

2023 Kate Sullivan Elementary Schools Katechella Music Festival Summer Camp

Registration Form

Student's Name: _____ **Date of Birth:** ___/___/___ **Age:** ___ **Race:** ___ **Shirt Size:** ___

Gender: ___ Male ___ Female **Grade Entering 2023-2024:** _____ **School's Name:** _____

Mother's or Guardian's Name: _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Employer: _____ **Work Number:** _____ **Cell Number:** _____

E-Mail Address: _____@_____._____

Father's or Guardian's Name: _____

Address is same as above

Address: _____ **City/State:** _____ **Zip Code:** _____

Employer: _____ **Work Number:** _____ **Cell Number:** _____

E-Mail Address: _____@_____._____

Is this a split house hold: Yes No **Are there any custody issues we should be aware of?** Yes No

If yes, please explain: _____ **(Please include court documents)**

Please write the name of the person(s) authorized to be an emergency contact or to pick-up your child.

Last Name	First Name	Relation To Student	Number

Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings

Medication:	Allergies:

Does your child have any special needs that we should be aware of? YES NO

If yes, please state the need or condition _____

My child may be in photographs or video for articles and promotion YES NO

My Child may watch G & PG rated movies: YES NO

I understand that I must pick up my child if they have a fever of 100 degrees or more YES

I understand my child may not return until 48 hours after their fever has been reduced YES

My Child has an IEP and or 504 YES No

Are you an LCS employee working during the 2023 summer? YES No

By signing below, I have fully read and understand the policies and information outlined in the Program Packet

Parent Signature: _____ **Date:** _____

2023 Kate Sullivan Elementary Schools Katechella Music Festival Summer Camp "One Festive Summer"

Camper's Name: _____

Spaces are limited. Only select weeks you plan on having your student attend. Please remember you will be responsible for weeks you have selected.

In the event we have reached capacity for any particular week at the time of registration then you will be placed on a waiting list.

Weeks & Dates: Only Mark Off the Intended Attendance Dates <small>For Drop Ins During any given week please indicate the dates</small>	Tuition
<input type="checkbox"/> Week 1: Rock & Roll Music Festival Week - May 30-June 2, 2023 <i>Closed Monday May 29th for Memorial Day</i>	\$144.00
<input type="checkbox"/> Week 2: Caribbean Music Festival Week - June 5-9, 2023	\$180.00
<input type="checkbox"/> Week 3: POP Music Festival Week -June 12-16, 2023	\$180.00
<input type="checkbox"/> Week 4: R&B Music Festival Week- June 20-23, 2023 <i>Closed June 19th for Juneteenth</i>	\$144.00
<input type="checkbox"/> Week 5: Country Music Festival Week - June 26-June 30, 2023	\$180.00
<input type="checkbox"/> Week 6: Hip Hop Music Festival Week - July 10-14, 2023	\$180.00
<input type="checkbox"/> Week 7: Today's Hits-July 17-21, 2023	\$180.00
<input type="checkbox"/> Week 8: House Music Festival Week - July 24-27, 2023 <i>Closed the 28th</i>	\$144.00

PLEASE READ BEFORE COMMITTING!

I understand that if I need to cancel any of the weeks marked above, I must notify the camp director by **Tuesday, May 24, 2022**. If I cancel any of the weeks I registered for after **Tuesday, May 24, 2022**, I will forfeit my registration fee and have to re-register in order to return to the camp for any weeks I've committed to and plan on attending. This is non-negotiable.

MOVIE PERMISSION FORM

My child has permission to view G or PG rated movies at Summer Camp. I understand that if I decide not to give permission for my child to view any of the movies, then I will need to make arrangements for his/her care during the time of the field trip and/or watching of the movie. I also understand that he/she can meet the camp at the next event following the movie. **Parent/Guardian Initial:** _____

Medication:

Doctors prescribed medication will be administered according to the label. Students are not allowed to transport medication. Should your child need to have medication administered during the time they are in the Summer Camp Program, a medication form must be completed and submitted to the Director.

- My student will need to take medication daily (Please complete the medication form along with registration)
- My child attends or is registered for public school for the up and coming school year.
- My child attends a private school and I have provided for the Summer Camp a copy of my child's immunization records.
- My child lives out of Tallahassee for the school year, and I have provided for the Summer Camp a copy of my child's immunization records.

Policy Acknowledgement:

I have read and fully understand the policies outlined in the policy statement of the Kate Sullivan Elementary School Summer Camp Program.
Parent/Guardian Initial: _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Kate Sullivan Elementary School's Extended Day to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Guardian Initial: _____

KATE SULLIVAN SUMMER CAMP 2023 PAYMENT CONTRACT

The charges for our camp are designed to cover the cost for staffing, materials, supplies, meals, t-shirts, and the use of school facilities. In completing the registration for my child I understand and agree that:

1. The registration and weekly fees are non-refundable.
2. The registration fee of \$60.00, per child must be paid at the time of the registration to guarantee a slot.
3. I will be responsible for payment of the weekly camp fee on or before MONDAY mornings, prior to my child attending.
4. I understand there is a \$10.00 late fee if payment isn't made on Monday, regardless of my child's attendance. I am required to pay tuition in order for my student to return to camp.
5. I will be responsible for late fees anytime I am late picking up my child from camp as outlined in the policy packet.
6. I understand that if I am late picking my child up a third time without it being an emergency, my child may be dismissed from the camp.
7. I understand that if a check is returned for non-sufficient funds, etc. that I will be required to pay by money order or credit card online thereafter.
8. The school board does NOT extend any credit during summer camp.
9. No refund will be given for dismissal from the program or removal from the program.

***I have read the above payment contract and agree to all the payment requirements for the summer camp program.**

Parent Signature: _____ Date: _____

Individual Responsible for payments: _____