

Jacksonville Science Festival Exploration Summer Camp

Located on The Foundation Academy Campus

3675 San Pablo Rd S., Jacksonville, FL 32224

6 weeks - June 15 – July 24

8am ~ 5pm

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

Exploration Camp for ages 5-15



\$175 per student / per week

\$15 non-refundable application fee per family

FREE LUNCH and SNACK

Arts & Crafts Field Trips Outdoor Activities

Gardening Project Based Learning

Literacy / Math Experiments

Hands-On STEAM Activities



SUMMER CAMP INFORMATION

STARTS: JUNE 15TH, 2020

ENDS: JULY 24TH, 2020

PRIVATE PAY FEES**

\$15.00 APPLICATION FEE (NON-REFUNDABLE)

\$175.00 CAMP FEE – PER WEEK

GRANT QUALIFYING FAMILIES**

ONE TIME APPLICATION FEE \$15.00

*Must accompany application

CAMP FEE – PER WEEK \$25.00

*Must be paid in full the Friday before camp each week.

HEROES FAMILIES**

ONE TIME APPLICATION FEE \$15.00

*Must accompany application

CAMP FEE – PER WEEK \$100.00

*Must be paid in full the Friday before camp each week.

**PLEASE NOTE

1. A non-refundable deposit of \$5 per week is due in advance to reserve your seat. The remaining balance is due the Friday before camp each week.
2. Camp Fee - **INCLUDES** LUNCH AND FIELD TRIPS & EXCURSIONS.
3. Camp Fee - **DOESN'T INCLUDE:** ICE CREAM TRUCK, T-SHIRTS, SOUVENIRS PURCHASED ON FIELD TRIPS, OTHER ADDITIONAL ADD ON EVENTS THE CAMP MAY DO.

* QUALIFYING FAMILIES MUST HAVE ONE OF THE FOLLOWING:

- SNAP
- INCOME BASED GOVERNMENT ASSISTANCE
- MCKAY SCHOLARSHIP
- STEP UP FOR STUDENT SCHOLARSHIP

* QUALIFYING FAMILIES MUST ALSO PROVIDE THE FOLLOWING:

- Student's 3RD Quarter Report Card
- Student's health Insurance Card

➤ Seats are available on a first come, first serve basis.

➤ All documentation, deposits and application fees must be submitted before a space will be reserved for any campers.

Jacksonville Science Festival Exploration Summer Camp Registration 2020

Camper Information

***Please complete one application per camper.**

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 _____ **DUVAL COUNTY STUDENT ID#:** _____

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

WK1-6/15 Camp Aftercare

WK4-7/6 Camp Aftercare

WK2-6/22 Camp Aftercare

WK5-7/13 Camp Aftercare

WK3-6/29 Camp Aftercare

WK6-7/20 Camp Aftercare

Note: 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

RELEASE AND INDEMNIFICATION AGREEMENT (Mandatory)

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

**Jacksonville Science Festival Exploration Summer Camp
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MEDICAL TREATMENT AUTHORIZATION (Mandatory)
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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: _____

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(904) 493-3535

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.

Parent/Guardian Signature

_____ Date: _____

Witness Signature

_____ Date: _____

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.

Parent/Guardian Signature

_____ Date: _____

Witness Signature

_____ Date: _____

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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 application fee of \$15 must accompany your application.
2. A non-refundable reservation fee of \$5 must be paid in advance for each week to reserve you seat.
3. 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.
4. 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.
5. Children should **attend at least 95%** of the time during their registered period.
6. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference.
7. Kid's Hope Alliance staff have authorization to review school records and files.
8. By my signature below I am agreeing to the provisions required for my child to enroll.

Person Responsible for Payment

Date

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

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Returning Camper | <input type="checkbox"/> The Foundation Academy | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Jax4Kids | |
| <input type="checkbox"/> Other Event _____ | <input type="checkbox"/> Other Camper/Parent _____ | |

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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 compensation 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.

Date: _____

Printed Name: _____

Signature: _____

Parent/Guardian Signature: _____

(Parent or guardian must sign if subject is under 18 years of age):