



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

## 2024 Summer Camp Enrollment Packet

Welcome to Camp Intercoastal Kids. 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!

Our safe and secure environment is accessed with a security coded front entry, as well as monitored with security cameras.

The staff at Intercoastal Kids has met all the state requirements. All teachers have their associate 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: Thursday, May 30<sup>th</sup> at 7pm\***

# 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: Thursday, May 30<sup>th</sup> at 7pm\***

## **Tuition**

Tuition is \$225.00 per week for returning campers, \$230.00 for campers registered on or before May 2<sup>nd</sup>, and \$240.00 for campers registered after May 16<sup>th</sup>. Payments can be made by cash, money order, Discover, Master Card, or Visa. Tuition is due every Thursday for the following week. If payment is not made by Friday at pick up, 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.

## **Enrollment Process**

ALL paperwork is needed at the time of registration for enrollment into summer camp.

## **Registration**

Includes 1 camp t-shirts

\*Additional Shirts may be purchased for \$20 each\*

**Early Registration:** (April 25th) \$125

**General Registration:** (Before May 2nd) \$135

**Late Registration:** (After May 16th) \$150

**Field Trip Fee:** \$275

You may choose to participate in our field-trip payment plan, which is 4 weekly payments of \$68.75. The fee must be paid in full by May 24<sup>th</sup>. Registration fees and trip fees are non-refundable.

Field Trip installment payment dates are as follows:

May 9, May 16, May 23, May 30. Delinquent payments will be assessed a \$25.00 late fee.

**Recommendation:** A report card or letter of recommendation is needed.

### **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 camp 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 6:00 pm without notice, 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: Thursday, May 30<sup>th</sup> at 7pm\***

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 \$275 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: \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Must be signed in-person

EXT

Director Signature: \_\_\_\_\_ Office only  
Must be signed in-person

Date: \_\_\_\_\_ Times: 10:00 A.M. - 3:30 P.M. \_\_\_\_\_

Please select the field trips that your child will attend.

Week	Location
1	Game Truck
1	Bounce House
2	Atlantic Beach
2	Vilano Beach
2	Jacksonville Beach
3	Sake Station
3	Movie Theater
3	Bowl America
4	Publix
4	Movie Theater
4	Trader Joe's
5	Bounce House
5	Game Truck & Waterslide
6	South Beach Park & Sunshine Playground
6	Movie Theater
6	Hanna Park
7	Sweet Pete's Candy
7	Movie Theater
8	Tree Hill Nature Center
8	Hanna Park
8	Grove Park
9	Pump It up (Wavier form Required)
9	Movie Theater
9	Hanna Park
10	Bounce House
10	Game Truck

*Scheduled trips may change due to unforeseen circumstances. Parents will be notified of any scheduling changes in advance via One Call, Procure messages and/or Facebook.*

# 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 Thursday for the following week 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 by Friday at pick up. 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, its employees, or its affiliates on any social media channels, including but not limited to: Facebook, Twitter, or any blogs. As per our confidentially 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 \$250 is non-refundable and covers all the field trips that Intercoastal Kids will be attending. If I participate in Intercoastal's payment plan, four installments of \$62.50 will be due on May 4, May 11, May 18, May 25. **All late payments will be assessed a \$25 late fee.**

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian Signature

Must be signed in-person

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Director's Signature  
**Office only**

\_\_\_\_\_  
Date

# CAMPER APPLICATION FOR ENROLLMENT

**Camper Information:** Date of Birth: \_\_\_\_\_ Age (in years) \_\_\_\_\_ Sex: F M  
Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Address: \_\_\_\_\_  
Street City Zip

Phone # to be used for automated calling system (can be more than one): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To \_\_\_\_\_

Days of Week in Care: M T W Th F M-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:

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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.**

<b>Signature of Parent/Guardian</b> <small>Must be signed in-person</small>	<b>Date</b>

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

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## T-SHIRT ORDER FORM

### Summer Camp 2024

Shirt Size: (Check one- two shirts included with registration fee. Additional Shirts may be ordered below for \$10/shirt)

Youth XS\_\_\_\_ Youth S\_\_\_\_ Youth M\_\_\_\_ Youth L\_\_\_\_ Youth XL\_\_\_\_  
 Adult S \_\_\_\_\_ Adult M\_\_\_\_ Adult L \_\_\_\_\_

Additional Shirts (enter quantity) \$20 each.

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

For Office Use Only:

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

Paid by: CC or Cash

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

**Office only**

### TECHNOLOGY WAIVER 2024

By signing below, I grant my child permission to use the internet as 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.

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

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

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

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

Must be signed in-person







## Summer Camp 2024 Auto-Pay (Optional)

Parent Name \_\_\_\_\_

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

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

Expiration \_\_\_\_\_

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

I authorize my credit/debit card to be charged every Friday for my child's tuition.

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

\_\_\_\_\_  
Signature

Must be signed in-person

NOTES:

# Pump It Up®

## Waiver, Release, Hold Harmless, and Indemnification Agreement

Rev. 15.02

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.

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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.

Parent / Guardian Name (please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Must be signed in-person

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact number: ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news. (Pump it Up is not affiliated with Intercoastal Kids Preschool)