



Your child in caring and professional hands

Shenandoah Square
13750 West State Rd 84
Davie, FL 33325
Fax: (954) 452-2074
Phone: (954) 452-2924

SUMMER CAMP APPLICATION

CHILD INFORMATION (Please fill out a separate form for each child)

Name: _____ (M / F) Age: _____

Home Phone: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Physician: _____ Phone # _____

Insurance Company: _____ Policy # _____

Please list any physical problems or allergies of which we must be aware:

PARENT /GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relation: _____

Occupation _____ Cell # _____

E-mail address _____

Parent/Guardian Name: _____ Relation: _____

Occupation _____ Cell # _____

E-mail address _____

T-SHIRTS SIZE: _____

Summer Camp Attendance - (Please specify weeks/days that your child will be attending)

Week 1 (June 10-14) X T W Th F Week 6 (July 15-19) M T W Th F

Week 2 (June 17-21) M T W Th F Week 7 (July 22-26) M T W Th F

Week 3 (June 24-28) M T W Th F Week 8 (July 29-August 02) M T W Th F

Week 4 (July 01-05) M T W X X Week 9 (August 05-09) M T W Th F

Closed Thursday July 3rd and Friday July 4th

Week 5 (July 08-12) M T W Th F



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PLEASE READ, INITIAL, AND SIGN ACCORDINGLY THE POLICIES AND PROCEDURES OF CAMP IN ORDER TO VALIDATE THIS APPLICATION.

Note: By initialing below, you acknowledge that you have read and agree to each item.

OPERATING HOURS/ELIGIBILITY

Summer Camp activities will run from 8:30 a.m. to 5:00 p.m. Monday through Friday. **Children must be dropped off by 8:30 a.m.** (We leave for some trips at 8:30 a.m.)

Children must be picked up by 5:00 p.m.

Late pickup fee will be assessed as follows for any late pickups: \$2.00 per min per child after 5:00pm.

Extended hour until 6:30 p.m. \$20 per week.

Initials

PAYMENTS/FEES

FEES ARE TO BE PAID IN FULL BY WEDNESDAY FROM THE WEEK BEFORE ATTENDING CAMP

Please make checks payable to SUNNY SEEDS PRESCHOOL.

There will be a \$25 fee for each returned check. Repayment of any returned checks must be in cash, cashiers' check, or money order. All camp and returned check fees must be received immediately.

Camp fee will be \$290.00 per week per child

Initials

LUNCH AND SNACKS

Lunch is not provided by SUNNY SEEDS PRESCHOOL.

Children must bring a **fully prepared nutritious bag lunch. NO containers.** (Children are not allowed to bring glass bottled drinks to Camp.) SUNNY SEEDS PRESCHOOL will provide a snack. I understand that if I forget my child's lunch, one will be provided and you will be charged \$8.00.

Initials

PERSONAL ITEMS

The probability of lost or broken items is very high. Personal items (shirts, towels, toys etc.) are brought at your own risk. **Electronics** (game boys, iPods, tablets, phones, cameras etc.) **are not allowed.** I understand that SUNNY SEEDS PRESCHOOL is not responsible for any items that my child brings to camp. I understand that all belongings **should be labeled** to help prevent lost. I also understand that it is the camper's responsibility to keep track of his or her belongings.

Initials

DRESS CODE / UNIFORM

Children must wear the SUNNY SEEDS PRESCHOOL t-shirt daily. If your child does not have his/her camp shirt on he/she will be given one and you will be charged accordingly. Children are to wear closed toed shoes unless they are going to a water park then they must wear water shoes. All items must be labeled with the child's name. **NO FLIP FLOPS OR SANDALS!**



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FIELD TRIPS / ACTIVITIES/ MEDICAL

My child has permission to participate in any and all field trips and activities. I understand that I assume full responsibility for my child/ren. In event of any injury, I give permission for SUNNY SEEDS PRESCHOOL to seek proper medical attention at the nearest medical facility. I release any liability to SUNNY SEEDS PRESCHOOL. I understand I will be notified accordingly.

Initials

Authorization for Medical Treatment

I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

Initials

Release Statement

I acknowledge that there are natural hazards associated with related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. I hereby release and forever discharge SUNNY SEEDS PRESCHOOL, its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at camp.

Initials

Photo Release

I hereby give my permission for my child's picture to be taken and used by SUNNY SEEDS PRESCHOOL.

Initials

Water Activities

I understand that the camps at SUNNY SEEDS PRESCHOOL include activities in or near water. I give my permission for my child to participate in all water activities included in the camp.

Initials

Sunscreen

I understand that I must put sunscreen on my child every morning before coming to camp and send sunscreen with my child to reapply at lunch time on the days that we go to the water park. The campers will be reminded to reapply sunscreen at lunch time.

Initials

Movies

I understand that campers will only view movies that have a rating of "G" or "PG". We will make every effort to screen movies prior to viewing by campers. By my initials I give permission for my child to view these movies.

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Travel

I give my permission for my child to travel on the SUNNY SEEDS PRESCHOOL vans and or bus to all field trip destinations which correlate to the camp calendar. I was given a calendar of all the field trips scheduled for each week of camp.

Initials

SUNNY SEEDS PRESCHOOL'S Summer Camp Disciplinary Policy

Summer camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the summer camp. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below:

1st incident: *The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (this will be done in a one-on-one setting removed from other campers).*

2nd incident: *Director/owner will determine an appropriate consequence for the camper's actions (examples may include, exclusion from participating in an activity/ field trip). The camper's parent will be notified of their behavior when they arrive to pick up the child in writing.*

3rd incident: *The child will be excused from camp without a tuition refund. (Depending on incident)*

Initials

*Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).

*Section 65C-22.006(3) (c) 2., F.A.C., requires that parents be notified in writing of the disciplinary practices used by the child care facility.

Please visit our website to download these forms.

Initials

Your signature below indicates that you have received the above items, the information on this enrollment form is complete and accurate, and that you fully understand the guidelines specified on this form.

(Parent/Guardian) PRINT NAME: _____

SIGNATURE: _____

Date: _____



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Human Services Department
Bureau of Children and Family Services
Child Care Licensing and Enforcement Section

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AUTHORIZATION FOR MEDICATION

No medication shall be given by any child care personnel without signed permission of parent or guardian. Please complete this form.

Name of child: _____ Date: _____

Name of medication or prescription: Sunscreen

Amount of medication to be given: _____

Time medication to be given: Applied daily after lunch

Signature of parent/guardian: _____

Human Services Department
Bureau of Children and Family Services
Child Care Licensing and Enforcement Section

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AUTHORIZATION FOR MEDICATION

No medication shall be given by any child care personnel without signed permission of parent or guardian. Please complete this form.

Name of child: _____ Date: _____

Name of medication or prescription: CHILDREN'S TYLENOL (ACETAMINOPHEN)

Amount of medication to be given: DOSE ACCORDING TO AGE ON THE LABEL

Time medication to be given: IN THE EVENT HE/SHE IS RUNNING A HIGH FEVER IN AN EMERGENCY SITUATION AND A PARENT IS NOT AVAILABLE.

Signature of parent/guardian: _____



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AUTHORIZATION FOR MEDICATION

No medication shall be given by any child care personnel without signed permission of parent or guardian.
Please complete this form.

Name of child: _____ Date: _____

Name of medication or prescription: _____ *Insect Repellent* _____

Amount of medication to be given: _____

Time medication to be given: _____ *Applied daily after lunch* _____

Signature of parent/guardian: _____



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SUMMER CAMP APPLICATION AMENDMENT

Summer Camp Week/Days **must be paid in full by Wednesday** from the week before.

Campers will not be admitted if their parents have an outstanding balance.

We will reserve a place for your child for the days you booked. Therefore, **payments are based on enrollment, not on attendance.**

FEES

Registration: \$50 per child / \$90 per family

Camp Fee: Weekly \$290 per child

Daily \$58 per child

Extended Hour until 6:30 p.m. \$20 per week

Hours: from 8:30 a.m. to 5:00 p.m.

Camp T-shirt: \$10

Camp Backpack: \$0

Returned Payment Fee: \$25

PAYMENT

You can pay through:

ZELLE: (sunnycash33325@gmail.com)

AUTO-PAY: Please ask for the Form to set your weekly Automatic Payment.

CHECK: please make a check to ***Sunny Seeds Preschool***