



SUMMER CAMP REGISTRATION / RECEIPT 2019- PLEASE PRINT
OAKLAND PARK PARKS & LEISURE SERVICES DEPARTMENT

SUMMER CAMP SITE _____

PASSWORD _____

NAME _____
(First) (Last) (Wants to be called)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ AGE _____ DATE OF BIRTH _____ GRADE IN AUGUST _____

PARENT'S NAME _____ DAY PHONE _____

PARENT'S NAME _____ DAY PHONE _____

PARENT'S E-MAIL ADDRESS: _____

PERSON RESPONSIBLE FOR PAYING FEES _____ PHONE _____

WHO MAY PICK UP YOUR CHILD BESIDES YOURSELF? (EMERGENCY CONTACT NAMES)

NAME _____ PHONE: _____

NAME _____ PHONE: _____

NAME _____ PHONE: _____

Pick-Up Policy:

I understand that to be eligible to pick up a child the person must be at least 18 years of age. I understand that one of the above named people must sign my child out each day and show a photo ID or the child will not be released. I agree to advise staff, in writing of any changes in the method of leaving.

Signature of Parent/Guardian _____ **Date** _____

Late Fee Policy:

I agree to have my child picked up by 5:45 p.m. each day. I understand that my child may not be able to return to the program until the **late charge of \$10 per 15 minutes** is paid in full. Habitual tardiness will result in my child being withdrawn from the program.

Signature of Parent/Guardian _____ **Date** _____

I understand that late fees will be charged if my child is not picked up on time and all fees must be paid in full before my child returns to the program. Also, I understand that all fees are due by Friday of the previous week and are paid in advance of child receiving care. Failure to pay in advance will result in dismissal from the program.

Signature of Parent/Guardian _____ **Date** _____



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Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Insurance Co: _____ Policy #: _____

Please list allergies, special medical, medications or dietary needs, or other areas of concern:

Does your child have either of the following? IEP ___ or 504 PLAN ___ if so please explain and provide a copy:

*If you completed the above question, please contact the Childcare Coordinator to assure this is appropriately evaluated and addressed.
[An intake evaluation will be scheduled prior to registration.](#)*

Media Release:

I understand that my child may appear or be photographed in the newspaper, on television, on city websites, publications, or other communication tools to promote The City of Oakland Park.

Signature of Parent/Guardian _____ **Date** _____

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Behavior Policy:

I understand that if my child disrupts the daily operation of the program or becomes a disciplinary problem, he/she will be asked to withdraw from the program without a refund. **(See Parent Handbook)**

Signature of Parent/Guardian _____ **Date** _____

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Refund Policy:

I understand that if my child doesn't attend a field trip or miss a day or week of Summer Camp, The City of Oakland Park doesn't offer a refund. There will be no exceptions. Funds will not be refunded to your account for future use.

Signature of Parent/Guardian _____ **Date** _____

PERMISSION SLIP & RELEASE

I, the parent/guardian of _____, assume all risk and hazards incidental to such participation including transportation to and from indicated trip/s; and do hereby waive, release, absolve and indemnify and agree to hold harmless the City of Oakland Park, the Parks and Leisure Services Department, the organizers, supervisors and participants for any claim arising out of injury to my child. I understand that I assume all liability and indemnify and hold harmless the City of Oakland Park, its agents, representatives and employees from any and all actions, causes of actions or claims on account of, or in any way growing out of, any lack of supervision of the above named child at the Parks and Leisure Services facilities at any time after 5:45 p.m. Monday through Friday. I understand my child will be asked to be withdrawn from the program if he/she becomes a disciplinary issue, per our disciplinary policy. I also agree to instruct to the above named child that he/she may not leave the site during operating hours.

Parent/ Guardian Name (Print Please): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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SUMMER CAMP PROGRAM PLANS

(Please check the Site and Session(s) you are planning to attend.)

	<u>N.A.G. K-1st Grade</u>	<u>C.C.C. 2nd – 4th Grade</u>	<u>S.R.C. 5th – 8th Grade</u>
Session #1	_____ June 10 - June 28	_____ June 10 - June 28	_____ June 10 - June 28
Session #2	_____ July 1 – July 19	_____ July 1 – July 19	_____ July 1 – July 19
ALL SUMMER CAMP SITES ARE CLOSED ON JULY 4th, 2019.			
Session #3	_____ July 22 – August 9	_____ July 22 – August 9	_____ July 22 – August 9

You will receive a T-shirt on the 1st day of camp, when you register by May 17, 2019.

In order to easily keep track of our children on various trips, it is our policy for each child to wear a Camp T-SHIRT. If your child doesn't wear a Camp T-shirt the child will not be able to participate on trips. Shirts are on sale for \$10.00 for youth sizes & \$12.00 for adult sizes.

REGISTRATION FEES - NON-REFUNDABLE

Resident _____ \$118.50 per child, per session
 Non-Resident _____ \$187.50 per child, per session

REGISTRATION FEES – SIBLING DISCOUNT PRICING: OAKLAND PARK RESIDENTS ONLY:

2nd Child _____ \$106.65 per child, per session
 3rd Child _____ \$95.98 per child, per session
 4th Child _____ \$82.02 per child, per session

MAKE CHECKS PAYABLE TO: CITY OF OAKLAND PARK

Comp T-Shirt if registered by May 17, 2019 _____

Youth T-Shirts \$10.00 _____

Adult T-Shirts \$12.00 _____

T-SHIRT: YS YM YL
 AS AM AL AXL AXXL

FOR OFFICE USE ONLY

REGISTRATION: _____

TRIPS: _____ (Attach trip form)

SUMMER CAMP SESSION FEES: _____

TOTAL FEES PAID: _____

Registration Payment -Check # _____ Staff _____