



Summer Camp Registration 2018

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

Name: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Address: _____

Driver's License #: _____

Mother's Address: _____

FATHER'S INFORMATION

Name: _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Address: _____

Driver's License #: _____

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.

<u>Name</u>	<u>Phone #</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. 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 EIPEN 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 and First Aid 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 11 - 15			
2	Pines/Cooper/Sunrise	June 18 - 22			
3	Pines/Cooper/Sunrise	June 25 - 29			
4	Pines/Cooper/Sunrise	July 2 - 6			
5	Pines/Cooper/Sunrise	July 9 - 13			
6	Pines/Cooper/Sunrise	July 16- 20		Parent Name & Signature: _____	
7	Pines/Cooper/Sunrise	July 23 - 27			
8	Pines/Cooper/Sunrise	July 30 - Aug 3			
				Date: _____	

*Activity Calendar available online

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 May 1st. After 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:** \$50 per family.

Fee Policies: The cost is \$150.00 per week. Activity, Transportation, Field trips fees are included in the Tuition. Summer camp tuition is charge on a weekly basis. **School staff fee:** \$98 per week. Walk-in Fee: \$175.00. Fees are due weekly and must be made each FRIDAY prior to the next week to start. Payments not made by Monday 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. 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.

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.

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: _____