

Registration Form Please select campus (☐ COOPER CITY ☐ SUNRISE ☐ PPK8) **Family Password:** _____

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

CHILD INFORMATION: (Please Print)

Camp Shirt Size: _____

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 _____

LEGAL GUARDIAN 1 INFORMATION Relation to child: _____ **LEGAL GUARDIAN 2 INFORMATION** Relation to child: _____

Name: _____ Name: _____

Cell Phone #: _____ Cell Phone #: _____

Home Phone #: _____ Home Phone #: _____

Work Phone #: _____ Work Phone #: _____

Work Address: _____ Work Address: _____

Driver's License #: _____ Driver's License #: _____

Address: _____ Address: _____

Email address: _____ Email address: _____

Guardian 1 permitted to pick up a child? ____ Yes ____ No Guardian 2 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 Franklins Academy code of conduct. 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. Please note After School Connections does not administer any medication to enrolled child (ren).

Child's Name: _____

Allergies? ___ No ___ Yes If Yes, please list: _____ EpiPen required? Yes ___ No ___

Medical Conditions? ___ No ___ Yes If Yes, please list: _____

Asthma Inhaler required? Yes ___ No ___ If yes, please note Franklin Academy's aftercare administrators are not responsible for the usage of the inhaler, child must be able to self-administer.

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: _____ EpiPen required? Yes ___ No ___

Medical Conditions? ___ No ___ Yes If Yes, please list: _____

Asthma Inhaler required? Yes ___ No ___ If yes, please note Franklin Academy's aftercare administrators are not responsible for the usage of the inhaler, child must be able to self-administer.

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: _____ EpiPen required? Yes ___ No ___

Medical Conditions? ___ No ___ Yes If Yes, please list: _____

Asthma Inhaler required? Yes ___ No ___ If yes, please note Franklin Academy's aftercare administrators are not responsible for the usage of the inhaler, child must be able to self-administer.

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

Camp Program: Franklin Academy, ASC 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 indoor/outdoor field trips on and off the school campus. After School Connections offers summer camp to Franklin students with a current seat or offered seat, no wait list status. Please check the calendar schedule available online. *All activities and vendors are subject to change.

Camp Supervision: Campers are supervised by our counselors who meet all educational and professional requirements and credentials of Broward County. 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
1	Cooper, PPK8 & Sunrise	June 11-14		
2	Cooper, PPK8 & Sunrise	June 17-21		
3	Cooper, PPK8 & Sunrise	June 24-28		
4	Cooper, PPK8 & Sunrise	July 1-5		
5	Cooper, PPK8 & Sunrise	July 8-12		
6	Cooper, PPK8 & Sunrise	July 15-19		
7	Cooper, PPK8 & Sunrise	July 22-26		
8	Cooper, PPK8 & Sunrise	July 29- August 2		

*Activity Calendar available online. Tuition for week 1 & week 4 will be \$215 for the 1st child and \$194 for any additional sibling due to a 4-day week.

Late Pick-Up fee: The late pick-up fee is \$1.00 per minute per child after 6:00 pm. This fee is due by 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 camp.

Registration Fee: Early Registration fee is \$ 75.00 after May 1st the registration fee is \$ 90.00 per family, based on availability. Registration fees are non-refundable. **Faculty fee:** Courtesy waiver \$0.

Fee Policies: The cost is \$265.00 for the 1st child and \$ 240.00 for any additional sibling per week. **Faculty fee:** \$265.00 for the 1st child and \$ 240.00 for any additional sibling per week. **Walk-in Fee:** \$305.00 for the 1st child and \$275.00 for any additional sibling. Activity fees are included in the Tuition. Summer camp tuition is charged on a weekly basis.

Fees are due weekly and must be made each FRIDAY prior to the next week to start. The ACH payment option will be charged the Monday prior to starting the week to allow funds to be processed. Payments not made by Monday will be assessed as a late fee of \$25.00. Registration fee plus one week tuition fee is due along with the application form. Payments must be paid by credit card with your Procure account, or you may sign up for ACH payments. Please visit at www.afterschool-connections.org. **There is a stringent no refund, credit, or adjustments policy. Including but not limited to, unexpected school campus closures, child sickness, and absence, withdrawn/dismissed from camp, holidays, or camp closings due to inclement weather/hurricanes, pandemic. Payments made for summer are to be utilized during the summer duration. Payments made will not roll over weekly during summer camp or into the next school year.**

Parent Name & Signature: _____ Date: _____

Consent Form: I hereby give my consent to have my child participate in all activities in the After School Summer Camp. I also realize that neither Franklin Academy nor ASC Summer Camp will be responsible for any 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 Franklin Academy, ASC 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 participate in indoor/outdoor field trips on campus during selected activity times.

Parent/Guardian Signature: _____ Printed Name: _____

Video/ Photo Release: I give permission to Franklin Academy, ASC 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, ASC will attempt to reach either parent or the emergency number given by the parent. If for any reason neither of these parties are available, I authorize Franklin Academy, ASC 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 #: _____
The first number to call when a parent cannot be reached!

Medical Insurance Carrier: _____ Policy #: _____

Rules and Regulations: I have read and agreed to all Franklin Academy, ASC Rules, and Regulations for the summer camp available online at www.afterschool-connections.org.

Parent/Guardian Signature: _____ Date: _____

PASSWORD is used for the protection of your child.

Circumstances may occur when you 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 instructions. You will be asked for 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

At Franklin Academy/ASC summer camp 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 ensure 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 concerns. 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 hurt 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

We reserve the right to dismiss your child from our program if a parent does not comply with our policies and/or displays inappropriate behavior towards employees or staff.

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 accommodation in our program 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: _____