

# Adventure Club Summer Camp 2019

**June 3 - August 2**

Early Bird Registration \$50 plus 1 week;  
After April 19 Registration fee \$100 plus 1 week  
**MONTHLY SECURITY FEE OF \$15 FOR EACH CHILD**

Weekly Fee  
includes:  
Morning / After-  
noon Snack &  
Lunch



**CONTACT INFORMATION:**

Camp Office: 561-395-5322

Email: [jballas@goadvent.org](mailto:jballas@goadvent.org)

Jessica Ballas, Family Ministry Director

Brittany Smith, Camp Director

**Automatic Withdrawal**  
from designated account, as well as,  
cash, checks and



Camper's Name: \_\_\_\_\_

Going into Grade: \_\_\_\_\_

CAMP WEEK	Choose each week your child will be attending—Mark X	WEEKLY THEMES
June 3– 7		Make a Splash
June 10 –14		“STEM”
June 17-21	Baton Camp _____	Out of this World
June 24-28		Camps Got Talent
July 1-5	<b><u>CAMP CLOSED 4th &amp; 5th</u></b>	Red, White & Blue
July 8-12		Mad Scientists
July 15-19		Fitness is Fun
July 22-26		ROAR—VBS
July 29—Aug 2		Camp Olympics

**All payments must be received Thursday morning of the week BEFORE your child attends camp. If payment is not received by Thursday morning, a \$10.00 late fee will be added to the following week. A monthly security fee of \$15 is due at the beginning of June and July.**

#### Advent Summer Camp Fees

7:30 am—12:30pm	Includes 1/2 day field trips / lunch and snack	\$175/wk
7:30 am—6:00 pm	Includes snacks, lunch, field trips & activities	\$250/wk
Daily rate plus reg. fee	Includes snacks, lunch, field trips & activities	\$65 + \$4 SF

Hot lunches and snacks are included in the cost of the program. Menus are posted weekly. Campers can complete meal forms with their parent(s) or a staff member. Choosing to send a packed lunch does not reduce the tuition payment or program cost. No Daily Orders Offered!

#### **OFFICE USE ONLY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Weekly Selection    | <input type="checkbox"/> Camp Reg. & Financial forms  | <input type="checkbox"/> Voided check   |
| <input type="checkbox"/> Reg Fee plus 1 week | <input type="checkbox"/> Food Permission              | <input type="checkbox"/> Program Policy |
| <input type="checkbox"/> T- shirt size       | <input type="checkbox"/> Epi Pen received if required | <input type="checkbox"/> Security Fees  |

# ADVENT LUTHERAN SCHOOL

## Adventure Club Camps 2019 Registration

T-Shirt Size:    YXS 2-4    YS 6-8    YM 10-12    YL 14-16    AS    AM    AL    AXL

STUDENT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ M    F    AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

STUDENT LIVING WITH: (*circle one*) Mom & Dad in same home Mother Father Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Email: \_\_\_\_\_

**(We communicate weekly schedules & trip information via email – so please include contact email addresses)**

If student lives with someone other than parent(s)/step parent(s) as listed above, indicate name, relationship and telephone:

\_\_\_\_\_

Entering \_\_\_\_\_ grade for the **2019–20** school year At what school? \_\_\_\_\_

Authorization for Emergency Medical Care – Person(s) to notify in an emergency if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Physical limitations, illnesses or allergies:

\_\_\_\_\_ Treatment of Choice: \_\_\_\_\_

\_\_\_\_\_ Treatment of Choice: \_\_\_\_\_

Helpful information about your child:

\_\_\_\_\_

**AUTHORIZATION FOR PICK-UP** (list those **OTHER** than parents/step-parents or Emergency contact)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Active Member of Advent Lutheran Church: Yes \_\_\_ No \_\_\_

If no, are you active at any local Church? Yes \_\_\_ No \_\_\_

Name of Church: \_\_\_\_\_

Student's Health Insurance Coverage: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Insurance Co. & Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Person Responsible for Payment**

(Only this person will be the financial contact for this student)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: (if not listed on form) \_\_\_\_\_

Student Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### **COMPLETE THIS SECTION TO HAVE MONTHLY AUTOMATIC WITHDRAWALS FROM YOUR PERSONAL DESIGNATED SAVINGS OR CHECKING ACCOUNT**

#### **Bank Payment Withdrawal Authorization**

I (We) hereby authorize Advent Lutheran School to initiate automatic deductions from my (our) bank account and adjust entries to my (our) account at the financial institution listed below for my Summer Camp tuition payments.

Payments are withdrawn as indicated below. *Additional weeks added after registration must be paid via check to the camp office.*

Financial Institution Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Routing & Transfer Number (bottom of check-first 9 digit number): \_\_\_\_\_

Account Number (bottom of check): \_\_\_\_\_ Account Type: \_\_\_\_\_

Amount of Tuition withdrawal: (NOTED BELOW BASED ON ENROLLED WEEKS)

#### **Withdrawal Dates:**

**June 1:** \_\_\_\_\_ weeks (\$ \_\_\_\_\_)    **June 22:** \_\_\_\_\_ weeks (\$ \_\_\_\_\_)    **July 13:** \_\_\_\_\_ weeks (\$ \_\_\_\_\_)

This authority is to remain in full force and effect as indicated above for the 2018 camp unless Advent Lutheran School receives written notification of its termination.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Attach an unsigned voided check from the financial institution account listed above.***

**PHOTO RELEASE:** Throughout our programs, photos are taken of the students enjoying a variety of activities. We may post some of these photos using a wide variety of formats, which may include a newsletter, poster, brochure, website, press release, a TV spot, a DVD, INSTAGRAM, Facebook, or other promotional materials. Please indicate your desire to have your child included in these activities. Please understand, that at times, when specific photos are being sought, your child will be asked to step away if not authorized. We respect your decision and honor it at all times.

( ) **I GIVE** my permission to Adventure Club to publish my child's picture for any of the above listed purposes.

( ) **I DO NOT GIVE** my permission to Adventure Club to publish my child's picture for any of the above listed purposes.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

## ADVENTURE CLUB POLICY AGREEMENT

Below is the Adventure Club (which includes both afterschool and camp programs) Policy Agreement. Please take the time to read it carefully, so that any questions you may have can be answered, and so that all program policies may be adhered to. I understand that my participation in these programs indicates my compliance with the following policies. I hereby:

- Have been informed that I may discuss any established policies and procedures with the Afterschool Director prior to the signing of this document.
- Have been informed that I may inspect facilities, programs and staff any time during operational hours.
- Give permission to Advent Lutheran School to call 911 and send my child by emergency personnel to a local hospital in the event of an emergency.
- Give permission to Advent Lutheran School for my child to participate in activities anywhere on the property of Advent Lutheran Church/School.
- Have been informed that the registration fee and supply fee are non-returnable and non-transferable.
- Have been informed that afterschool tuition payments are based on a school year rate divided for my convenience into ten equal monthly payments and are payable as per "Fee Schedule", regardless of holidays or illnesses.
- Have been informed that if my child is a part-time student at Adventure Club and attends school on Camp Days I will be charged per day for any Camp Days used.
- Have been informed payments cease only upon completion of the withdrawal form, which must be completed no later than the 25th of the month prior to the date of withdrawal in order to stop any additional auto debits from your account.
- Have been informed that all fees that originate at the Front Desk must be paid at our front desk by the last school day of the week they are incurred. If the payments are not made at the front desk and the fees have to be auto debited, an additional \$25.00 fee will be charged for this service.
- Have been informed that payments received will first be credited to outstanding balances owed on any of Advent's fee-based programs. Credits will be issued when there are no outstanding balances.
- Have been informed that if tuition payments are outstanding more than 30 days after due date, the student(s) will be ineligible to attend any of Advent's fee-based programs. This policy applies to camp tuition after one week of missed payment.
- Have been informed that any returned direct withdrawals or checks will incur a \$30.00 fee per item. Checks will not be re-deposited. After two returned checks all future payments must be cash.
- There are not refunds for partially attended weeks.
- Understand that for continued attendance, re-enrollment, and/or release of report cards and school information, all outstanding fees must be paid (applies to all Advent ministries).
- Have been informed that a late fee will be charged if my child is picked up after 6:00p.m. The fee is \$10.00 for any portion of the first 15 minutes and \$1.00 per minute thereafter (pick-up person's signature required). Excessive lateness may result in withdrawal from Adventure Club.
- Accept responsibility for obtaining and familiarizing myself with all Advent Lutheran School information / literature.
- Understand that there is a "go home" policy for hurtful behavior and a "stay home" policy for continued toileting episodes.
- Understand that continued attendance and re-enrollment will be denied if it is determined that a student will not have a successful after school experience at Adventure Club.
- Authorize Advent Lutheran School staff to keep daily attendance records, and personally accept the responsibility for recording my child(ren)'s attendance by use of the computerized time clock.
- Have been informed that the time and activities of employees other than their specific assigned responsibilities at Advent Lutheran School is considered personal "away from work" time and is not authorized, endorsed or the responsibility of the school or church.
- Have been informed that field trips are planned for student participation, and any parent supervision is not typically permitted.
- Camp and afterschool activities vary from school year programs and involve field trips, bus rides, and a variety of activities. Students/campers are expected to behave in a manner that is safe and responsive to instructions. In the opinion of the Director, should behavior inhibit safety, my child will not be allowed to go on Field Trips. (*Child will not be able to stay on campus if his/her group is out on a Field Trip.*)
- Have been informed that in the event that there are any remaining balances from funds raised for special events and/or activities, these funds will be used at the discretion of the Administration.
- Have been informed that the Administration reserves the right to change any policy, procedure or practice without notice at any time.
- Accept responsibility for personal conduct, dress and language so that it is consistent with the Christian atmosphere and environment of this school for myself and anyone at this school in my place.
- Have been informed that animals are not allowed on any of Advent Lutheran Church properties. The exception is for petting zoo's, shows, etc.
- Have been informed that Advent Lutheran Church/School property is a "Smoke Free Campus". This includes all vaping pens.
- Accept full responsibility for the direct supervision of any and all children in my care while on Advent property or in Advent facilities, and accept the responsibility of informing anyone caring for my child(ren) on Advent property or in Advent facilities of this responsibility.
- By signing this form (required for registration), I am giving permission for my child to participate in all field trip activities. I know that I will be informed in advance of the activities. If I choose not to have my child participate, it is my responsibility to make alternate arrangements for the day.
- \* Advent Lutheran School admits and does not discriminate against students of any race, color, national and ethnic origin.

Student's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***CAMP PAYMENTS ARE DUE ON MONDAY MORNING OF THE WEEK ATTENDED. FAILURE TO ATTEND FOR A WEEK THAT WAS PREVIOUSLY ELECTED & NOT CANCELLED IN ADVANCE VIA EMAIL, WILL RESULT IN A \$60 HOLD FEE. PARTIAL WEEKS ARE NOT PRO-RATED.***

# Permission for Food-Related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(I)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, celebrations and birthdays.

I, \_\_\_\_\_,  give /  decline permission for my child \_\_\_\_\_  
*(parent or guardian)* *(select one)* *(child's name)*

\_\_\_\_\_ to participate in food related activities wherein food is consumed, subject to the conditions indicated below.

**PERMISSION OPTIONS:** *Select and initial ONLY ONE of the options below.*

\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction.  
He or she may participate in activities.

\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction.  
He or she MAY NOT PARTICIPATE in activities.

\_\_\_\_\_ My child HAS a food allergy or dietary restriction.  
He or she MAY NOT PARTICIPATE in activities.

\_\_\_\_\_ My child HAS a food allergy or dietary restriction.  
He or she MAY PARTICIPATE in activities, but must not eat or handle the following items:  
*(Please list food allergies and/or dietary restrictions below.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF PERMISSION:** *Select only one of the options then sign and date below.*

Specific permission only for: \_\_\_\_\_  
*food activity or event* *date*

General permission  
I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
*Parent or guardian signature* *date*

# FIELD TRIP PERMISSION FORM ADVENT LUTHERAN SUMMER CAMP

**The undersigned hereby requests and gives permission to take:**

**STUDENT'S NAME:** \_\_\_\_\_, on various field trips on and off campus. With this signed agreement absolves the counselor, Advent Lutheran School Summer Camp and any and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a counselor and subject to the counselor's clear instruction, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named child during the dates specified below.

**SUMMER CAMP DATES:** June 3 to August 2, 2019

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED. ONLY THOSE CHILDREN WHO HAVE A PROPERLY SIGNED FORM CAN BE GRANTED PERMISSION TO PARTICIPATE.**

THE SUMMER CAMP STAFF WILL SUPERVISE CHILDREN WHO ARE NOT GIVEN PERMISSION TO ACCOMPANY THE CLASS ON THE DESIGNATED FIELD TRIP. THEY WILL BE PLACED IN ANOTHER GROUP ON CAMPUS.

**MEANS OF TRANSPORTATION:** WILL BE WALKING, BUS, OR CAR.