



Chappell Child Development Centers

2017 Summer Program Application - FSCJ Campuses

_____ South

_____ Downtown

Camper's Name:	Age:	Sex:	Grade (as of Sept. 2017):
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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				
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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

Registration/Student Insurance	\$60.00	Required*
*All returning campers are required to pay registration.		
2017 VPK graduates receives free registration.		
Sessions:	Cost:	Sessions Desired:
June 5, 2017	\$125	
June 12, 2017	\$125	
June 19, 2017	\$125	
June 26, 2017	\$125	
July 3, 2017	\$125	
July 10, 2017	\$125	
July 17, 2017	\$125	
July 24, 2017	\$125	
July 31, 2017	\$125	
August 7, 2017	\$125	

* Field trips will be an additional cost based on what the field trip will be.

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

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

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	_____