



Summer Camp Enrollment Packet

Welcome to Intercoastal Kids Learning Center. We are glad you will be joining us for our summer camp program.

Get ready for a summer full of fun, friendship, new skills, and memories to last a lifetime. Camp Intercoastal combines great facilities, outstanding programs, experienced leadership and dedicated staff, to create the perfect environment for campers to learn new skills, make new friends, develop self-esteem, and HAVE FUN!

So you feel more connected with your child throughout the day, we offer web cam service to view your child's fun and exciting day and offer secured doors that require a password to enter.

The staff at Intercoastal Kids has met all of the state requirements. All of our teachers have their associates or bachelor's degrees and are CPR/first aid certified. The staff is always attending training and is encouraged to continue their education in child development. We believe that if our staff continuously improves their education, it will add to the quality of care your child will receive.

We have several activities and field trips planned for the summer and are very excited about all of our upcoming events which you can view on the attached list of activities!

Week 1: Celebrate Summer!

June 9- Bowl America

June 10- Regal Cinemas Beach Blvd

June 11- Skate Station Mandarin

Week 2: Animal Adventures

June 16- Diamond D Ranch

June 17- Jacksonville Zoo

June 18- Tree Hill

Week 3: Bouncing Around Jax

June 23- Rebounderz

June 24- Regal Cinemas Beach Blvd

June 25- Pump it Up

Week 4: Party in the USA

June 30- Hanna Park

July 1- Jacksonville Zoo

July 2- Sunshine Park

Week 5: Downtown Get-down

July 7- MOSH

July 8- Sweet Pete's

July 9- Friendship Fountain Picnic and Monorail Ride

Week 6: First Coast Explorer's Week

July 14- St. Mary's, Georgia

July 15- St. Augustine- Pioneer Barn

July 16- Amelia Island/Denucci's

Week 7: Culinary Creations

July 21- Publix

July 22- Maggianos

July 23- Krispy Kreme

Week 8: Summer Blowout

July 28: Adventure Landing

July 29: Ice Skating

July 30: Jaguars Training Camp

Week 9: Wild World of Sports

August 4: Adventure Landing

August 5: Ice Skating

August 6: Jaguars Walking Tour

Summer Camp Tuition Rates and Policies

Hours of operation: 6:30 am – 6:30 pm

Monday through Friday

The cut off time for drop off is 9:00 am

Tuition

Tuition is \$135.00 per week for returning campers, \$140 for campers registered on or before May 30th, and \$150 for campers registered after June 1, and payments can be made by cash, money orders, Discover, Master Card, or Visa. Tuition is due every Friday for the following week. If payment is not made on Friday, your child will not be allowed to return to camp on Monday. Any absences due to holidays, vacations, illnesses, and closure due to extreme weather conditions are payable.

Registration

Includes 2 camp t-shirts and sunscreen for the entire summer

Additional Shirts may be purchased for \$8 each

Early Registration: (Before April 1) \$50

General Registration: (Before May 1) \$75

Late Registration: (After May 1) \$100

Field Trip Fee: \$200 (includes 27 trips)

You may choose to participate in our field-trip payment plan, which is 4 weekly payments of \$50. The fee must be paid in full by May 22. Registration fees and trip fees are non-refundable.

Field Trip installment payment dates are as follows:

May 1, May 8, May 15, May 22. Delinquent payments will be assessed a \$25 late fee

Snacks/Lunches

At Camp Intercoastal we strive to offer meals that are both nutritious and delicious. We will provide breakfast, lunch, and one snack daily.

Sick Policy

If you are called to pick up your child due to an illness, your child cannot return to school the following day. DCF requires the children to remain out of school for at least 24 hours.

Late pick up

If your child is not picked up by 6:30 pm, a late pick up fee of \$10.00 per child for any part of 10 minutes will be added to your account.

Example: 2 minutes = \$10.00 and 12 minutes = \$20.00

Please be courteous to the staff and be on time.

Discipline and Dismissal Policy

Our discipline policy is to redirect and talk to the child after the incident has occurred. If we feel that the problem needs to be discussed with the parent, we will give the parent a call as well. If the child is consistent with the behavior and redirecting does not resolve the issue, we will first set up a conference with the parent. If this does not work, the child will be sent home for one day and will not be permitted to attend the field trip(s) for the week. If the behavior continues after these attempts, your child will not be permitted to return to camp. Any child who threatens bodily harm, has a violent temper, is aggressive, or that causes injury to another will be immediately dismissed.

I, _____ give my child, _____ permission to attend the following field trips that are listed below. I give Intercoastal Kids permission to transport my child by bus to participate in the field trips which are planned as a part of Intercoastal Kids' weekly activities. I understand that all dates are subject to change, and if my child cannot attend, I will not be refunded any portion of the \$200 field trip fee. I also understand that my child is participating in the trips at their own risk. I do not hold Intercoastal Kids or any of their personnel responsible for any injuries or accidents of any kind, or loss of personal property.

Parent Signature: _____

Director Signature: _____

Date: _____

Week	Location	Date
1	Bowl America	6/9/15, Tuesday
1	Regal Cinemas	6/10/15, Wednesday
1	Skate Station Mandarin	6/11/15, Thursday
2	Diamond D Ranch	6/16/15, Tuesday
2	Jacksonville Zoo	6/17/15, Wednesday
2	Tree Hill Nature Center	6/18/15, Thursday
3	Rebounderz *MUST COMPLETE WAIVER*	6/23/15, Tuesday
3	Regal Cinemas	6/24/15, Wednesday
3	Pump-it Up *MUST COMPLETE WAIVER*	6/25/15, Thursday
4	Hanna Park	6/30/15, Tuesday
4	Crabbing at Castaway Cay	7/1/15, Wednesday
4	Sunshine Park	7/2/15, Thursday
5	MOSH	7/7/15, Tuesday
5	MOCA	7/8/15, Wednesday
5	Friendship Fountain/Downtown Monorail	7/9/15, Thursday
6	St. Mary's, GA walking tour	7/14/15, Tuesday
6	St. Augustine Pioneer Barn	7/15/15, Wednesday
6	Amelia Island and Denucci's Ice Cream	7/16/15, Thursday
7	Publix Harbor Village	7/21/15, Tuesday
7	Maggiano's St. John's Town Center	7/22/15, Wednesday
7	Krispy Kreme, Atlantic Blvd	7/23/15, Thursday
8	Captain Character and Mc Donald's	7/28/15, Tuesday
8	Regal Cinemas	7/29/15, Wednesday
8	Hanna Park	7/30/15, Thursday
9	Adventure Landing Mini Golf	8/4/15, Tuesday
9	Ice Skating, Jax Ice and Sportsplex	8/5/15, Wednesday
9	Jacksonville Jaguars Walking Tour	8/6/15, Thursday

Summer Camp Contract

Please initial each section that you have read in the handbook and that you understand that:

_____ 1. I understand the general policies and procedures of Intercoastal Kids Learning Center regarding tuition, fees and attendance. I am aware that holidays and sick days are payable

_____ 2. I have read and understand the Discipline and Dismissal Policy.

_____ 3. I understand that the cut off time for drop off is 9:00 am. On some trip days, the bus will leave promptly at 9:05am. If my child does not arrive in time for the bus, I understand that they will not be able to attend the trip.

_____ 4. I understand that payments are due on Friday for the following weeks' tuition and are considered late as of the following Monday. Payments are to be made in cash or by automatic withdrawal from a credit or debit card on file. My child may not return to school on Monday if tuition is not paid in full on Friday. Upon signing this contract, I will be responsible for the weekly tuition rate of \$_____ whether my child attends or not.

_____ 5. I will refrain from posting any negative content regarding Intercoastal Kids, it's employees, or its affiliates on any social media channels, including but not limited to: Facebook, Twitter, or any blogs. As per our confidentiality agreement, any matters regarding the corporation, the staff, and/or my child(s) care will not be discussed outside of the center.

_____ 6. I give Intercoastal Kids permission to use pictures/video of my child on their Facebook page and/or website. I understand that the name of my child will never be posted on these pages.

_____ 7. I understand that the field trip fee of \$200 is non-refundable and covers all of the field trips that Intercoastal Kids will be attending. If I participate in Intercoastal's payment plan, four installments of \$50 will be due on May 1, May 8, May 15, and May 22. All late payments will be assessed a \$25 late fee

Print Child's Name

Print Parent/Guardian's Name

Parent/Guardian Signature

Driver's License Number

Director's Signature

Date

CAMPER APPLICATION FOR ENROLLMENT

Camper Information:

Date of Birth: _____ Sex: F M
Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____

Email Address: _____

Primary Hours of Care: From: _____ To _____

Days of Week in Care: M T W Th F

Meals Served While in Care: Br AM Snack Lunch PM Snack Eve Snack

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Ph #: _____

Home Ph #: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work #: _____

Work #: _____

Cell Ph #: _____

Cell Ph #: _____

Custody: _____ Mother _____ Father _____ Both _____ Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

1. Doctor: _____
2. Hospital Preference: _____
3. Dentist: _____

Please list allergies, special medical or dietary

Please tell us of any medical conditions or behavioral issues that we should be aware of:

CONTACTS:

Child will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason parent/guardian cannot be reached, the following people will be contacted in case of illness, accident or emergency and are authorized to remove child/ren from facility:

Name (relationship)	Address	Cell/Home/Work #'s
Name (relationship)	Address	Cell/Home/Work #'s
Name (relationship)	Address	Cell/Home/Work #'s
Name (relationship)	Address	Cell/Home/Work #'s

Helpful information about your child:

Section 65C-22.006(2), F.A.C.; requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S.; requires that parents receive a copy of the Child Care Facility Brochure "Know Your Child Care Facility"

Section 65C-22.006(4)©2, F.A.C.' requires that parents are notified in writing the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Please use for additional information: (ex. Phone numbers, address, etc.)

Pump It Up® CHILD WAIVER

Email Address: _____ Phone #: _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Waiver, Release, Hold Harmless, and Indemnification Agreement: As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following: 1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.2. I acknowledge and understand that there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up. 5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation. 6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation. 7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I allow Pump It Up to publish in photos with participants unless otherwise noted. I hereby execute this agreemer without coercion. **Check this box if you do not wish to use your contact phone number to receive promotions or discounts through text. Standard message rates may apply.**

Emergency Contact: _____ Contact #: _____

Parent / Guardian Signature: _____ Date: 6/25/15

Pump It Up® CHILD WAIVER

Email Address: _____ Phone #: _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Waiver, Release, Hold Harmless, and Indemnification Agreement: As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following: 1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.2. I acknowledge and understand that there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up. 5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation. 6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation. 7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I allow Pump It Up to publish in photos with participants unless otherwise noted. I hereby execute this agreemer without coercion. **Check this box if you do not wish to use your contact phone number to receive promotions or discounts through text. Standard message rates may apply.**

Emergency Contact: _____ Contact #: _____ Date: 6/25/15

Parent / Guardian Signature: _____ Date: 6/25/15

**TEAM Z ENTERTAINMENT, LLC. -
PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

ONE DAY WAIVER ONLY VALID ON DATE OF VISIT: 6/23/15

In consideration of the services of Team Z Entertainment, LLC., operator of Rebounderz of Jacksonville, their agents, owners, officers, volunteers, participants, employees, franchisors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TZE"), I hereby agree to release, indemnify, and discharge TZE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that my participation in trampoline court activities, and other ancillary amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Slipping, tripping and falling; collision with fixed objects or people; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck the negligence of other participants, TZE, or myself; my own physical condition; physical contact with others. (2) I expressly agree and promise to accept and assume all of the risks existing in activities at TZE. My participation in activities at TZE is purely voluntary, and I elect to participate in spite of the risks. (3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TZE from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in activities at TZE or my use of TZE equipment or facilities, **including any such claims which allege negligent acts or omissions of TZE. I understand that this perpetual release/waiver will apply to each and every occasion that I visit a TZE facility.** (4) Should TZE or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. (5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may incur. (6) In the event that I file a lawsuit against TZE, I agree to do so solely in the County of Duval in the State of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. (7) I irrevocably grant TZE the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in activities at TZE, I may be found by a court of law to have waived my right to maintain a lawsuit against TZE on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Email: _____ Phone: _____ Today's Date: 6/23/15

Address: _____ City: _____ State: _____

Driver's License No: _____ DOB (MM/DD/YYYY): | ___ / ___ / ___ |

ADDITIONAL MINOR'S RELEASE/WAIVER - PARENT OR GUARDIAN'S ADDITIONAL
RELEASE/WAIVER (Applicable to all participants under the age of 18)

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF TZE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM TZE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND TZE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

source: (Section 744.301, Florida Statutes)

In addition to the terms, conditions, and acknowledgments contained in the above **PERPETUAL PARTICIPANT AGREEMENT, RELEASE/WAIVER AND ASSUMPTION OF RISK**, and in consideration of the below printed Minor being permitted by TZE to participate in its activities and to use its equipment and facilities, I further agree to perpetually release, indemnify, and hold harmless TZE and its agents and employees from any and all claims which are brought by, or on behalf of Minor, and are in any way connected to Minor's use of TZE's premises, or participation in TZE activities, **including any such claims caused by, or alleged to be caused by, negligent acts or omissions of TZE.**

Signature of Parent/Legal Guardian: _____ Print Name: _____

Relationship to Participant(s): _____ Phone: _____ Today's Date: 6/23/15

Address: _____ City: _____ State: _____

Driver's License No.: _____ DOB (MM/DD/YY): / /

Minor Name: _____ DOB (MM/DD/YY) / /

Minor Name: _____ DOB (MM/DD/YY) / /

Minor Name: _____ DOB (MM/DD/YY) / /

Minor Name: _____ DOB (MM/DD/YY) / /



13109 Professional Drive
Jacksonville, FL 32225
(904) 220-3993

SUNSCREEN APPLICATION PERMISSION FORM

Summer Camp 2015

As the parent or guardian of the below child, I give my permission for staff members at Intercoastal Kids Learning Center to apply a sunscreen product of SPF 30 or higher to my child when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Child's Name: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____



13109 Professional Drive
Jacksonville, FL 32225
(904) 220-3993

TECHNOLOGY WAIVER *Summer Camp 2015*

By signing below, I grant my child permission to use the internet at Intercoastal Kids. I acknowledge that my child may bring their own electronic devices to camp, however, Intercoastal Kids will not be held responsible for any lost, stolen, or damaged devices.

Child's Name: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____



13109 Professional Drive
 Jacksonville, FL 32225
 (904) 220-3993

T-SHIRT ORDER FORM

Summer Camp 2015

Shirt Size: (Check one- two shirts included with registration fee. Additional Shirts may be ordered below for \$8/shirt)

	Child's Extra Small
	Child's Small
	Child's Medium
	Child's Large
	Child's Extra Large
	Adult Small
	Adult Medium
	Adult Large

Additional Shirts (enter quantity)

	Child's Extra Small
	Child's Small
	Child's Medium
	Child's Large
	Child's Extra Large
	Adult Small
	Adult Medium
	Adult Large

Total Cost of Additional Shirts: \$ _____

Paid? _____

Staff Initials: _____