

Jacksonville Children's Exploration Camp

www.Jacksonvillechildrensexplorationcamp.com

904-493-3545

Located on The Foundation Academy Campus

Registration 2011

June 20 – July 29

6 Week Exploration Camp for Ages 5 – 15

\$70 per student / per week

\$10 Registration fee per week

If you qualify for free or reduced lunch or receive the Step up or Mckay Scholarship

your cost would be \$10.00 per week for the first 4 weeks.

The last 2 weeks will be full price at \$80.00 per week.

Arts

Field Trips

Outdoor Activities

Gardening

Project Based Learning

Literacy / Math

Experiments

Hands-On Activities

Community Service

Career Education (older students, where applicable)

Jacksonville Children's Exploration Camp

3675 San Pablo Rd S

Jax, FL 32224

(904) 493-3545

Registration 2011

Camper Information

Camper's Full Name: _____

Address _____
Street City, State Zip

Phone Number _____ SSN _____ Race _____ Sex _____

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

Name of brother and/or sister: _____

Scholarships Received : Circle one McKay Step Up

Qualify for Free or Reduced Lunch (please circle): *Free* *Reduced* *N/A*

Check the weeks your child will attend: ___ Week 1 June 20-24, ___ Week 2 June 27-July 1,
___ Week 3 July 5-8, ___ Week 4 July 11-15, ___ Week 5 July 18-22, Week 6 July 25-29

Father or Guardian

Mother or Guardian

Address (if different from student)

Address (if different from student)

City, State, Zip

City, State, Zip

Home Phone _____

Home Phone _____

Work phone _____

Work phone _____

Mobile phone _____

Mobile phone _____

Father E-mail address

Mother E-mail address

Legal Custody of Child: Both Parents Mother Father Other

Camper Lives With: Both Parents Mother Father Other

If other, please specify: _____

Fees:

Weekly: \$70.00 plus \$10.00 registration

Or JCC pre paid plus \$60.00 for 6 weeks registration

T-shirts: \$6.00

Field trips: To be determined

RELEASE AND INDEMNIFICATION AGREEMENT (Mandatory)

The parties to this Agreement are _____ of (Names)
_____, Florida who is the parent or
(Address) guardian (either referred to herein as "Parent") of _____ (hereinafter
"the Child/Children"), and Jacksonville Children's Exploration Camp into this Agreement on behalf of
the Child/Children with the Camp and, as such, acknowledges and agrees that the Child/Children shall be
subject to all the rules and regulations of the Camp, as such are promulgated from time to time, whether
upon the premises or off the premises on field trips, excursions and outings.

The parties agree that the Camp shall supervise and control the Child/Children (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/Children's failure to abide by the Camp's
rules and regulations, particularly as same apply to non-violence and/or alcohol/drug use by the Child/
Children.

Parent further agrees that he/she shall indemnify and hold harmless the Camp, its personal
representatives, successors, assigns, officers, agents and employees, from any claim for any loss, damage
or injury incurred as the result of the Child's/Children's failure to abide by the Camp's rules and
regulations, particularly as same apply to non-violence and/or alcohol/drugs use by the Child/Children.

Parent agrees that this Agreement shall inure to the benefit of the Jacksonville Children's Exploration
Camp, its agents, servants, employees, and independent contractors and shall bind Parent, and Parent
Spouse, heirs and legal representatives, if any.

Witness

Parent

Date

Jacksonville Children's Exploration Camp

3675 San Pablo Rd South

Jacksonville, Florida 32224

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MEDICAL TREATMENT AUTHORIZATION *(Mandatory)*

This notice gives Jacksonville Children's Exploration Camp my permission to authorize treatment for my child, _____, 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. I _____ parent of _____ allow my child to take Tylenol or its generic equal as requested by my child for headache or other pain. Please state any limitations as to the above:

Parent/Guardian Signature

Witness Signature

Date

Date

PARENT'S NAME _____

CHILD'S NAME _____ GRADE _____

HOME PHONE _____ WORK _____ CELL _____

EMERGENCY PHONE # _____

NAME AND RELATIONSHIP _____

EMERGENCY PHONE # _____

NAME AND RELATIONSHIP _____

MEDICAL HISTORY:

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy/ID# _____

Does this child have any allergies, diseases or disabilities? Yes _____ No _____

If YES, please explain: _____

Is the child on any medication? Yes _____ No _____ If YES, please 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 the listed items to camp (no weapons, electronic items, etc.). 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 Children's Exploration Camp permission to use my son/daughter's picture for promotion of the school. Whether in multi media 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 Children's Exploration Camp property for field trips, which correlate, to the camp lessons.

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

EARLY ARRIVAL/LATE PICK UP FEES

I have been informed of Jacksonville Children's Exploration Camp schedules. I understand that Jacksonville Children's Exploration Camp does not include any before or after care and if my camper(s) has an early arrival (before drop off time) or a late pick up (after pick up time) I will be assessed and agree to pay any applicable fees.

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

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 \$10. A student is accepted for enrollment when the

Contract has been delivered or mailed to Jacksonville Children’s Exploration 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 Children’s Exploration 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 agree 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 \$10 (60.00 for 6 weeks) for each week must accompany the Contract.

2. 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 Children’s Exploration Camp is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.

3. I understand that my child will attend at least 95% of the time during their enrollment period.

4. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference.

Person Responsible for Payment

Date

How did you hear about Jacksonville Children’s Exploration Camp?

- Other parents Internet Yellow page ad Newspaper ad
 Summer School Expo Other students Other

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