



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

## **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!

**\*Mandatory Camper Orientation: Friday, June 2<sup>nd</sup> at 6pm\***

# **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**

**\*Mandatory Camper Orientation: Friday, June 2<sup>nd</sup> at 6pm\***

## **Tuition**

Tuition is \$150.00 per week for returning campers, \$175.00 for campers registered on or before May 1<sup>st</sup>, and \$185.00 for campers registered after May 1<sup>st</sup>. 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 37 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 26. Registration fees and trip fees are non-refundable.

Field Trip installment payment dates are as follows:

May 5, May 12, May 19, May 26. 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.

**\*Mandatory Camper Orientation: Friday, June 2<sup>nd</sup> at 6pm\***

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	Week	Location
1	Adventure Landing	7	Riverside Park
1	Skate Station	7	Castaway Island Nature Reserve
1	Dave & Buster's	8	Daruma Japanese Steakhouse
1	Hanna Park Splash Park	8	Maggiano's Little Italy Restaurant
2	Vilano Beach	8	Castillo de Mexico
2	Atlantic Beach	8	Hanna Park Splash Park
2	Movie Theater	9	Neptune Beach
2	Jacksonville Beach	9	Atlantic Beach
2	Amelia Island Beach	9	Jaguars Training Camp (pending)
3	Fresh Market		
3	Plant Ranch		
3	Lucky's Organic Market		
3	Tree Hill Nature Center		
4	Pump-it Up *MUST COMPLETE WAIVER*		
4	Movie Theater		
4	Jumpstreet		
4	Hanna Park Splash Park		
5	Sunshine Splash Park		
5	Movie Theater		
5	Bowl America		
5	Skate Station		
6	Peterbrooke Chocolatier's		
6	Krispy Kreme		
6	Sweet Pete's Candy Shoppe		
6	Hanna Park Splash Park		
7	River City Taxi Tour		
7	Movie Theater		

## 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 5, May 12, May 19, and May 26. 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
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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.)

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





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## Automatic Payment Form Summer Camp 2017

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

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

Card Type: \_\_\_\_\_

Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I Authorize my Credit/Debit card to be charged for Weekly Camp tuition.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature





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## T-SHIRT ORDER FORM

### Summer Camp 2017

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

<input type="checkbox"/>	Child's Extra Small
<input type="checkbox"/>	Child's Small
<input type="checkbox"/>	Child's Medium
<input type="checkbox"/>	Child's Large
<input type="checkbox"/>	Child's Extra Large
<input type="checkbox"/>	Adult Small
<input type="checkbox"/>	Adult Medium
<input type="checkbox"/>	Adult Large

Additional Shirts (enter quantity)

<input type="text"/>	Child's Extra Small
<input type="text"/>	Child's Small
<input type="text"/>	Child's Medium
<input type="text"/>	Child's Large
<input type="text"/>	Child's Extra Large
<input type="text"/>	Adult Small
<input type="text"/>	Adult Medium
<input type="text"/>	Adult Large

Total Cost of Additional Shirts: \$ \_\_\_\_\_

Paid? \_\_\_\_\_

Staff Initials: \_\_\_\_\_



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## SUNSCREEN APPLICATION PERMISSION FORM

### Summer Camp 2017

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: \_\_\_\_\_



TECHNOLOGY WAIVER  
Summer Camp 2017

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: \_\_\_\_\_

## Pump It Up Waiver, Release, Hold Harmless, and Indemnification Agreement ver 15.02

1. 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 known and unknown risks associated with participation in Pump It Up activities and the use of the play area, inflatable equipment and any and all other Pump It Up equipment, including but not limited to the Pop-In Playtime and Open play, which include but are 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 Pop-In-Playtime and/or any other open play event at Pump It Up. 5: I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive 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, except for those arising from the gross negligence or willful misconduct of Pump It Up. 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, except for those arising from the gross negligence or willful misconduct of Pump It Up. 7: I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. 8: I understand that entry, by myself and the participant(s) named, constitutes consent for Pump It Up to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. 9: The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. 10: Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration; said arbitration to take place exclusively before a single arbitrator located within 25 miles of the Event location and in accordance with the rules of the American Arbitration Association then in effect.

_____ Participant Name	_____ Date of Birth	_____ Participant Name	_____ Date of Birth
_____ Participant Name	_____ Date of Birth	_____ Participant Name	_____ Date of Birth
_____ Parent/Guardian Name	_____ Parent/Guardian Signature		_____ Today's Date
_____ Emergency Contact Number	_____ Email Address		

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_____ Participant Name	_____ Date of Birth	_____ Participant Name	_____ Date of Birth
_____ Participant Name	_____ Date of Birth	_____ Participant Name	_____ Date of Birth
_____ Parent/Guardian Name	_____ Parent/Guardian Signature		_____ Today's Date