



PINE JOG ENVIRONMENTAL EDUCATION CENTER

College of Education

6301 Summit Blvd.

West Palm Beach, FL 33415-0991

tel: 561.656.5430

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www.pinejog.fau.edu

pinejogassp@fau.edu

SPRING CAMP REGISTRATION FORM 2017

****One per child****

A \$25 fee per child is due at time of student registration.

2017 GRADE		STUDENT LEGAL NAME (last, first, middle)			
STUDENT ALSO KNOWN AS	SEX	AGE	DATE OF BIRTH	SHIRT SIZE <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> AS	
LOCAL ADDRESS (Street number, City, State, Zip Code)					

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 during Spring Camp hours? _____

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 _____

4. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION:

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

B. Parents have shared parental responsibility. Yes No

STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)

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

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

6. Please, provide a password to be used for picking up the student.

(Limited to 10 characters)

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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 student's illnesses, behavior issues, medications or physical limitations. **(Required)**

4. Medication(s) student currently takes _____

5. Physician's Name _____ Telephone _____

6. In case of emergency, I _____, give permission to have my child treated at Wellington Regional Hospital for serious illness or injury.

Parental Consent for Release of Student's Photograph Information

I hereby give permission for F.A.U. / Pine Jog Spring Camp Program, to use my child's photograph, video image, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in publications or in school or District-approved news media interview, articles and photographs. 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

STUDENTS LEGAL NAME (LAST, FIRST, MIDDLE)

Health Medical

I hereby understand and agree that my child's medical records or other medical information that I provide to F.A.U. / Pine Jog Spring Camp Program, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

SIGNATURE OF PARENT / GUARDIAN

School Information

I understand and agree that the information necessary for the supervision and care of my child provided to the school will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

SIGNATURE OF PARENT / GUARDIAN

Verification of Student Registration Information

I verify that the information given on this student registration is true and accurate to the best of my knowledge. Registration is not valid without a verification signature and date. My signature indicates agreement to accept policies and procedures established by the F.A.U. / Pine Jog Spring Camp Program.

SIGNATURE OF PARENT / GUARDIAN

Refunds Policies

A \$25.00 non-refundable registration fee per child is due at registration, if child (ren) is not currently registered in our Afterschool Program.

No refunds are provided for absences, vacations, or withdrawals from the Spring Camp Program.

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

I understand and agree with the non-refundable policies.

SIGNATURE OF PARENT / GUARDIAN



Parent Permission Form

There will be no reimbursements or credits for absences, withdrawals or vacations.

Please sign and return with Registration Form

Student's Name: _____

NSF POLICY

If a check is returned because of insufficient funds, we will need payment in the form of cash or money order to replace the check plus a service charge. Future payments must be made in cash, or money order.

Signature of Parent/Guardian: _____ Date: _____

FIELD TRIP RELEASE NOTIFICATION

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

Signature of Parent/Guardian: _____ Date: _____

SPORTS/ACTIVITY PERMISSION

I hereby give permission for my child/children to participate in sports and activities offered through FAU Pine Jog Spring Camp Program. I release the program and staff from any responsibility due to injury.

Signature of Parent/Guardian: _____ Date: _____

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MOVIES

During the course of spring camp, we will show a variety of movies to our children. Some selected may be PG Rated. Your Signature gives permission for your child's participation.

Signature of Parent/Guardian: _____ Date: _____

Neither the program nor staff is responsible for any personal property that is lost or stolen.



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STUDENT'S CODE OF CONDUCT – FAU PINE JOG SPRING CAMP PROGRAM

The staff of the FAU Pine Jog Spring Camp Program is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts. **PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW. You must review this CODE OF CONDUCT!**

BEHAVIOR

1. Students must respect each other.
2. Students will not tease each other for any reason.
3. Students must respect others and their property. Students will refrain from touching others in any harmful or inappropriate way.
4. Students will not use foul language.
5. Students will follow directions the first time they are given. Most of our directions are for the safety of the students and second chances may be too late.
6. Students must listen to their instructor or visiting instructor.
7. Students must respect and protect school property.

SAFETY

8. Students must wear closed-toe/closed-heel shoes at all times.
9. Students must utilize the buddy system when traveling through the school facility.
10. Students must pay attention to their surroundings and use care in all activities.
11. Students will adhere to all safety rules and regulations given for each activity he/she participates in while in the Spring Camp Program.

GENERAL

12. Students are expected to wear appropriate clothing.
13. Students must inform staff if they are experiencing a problem with another student or other issue. If we are not informed about a problem, we cannot stop the problem or assist the student.
14. We expect all students to have FUN in the Spring Camp Program but not at the expense of others.
15. Students may find that the Spring Camp experience offered by the FAU Pine Jog Spring Camp Program is not for them. Discussing this with staff is better than complaining about their situation with other students.
16. Violation of the **CODE OF CONDUCT** can be grounds for automatic dismissal. Refunds are not given when a student is dismissed for violation of the code of conduct.

I have read the above **SPRING CAMP CODE OF CONDUCT**. I agree to adhere to all of the above to ensure that my Spring Camp experience as well as other students in attendance at the FAU Pine Jog Spring Camp Program is a positive one. **I understand that failure to adhere to these rules may result in my dismissal from the program.**

Student's Signature _____ Date: _____

I understand and certify that my child's participation in the FAU Pine Jog Spring Camp Program and its activities is completely voluntary. I have familiarized myself with the Spring Camp 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 students' **CODE OF CONDUCT** for safety of all students participants.

Parent/Guardian Signature _____ Date: _____