

Jacksonville Science Festival Exploration Summer Camp

Located on the campus of The Foundation Academy Campus

3675 San Pablo Rd S., Jacksonville, FL 32224

6 weeks - June 18 – July 27

8am ~ 5pm

Extended Care is Available from 5pm ~ 6pm for an additional \$10 fee per day

Exploration Camp for Ages 5-15



\$120 per student / per week

\$15 non-refundable registration & reservation fee per week

FREE LUNCH and SNACK

Hands-On STEAM Activities **Field Trips**

Arts & Crafts Outdoor Activities Gardening Project Based Learning Literacy / Math Experiments

***\$10 PER WEEK FOR QUALIFYING FAMILIES**

QUALIFYING FAMILIES: SNAP, INCOME BASED GOVERNMENT ASSISTANCE, STEP UP FOR STUDENT OR MCKAY SCHOLARSHIP



Jacksonville Science Festival Exploration Summer Camp Registration 2018

Camper Information

Camper's Full Name: _____

Address _____
Street City, State Zip

Student Mobile Phone Number _____ SSN _____ Race _____ Sex _____

Birth Place _____ Date of Birth _____ Age _____ Grade Entering: _____

Camper T-shirt Size Youth: _____ Adult: _____ Number of brothers and sisters: _____

Names of siblings attending camp: _____

Do you receive the Step Up Scholarship? Yes _____ No _____

Please mark which weeks you are reserving for Camp and which weeks you are reserving for Camp Aftercare:

WK1-6/18 Camp Aftercare WK4-7/9 Camp Aftercare

WK2-6/25 Camp Aftercare WK5-7/16 Camp Aftercare

WK3-7/2 Camp Aftercare WK6-7/23 Camp Aftercare

Note: Reservation fees must be paid in advance to reserve your campers spot for the week.
There is an additional fee for extended care.

Mother or Guardian ~ Legal Custody of Child: Both Parents Mother Father Other

Father or Guardian ~ Legal Custody of Child: Both Parents Mother Father Other

Address (if different from student) Camper Lives With: Both Parents Mother Father Other

Address (if different from student) Camper Lives With: Both Parents Mother Father Other

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Work phone

Work phone

Mobile phone

Mobile phone

Mother or Guardian, E-mail address

Father or Guardian, E-mail address

Fees:

- ▶ \$15.00 non-refundable Application Fee ▶ \$120.00 per camper per week ▶ Weekly Reg. Fee \$10.00
- ▶ Aftercare 5pm-6pm: \$50.00 per camper per week ▶ Field trips: \$25.00 ▶ Camp T-shirts, \$10.00

RELEASE AND INDEMNIFICATION AGREEMENT (*Mandatory*)

(904) 493-3545

The parties to this Agreement are _____ of
(Parent Name[s])

_____, Florida who is either the parent
(Full Address)

or guardian (referred to herein as "Parent") of _____ (hereinafter
(Student Full Name)

"the Child"), and the Jacksonville Science Festival Exploration Summer Camp along with the host organization, The Foundation Academy, (hereinafter "the Camp"), entering into this Agreement on behalf of the Child with the Camp and, as such, acknowledges and agrees that the Child shall be subject to all the rules and regulations of the Camp, as such are promulgated from time to time, whether upon the Camp premises or off the Camp premises on field trips, excursions and outings.

The parties agree that the Camp shall supervise and manage the Child (including during field trips, excursions, and outings), and that the Camp shall utilize ordinary care in regard to the same. In return, Parent agrees that he/she shall not institute a suit in equity or in law, or both, resulting from or related to any loss, damage, injury or the like arising from circumstances which are not within the reasonable control of the Camp or resulting from the Child's failure to abide by the Camp's rules and regulations, particularly as same apply to violations of the Camp Code of Conduct by the Child.

Parent further agrees that he/she shall indemnify and hold harmless the Camp, its parent company, personal representatives, successors, assigns, officers, agents, volunteers, and employees, from any claim for any loss, damage or injury incurred as the result of the Child's failure to abide by the Camp's rules and regulations, particularly as same apply to violations of the Camp Code of Conduct by the Child.

Parent agrees that this Agreement shall inure to the benefit of the Camp, its parent company, agents, servants, volunteers, employees, and independent contractors and shall bind Parent, and Parent Spouse, heirs and legal representatives, if any.

Parent

Date

Witness

Date

MEDICAL TREATMENT AUTHORIZATION (*Mandatory*)
MEDICAL TREATMENT AUTHORIZATION (*Mandatory*)

This notice gives The Foundation Academy, Inc. my permission to authorize treatment for my children in case of any emergency, illness or injury until I can be contacted. This notice is effective from the enrollment date until the child's withdrawal date.

CHILD'S NAME

DATE OF BIRTH

I, _____, ALLOW DO NOT ALLOW
(Parent Full Name)

the student or students indicated above to take Tylenol or its generic equal as she/he requests for headaches or other pain. Please state any limitations, for ANY of the students listed, to the previous statement in the space below:

Parent/Guardian Signature

Cell Phone

Work Phone

Witness Signature

Date

Date

X

EMERGENCY CONTACT AND RELATIONSHIP (Other than parent or guardian):

EMERGENCY CONTACT PHONE # _____

X

EMERGENCY CONTACT AND RELATIONSHIP (Other than parent or guardian):

EMERGENCY CONTACT PHONE # _____

MEDICAL HISTORY:

Family Doctor: _____ Phone: _____

Does **ANY** child have any allergies, diseases, disabilities, or medical history the school should be aware of in case of emergency? Yes No

If **YES**, please list students name and explain:

Are **ANY** children, listed above, on **ANY** medications? Yes No

If **YES**, please list student(s) and explain: _____

CAMPER CODE OF CONDUCT

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct:

I will follow the camp schedule. I will bring only listed and approved items to camp. I understand weapons of any kind, electronics, non-prescription drugs, and other items which can violate a safe, peaceful camp environment are not allowed. I will respect counselors, directors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature: _____ Date: _____

I agree to help my child abide by this code of conduct.

Parent Signature: _____ Date: _____

PARENTAL PERMISSION FOR PHOTOGRAPHY AND VIDEO USE

I, the parent/guardian of _____, grant **Jacksonville Science Festival** Exploration Summer Camp permission to use my son/daughter's picture for promotion of the camp, whether in newspapers, newsletters, camp promotions or for teaching purposes.

PARENTAL CONSENT AND PERMISSION TO LEAVE PROPERTY FOR FIELD TRIPS (ALL AGES)

I, the parent/guardian of _____, grant my child permission to leave the **Jacksonville Science Festival** Exploration Summer Camp property for field trips which correlate to the camp lessons. I understand my child will be under supervision by camp staff and is expected to comply with all rules of the camp and any destination. My child has permission to be transported to and from camp field trips by the camp providers.

_____ Date: _____ _____ Date: _____
Parent/Guardian Signature Witness Signature

EARLY ARRIVAL/LATE PICK UP FEES

I have been informed of **Jacksonville Science Festival** Exploration Summer Camp schedules. I understand that **Jacksonville Science Festival** Exploration Summer Camp **fees do not include** any before or after care and if I have not enrolled my camper(s) in extended care and they arrive early (before 7:45am) or are picked up late (after 5:15pm) I will be assessed and agree to pay any fees applicable to providing extended care. I understand that campers dropped off or picked up outside the scheduled hours of extended care (7:45am - 6pm) may not be allowed access to the campus and/or may not be supervised by a camp counselor.

_____ Date: _____ _____ Date: _____
Parent/Guardian Signature Witness Signature

Camp Enrollment Contract *(Signature Mandatory)*

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the camp office accompanied by a non-refundable registration fee of \$15. A student is accepted for enrollment when the Contract has been delivered or mailed to Jacksonville Science Festival Exploration Summer Camp. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the Camp Administrator.

In consideration of the acceptance of this Contract by **Jacksonville Science Festival** Exploration Summer Camp, the undersigned agrees to pay the required TOTAL CAMP COST AND FEES less any scholarship award for the full time applied and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as cost and fee payments are not delinquent, camp payments are due no later than the first day of camp. Enrollment in camp is conditioned upon the following terms:

1. A non-refundable registration fee of \$15 (i.e. 90.00 for 6 weeks) for each week of proposed enrollment must accompany the Contract.
2. Students not enrolled in extended care must be dropped off no earlier than 7:45am and picked up no later than 5:15pm or additional fees for extended care will be assessed.
3. Acceptance of enrollment in camp constitutes an agreement to pay the full account, comprised of both TOTAL CAMP COST and all related fees and expenses of the student **Jacksonville Science Festival** Exploration Summer Camp is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
4. Children should attend at least 95% of the time during their registered period.
5. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference.
6. **Jacksonville Science Festival and The Kids Hope Alliance staff have authorization to review school records and files.**
6. By my signature below I am agreeing to the provisions required for my child to enroll.

Person Responsible for Payment

Date

Camp Fees:

- ▶ **\$15.00 non-refundable reservation fee per week**
- ▶ **\$120.00 per camper per week**
- ▶ **Aftercare 5pm-6pm: \$50.00 per camper per week**
- ▶ **Field trips: \$25.00 ▶ Camp T-shirts, \$10.00**

How did you hear about Jacksonville Science Festival Exploration Summer Camp?

- Other parents
- Internet
- Other campers/school students
- Magazine/Newspaper ad
- Jax4Kids Summer Camp Expo
- Foundation Academy
- Other Event _____

Jacksonville Science Festival Exploration Summer Camp, 3675 San Pablo Rd. South, Jacksonville, Florida 32224

City of Jacksonville, Florida



Voice and Image Release Form

I hereby grant to the City of Jacksonville, its respective licensees, successors and assigns (herein collectively called the "Licensed Parties"), the right to perpetually use, publish and copyright my name, voice, picture, portrait, likeness, occupation and testimonial in all media for the City of Jacksonville.

I understand there will be no monetary for my participation in any advertising or promotion.

I understand that nothing herein obligates the Licensed Parties to use my name, voice, picture, portrait, likeness, occupation and testimonial in any advertising or promotion.

I release the Licensed Parties from any liability or damages resulting from the use of my name, voice, picture, portrait, likeness, occupation and testimonial in the manner described herein.

Program:

Printed Name of Person:

Signature:

(signature of parent or guardian if subject is under 18 years of age.)

Date:

Daytime Telephone _____

Questions – Contact: _____ . City of Jacksonville

Voice _____ | Fax 630-4983 | e-mail _____

ACKNOWLEDGEMENT BY PROVIDER OF RECEIPT AND REVIEW OF THE
VOICE AND IMAGE RELEASE REQUIREMENTS.

Provider Name: _____

Provider Signature

Title

Date: _____



SUMMER CAMP DATA SHEET

YEAR: _____

promoting equity and justice in education

CAMPERS NAME: _____

GUARDIAN NAME: _____ Phone: _____

GUARDIAN NAME: _____ Phone: _____

ALLERGIES: _____

MEDICATIONS: _____

MEDICATIONS TO TAKE AT CAMP: _____ TIME: _____

MEDICATIONS TO TAKE AT CAMP: _____ TIME: _____

PLEASE LIST APPROVED PEOPLE TO PICK UP CAMPER:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Any known person who **IS NOT** allowed to pick up your camper: _____

Please provide copies of legal documents if this is a custodial issue.



SUMMER CAMP
DATA SHEET

TO BE COMPLETED
BY OFFICE

YEAR: _____

promoting equity and justice in education

CHECK ALL THAT APPLY:

JCC GRANT

HEROES GRANT

TFA STUDENT

RETURNING CAMPER

DATA ENTRY:

REGISTRATION LIST

SUMMER CAMP SPREAD SHEET (Grant)

VERIFICATION DOCUMENTS

REPORT CARD

IEP

YES - HEALTH INSURANCE

NO - HEALTH INSURANCE

INCOME VERIFICATION

FREE OR REDUCED LUNCH

MEDICAIDE

FOOD ASSISTANCE

STEP UP FOR STUDENT SCHOLARSHIP

WAIT LIST: WK1

WK2

WK3

WK4

WK5

WK6