



PINE JOG ENVIRONMENTAL EDUCATION CENTER

College of Education

6301 Summit Blvd.

West Palm Beach, FL 33415-0991

tel: 561.656.5430

fax: 561.656.5453

www.pinejog.fau.edu

pinejogassp@fau.edu

REGISTRATION FORM 2017

****One per child****

A \$40.00 **non-refundable fee** per child is due at time of camper registration.

CURRENT GRADE		STUDENT LEGAL NAME (last, first, middle)			
STUDENT ALSO KNOWN AS	SEX	AGE	DATE OF BIRTH	T-SHIRT SIZE <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> Adult Sm <input type="radio"/> Adult Med	
STUDENT WILL ATTEND SUMMER DAY CAMP THE FOLLOWING WEEKS: (PAYMENT DUE) *					
<input type="radio"/> Week 1: June 5 - 09	<input checked="" type="radio"/> 05/22	<input type="radio"/> Week 4: June 26 - June 30	<input checked="" type="radio"/> 06/12	<input type="radio"/> Week 7: July 17 - 21	<input checked="" type="radio"/> 07/03
<input type="radio"/> Week 2: June 12 - 16		<input type="radio"/> Week 5: July 03- 07 (closed July 4 th)		<input type="radio"/> Week 8: July 24 - July 28	
<input type="radio"/> Week 3: June 19 - 23		<input type="radio"/> Week 6: July 10 - 14		<input type="radio"/> Week 9: July 31 - August 04	

PARENT INFORMATION

PARENT OR LEGAL GUARDIAN (first, middle initial, last)		PLACE OF EMPLOYMENT			
HOME ADDRESS (street number, city, state, zip code)					
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS (Required)		
PARENT OR LEGAL GUARDIAN (first, middle initial, last)		PLACE OF EMPLOYMENT			
HOME ADDRESS (street number, city, state, zip code)					
HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS (Required)		

1. At which phone number(s) can we best reach you? _____

2. Indicate with whom the child lives (check only one):

Both Parents Mother Father Other _____

3. Person responsible for payments of fees:

Both Parents Mother Father Other _____



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4. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION:

A. Is there a visitation or other Florida court order barring either parent from removing the student during the Summer Day Camp? YES NO If yes, **PLEASE PROVIDE A COPY OF THE FLORIDA COURT ORDER.**

B. Parents DO have shared parental responsibility. Yes No

5. Provide the name(s) of person(s), other than the parent, allowed to pick up the camper.

NAME (last, first, middle initial)	RELATION TO CAMPER	TELEPHONE	CELL NUMBER

6. Please provide a password to be used for picking up camper.

(Limited to 10 characters)

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STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

HEALTH INFORMATION

1. Does your child currently have health insurance? Yes No

If yes, check your child's health insurance plan: Medicaid Healthy Kids / Kids Care Private

2. Does the student have any allergies? Yes No If yes, please specify allergy:

3. List camper's illnesses, behavior issues, medications or physical limitations. **(Required)**

4. Medication(s) student currently takes _____

5. Physician's Name _____ Telephone _____

IN CASE OF EMERGENCY:

I, as the parent or legal guardian of student camper, hereby authorize such diagnostic, medical and/or surgical treatment of a minor as may be considered necessary or appropriate under the circumstance for the treatment of any illness or injury of the minor, including any related transportation to a medical facility or provider. I hereby release and otherwise hold harmless the attending physician, appropriate staff, and Florida Atlantic University, the Pine Jog Summer Day Camp, and their officers, employees, contractors, agents, and volunteers (collectively, the "FAU Parties") from legal liability or any consequences from such diagnostic, medical, and/or surgical treatment, and thereby release the FAU Parties from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes and agreed to pay for all costs associated with such medical services. (Every effort will be made to contact the parent immediately).

SIGNATURE OF PARENT / GUARDIAN

DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

PAYMENT POLICY

REFUNDS POLICY:

A \$40.00 non-refundable registration fee per child is due at registration. No refunds are provided on tuition fees for absences, vacations, or withdrawals from the summer camp program.

*****NO EXCEPTIONS MADE*****

I understand and agree with the non-refundable policies.

NFS POLICY:

If a check is returned because of insufficient funds, Florida Atlantic University Controller Office will contact you for further payments. Future payments must be made in cash.

FEEES POLICY AND FEEES SCHEDULE:

Please see Summer Camp Fee Schedule attached for due dates. Continued enrollment in our program is dependent upon timely payments of fees.

SIGNATURE OF PARENT / GUARDIAN

DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

PARENT PERMISSIONS AND TERMS OF AGREEMENT

PARENTAL CONSENT FOR RELEASE OF CAMPER'S PHOTOGRAPH INFORMATION:

I hereby give permission for the FAU Parties to use my child's photograph, video image, voice recording, and identifying information, in publications or in school or District-approved news media interview, articles and presentations. I understand that without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

SIGNATURE OF PARENT / GUARDIAN

DATE

PARENT ACKNOWLEDGEMENT: (Please make sure that you have received the Summer Camp Parent Handbook)

I understand that the FAU/Pine Jog Summer Day Camp policies and procedures have been developed to maximize the safety of all children and the fiscal stability of the program. I have received and read the Parent Handbook and understand the program policies. I have discussed the rules of the program with my children.

SIGNATURE OF PARENT / GUARDIAN

DATE

CODE OF CONDUCT: (Attached).

I understand and certify that my child's participation in the FAU/ Pine Jog Summer Day Camp Program and its activities is completely voluntary. I have familiarized myself with the Program and the activities in which my child will be participating. I recognize and have instructed my child in the importance of knowing and abiding by the student's CODE OF CONDUCT for safety of all students' participants.

SIGNATURE OF PARENT / GUARDIAN

DATE

FIELD TRIP RELEASE NOTIFICATION:

Parent/Guardian may not drop off students at field trips sites and students will not be released at field trip locations without prior approval.

SIGNATURE OF PARENT / GUARDIAN

DATE

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

PARENT PERMISSIONS AND TERMS OF AGREEMENT (Cont)

SPORTS / ACTIVITY PERMISSION AND RELEASE:

I hereby give permission for my child/children to participate in sports, swimming, and activities offered through FAU Pine Jog summer Day Camp. I understand that the FAU/ Pine Jog Summer Day Camp Program does not provide medical or liability insurance covering injuries of any nature. I hereby release and hold harmless the FAU Parties from any and all claims, demands, and causes whatsoever in any way growing out of or resulting from participation of my child, INCLUDING WITHOUT LIMITATION THOSE CAUSED BY THE NEGLIGENCE OF THE FAU PARTIES.

SIGNATURE OF PARENT / GUARDIAN

DATE

MOVIES:

During the course of our programs, we will show a variety of movies to our students. Some selections may be PG rated. I give permission to my child to participate during movie time.

SIGNATURE OF PARENT / GUARDIAN

DATE

SWIMMING:

My child can swim My child cannot swim
Level: Beginner Intermediate Advance

SIGNATURE OF PARENT / GUARDIAN

DATE

TOPICAL APPLICATION:

Listed below are topical creams or sprays that FAU/Pine Jog staff can apply due to sun exposure, bug bites and cuts. Please indicate whether you would like the following items applied by a staffer.

	YES	NO
Sunblock		
Bug Spray		
After Bite (for bug bites)		
Neosporin (for cuts & scrapes)		

SIGNATURE OF PARENT / GUARDIAN

DATE

Camp Fee Schedule

Week Attending Camp	Payment Due Date
Week # 1: June 05 th – June 09 th	Due Date Monday, May 22nd, 2017
Week # 2: June 12 th – June 16 th	
Week # 3: June 19 th – June 23 rd	
Week # 4: June 26 th – June 30 th	Due Date Monday June 12th, 2017
Week # 5: July 03 rd – July 07 th CLOSED TUESDAY JULY 4th	
Week # 6: July 10 th – July 14 th	
Week # 7: July 17 th – July 21 st	Due Date Monday July 03, 2017
Week # 8: July 24 th – July 28 th	
Week # 9: July 31 st – August 4 th	

Withdrawal or Schedule Changes Policy

If you withdraw your child from the program or make any changes to the schedule after the payment due date, no refunds will be given.