



Chappell Child Development Centers

2017 Summer Camp Application

_____ Deerwood (cap. 50)

_____ Riverplace (cap. 24)

Camper's Name:	Age:	Sex:	Grade (as of Sept. 2016):
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Date of Birth (mm/dd/year):	School attending in Fall 2017:	Camper's Address:
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City:	State:	Zip:	Home Phone #
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Parent/Guardian:	Relationship:	Address (if different from camper):
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City:	State:	Zip:	Home Phone #:	Cell Phone #:
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Business Phone #:	Job:	Email:
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Parent/Guardian:	Relationship:	Address (if different from camper):
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City:	State:	Zip:	Home Phone #:	Cell Phone #:
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Business Phone #:	Job:	Email:
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The following additional persons are authorized to pick up my child from Chappell

Name:	Relationship	Home Phone #	Business Phone #	Cell Phone #
1				
2				

Emergency Information

Doctor:	Phone #:	Dentist:	Phone #:
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Life Threatening Illnesses, Allergies or Special Needs: _____ (Emergency procedures to follow): _____
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To help us better meet your camper's needs, please tell us if your child has been diagnosed with anything that requires medication, special accommodations or therapy:
 Yes _____ No _____ If yes, please explain: _____

Please check all appropriate boxes. Indicate choices where necessary

Riverplace (cap. 24) Deerwood (cap. 50)

Registration/Student Insurance	\$60.00	Required*
*All returning campers are required to pay registration unless it was paid after Aug. 2016 for special events programs during the school year. 2017 VPK graduates receives free registration.		
Sessions:	Cost:	Sessions Desired:
	Weekly Charge	Corp. Partners*
June 5, 2017	\$160	\$148
June 12, 2017	\$160	\$148
June 19, 2017	\$160	\$148
June 26, 2017	\$160	\$148
July 3, 2017	\$160	\$148
July 10, 2017	\$160	\$148
July 17, 2017	\$160	\$148
July 24, 2017	\$160	\$148
July 31, 2017	\$160	\$148
August 7, 2017	\$130: Field trips not included	

Camp T-Shirt	
1 (one) Camp T-Shirt Provided by Chappell	
Please indicate size for your child	
	Youth Small 6-8
	Youth Medium 10-12
	Youth Large 14-16
	Youth Extra Large 18-20 (same chest size as adult small)

* Must provide proof you work with one of our corporate partners.

Breakfast Program: Yes: \$10.00 (7:30a.m.-8:30a.m.) No: \$0.00

Camp Hours are 8:30 am - 5:00 pm

All field trip van will leave **promptly** at 9:00 am unless otherwise noted.

Weekly tuition must be paid in full prior to field trip; please complete the attached Tuition Express form.

Daily Rate: \$65 (Corporate discount doesn't apply)

How did you hear about our Summer Camp Program?

Radio JaxMomsBlog Other: _____ Jax4Kids Website _____

By your signature, you verify that all information on this enrollment form is complete and accurate. Your signature also acknowledges and/or verifies receipt of the following:

- Disciplinary practices used by the child care facility (in accordance with Florida Statutes Section 65C-22.001(8)(a) and Florida Administrative Code 65C-22.006(4)).
- Authorization for Medication Policy
- "Know Your Child Care Center," Dept. of Children & Families Publication 175-24, 7/97. (In accordance with Florida Statutes, Section 402.3125(5) and FAC65C-22.006(4)).
- Parent Handbook (available online at www.chappellschools.com or printed upon request).

I hereby grant permission for my camper to participate in field trips away from Chappell. I give permission to Chappell to authorize any emergency to ensure the safety of my child.

I understand that Chappell is not financially responsible for medical or emergency care given to my child. I permit (with the exception of foster children) the free use of our names and/or pictures in broadcasts, newspapers, brochures, Facebook, Chappell website, or other forms of communication.

Please fully complete and return the camp application form to the director; incomplete forms will be returned and spaces will not be guaranteed until forms are returned with complete information. The person signing below accepts financial responsibility for 100% of the camp fees. I have enclosed a nonrefundable, non transferable deposit per child.

Signature of Parent or Guardian:

Date:

Office Use Only

Date Received by Director _____

Received by Accounting _____

Date /Initial Procure Entry _____