my group.

\_\_\_\_\_  
Parent/Guardian's Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name & Signature

\_\_\_\_\_  
Student Name & Signature

\_\_\_\_\_  
Student Name & Signature

## Special Needs Pre-Enrollment Form

(Fill out ONLY if applicable)

Please complete this form if your child has any special needs or has a medical condition that may require special accommodations in our program in order to have a successful and safe experience.

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Is your child in an ESE program during the regular school year?      \_\_\_ Yes      \_\_\_ No

Does your child have any serious medical concerns?      \_\_\_ Yes      \_\_\_ No

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

Are there any other special accommodations your child receives during the regular school day outside of their regular classroom routine? \_\_\_\_\_  
\_\_\_\_\_

Can your child be included in a regular 1:20 staff to child ratio?      \_\_\_ Yes \_\_\_ No

Does your child need assistance to participate in any activities?      \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Will your child run away from the group?      \_\_\_ Yes \_\_\_ No

Is your child aggressive towards others?      \_\_\_ Yes \_\_\_ No

Does your child respond to one step directions?      \_\_\_ Yes \_\_\_ No

Toileting Needs:      Independent      \_\_\_ Yes \_\_\_ No

   Needs Assistance      \_\_\_ Yes \_\_\_ No

   Diapered      \_\_\_ Yes \_\_\_ No

Is your child able to verbally communicate their needs?      \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any serious behavioral concerns?      \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_