

# Jacksonville Science Festival Exploration Summer Camp

Located on the campus of The Foundation Academy Campus

3675 San Pablo Rd S., Jacksonville, FL 32224

**6 weeks - June 17 – July 26**

**8am ~ 5pm**

**Extended Care is Available from 5pm ~ 6pm for an additional \$10 fee per day**

Exploration Camp for Ages 5-15



**\$125 per student / per week**

\$15 non-refundable application Fee

**FREE LUNCH and SNACK**

**Arts & Crafts Field Trips Outdoor Activities**

**Gardening Project Based Learning**

**Literacy / Math Experiments**

**Hands-On STEAM Activities**



(904) 493-3545

# Jacksonville Science Festival Exploration Summer Camp Registration 2018

## Camper Information

Camper's Full Name: \_\_\_\_\_

Address \_\_\_\_\_  
*Street* *City, State* *Zip*

Student Mobile Phone Number \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Camper T-shirt Size Youth: \_\_\_\_\_ Adult: \_\_\_\_\_ Number of brothers and sisters: \_\_\_\_\_

Names of siblings attending camp: \_\_\_\_\_

Do you receive the Step Up Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ **DUVAL COUNTY STUDENT ID#:** \_\_\_\_\_

**Please mark which weeks you are reserving for Camp and which weeks you are reserving for Camp Aftercare:**

WK1-6/17 Camp  Aftercare  WK4-7/8 Camp  Aftercare

WK2-6/24 Camp  Aftercare  WK5-7/15 Camp  Aftercare

WK3-7/1 Camp  Aftercare  WK6-7/22 Camp  Aftercare

Note: Registration & Reservation fee must be paid in advance to reserve your campers spot for the week.  
There is an additional fee for extended care.

\_\_\_\_\_  
Mother or Guardian ~ Legal Custody of Child:  Both Parents  Mother  Father  Other

\_\_\_\_\_  
Father or Guardian ~ Legal Custody of Child:  Both Parents  Mother  Father  Other

\_\_\_\_\_  
Address (if different from student) Camper Lives With:  Both Parents  Mother  Father  Other

\_\_\_\_\_  
Address (if different from student) Camper Lives With:  Both Parents  Mother  Father  Other

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Mother or Guardian, E-mail address

\_\_\_\_\_  
Father or Guardian, E-mail address

### Fees:

- ▶ \$15.00 non-refundable application fee
- ▶ \$125.00 per camper per week
- ▶ Aftercare 5pm-6pm: \$10.00 per camper per day

- ▶ \$10.00 non-refundable weekly registration fee
- ▶ Field trips: \$25.00
- ▶ Camp T-shirts, \$10.00

**RELEASE AND INDEMNIFICATION AGREEMENT (Mandatory)**

The parties to this Agreement are \_\_\_\_\_ of  
(Parent Name[s])

\_\_\_\_\_, Florida who is either the parent  
(Full Address)

or guardian (referred to herein as "Parent") of \_\_\_\_\_ (hereinafter  
(Student Full Name)

"the Child"), and the Jacksonville Science Festival Exploration Summer Camp along with the host organization, The Foundation Academy, (hereinafter "the Camp"), entering into this Agreement on behalf of the Child with the Camp and, as such, acknowledges and agrees that the Child shall be subject to all the rules and regulations of the Camp, as such are promulgated from time to time, whether upon the Camp premises or off the Camp premises on field trips, excursions and outings.

The parties agree that the Camp shall supervise and manage the Child (including during field trips, excursions, and outings), and that the Camp shall utilize ordinary care in regard to the same. In return, Parent agrees that he/she shall not institute a suit in equity or in law, or both, resulting from or related to any loss, damage, injury or the like arising from circumstances which are not within the reasonable control of the Camp or resulting from the Child's failure to abide by the Camp's rules and regulations, particularly as same apply to violations of the Camp Code of Conduct by the Child.

Parent further agrees that he/she shall indemnify and hold harmless the Camp, its parent company, personal representatives, successors, assigns, officers, agents, volunteers, and employees, from any claim for any loss, damage or injury incurred as the result of the Child's failure to abide by the Camp's rules and regulations, particularly as same apply to violations of the Camp Code of Conduct by the Child.

Parent agrees that this Agreement shall inure to the benefit of the Camp, its parent company, agents, servants, volunteers, employees, and independent contractors and shall bind Parent, and Parent Spouse, heirs and legal representatives, if any.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Jacksonville Science Festival Exploration Summer Camp  
3675 San Pablo Rd. South, Jacksonville, Florida 32224**

**MEDICAL TREATMENT AUTHORIZATION (Mandatory)**

**MEDICAL TREATMENT AUTHORIZATION (Mandatory)**

This notice gives The Foundation Academy, Inc. my permission to authorize treatment for my children in case of any emergency, illness or injury until I can be contacted. This notice is effective from the enrollment date until the child's withdrawal date.

CHILD'S NAME

DATE OF BIRTH

I, \_\_\_\_\_,  ALLOW  DO NOT ALLOW  
(Parent Full Name)

the student or students indicated above to take Tylenol or its generic equal as she/he requests for headaches or other pain. Please state any limitations, for ANY of the students listed, to the previous statement in the space below:

Parent/Guardian Signature

Cell Phone

Work Phone

Witness Signature

Date

Date

X

EMERGENCY CONTACT AND RELATIONSHIP (Other than parent or guardian):

EMERGENCY CONTACT PHONE # \_\_\_\_\_

X

EMERGENCY CONTACT AND RELATIONSHIP (Other than parent or guardian):

EMERGENCY CONTACT PHONE # \_\_\_\_\_

**MEDICAL HISTORY:**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does ANY child have any allergies, diseases, disabilities, or medical history the school should be aware of in case of emergency? Yes  No

If YES, please list students name and explain:

Are ANY children, listed above, on ANY medications?  Yes  No

If YES, please list student(s) and explain: \_\_\_\_\_

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**Camp Enrollment Contract** *(Signature Mandatory)*

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the camp office accompanied by a non-refundable registration fee of \$15. A student is accepted for enrollment when the Contract has been delivered or mailed to Jacksonville Science Festival Exploration Summer Camp. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the Camp Administrator.

In consideration of the acceptance of this Contract by **Jacksonville Science Festival** Exploration Summer Camp, the undersigned agrees to pay the required TOTAL CAMP COST AND FEES less any scholarship award for the full time applied and any additional fees incurred and agrees to be bound by the provisions of this Contract. So long as cost and fee payments are not delinquent, camp payments are due no later than the first day of camp. Enrollment in camp is conditioned upon the following terms:

1. A non-refundable application fee of \$15 must accompany your application.
2. A non-refundable reservation fee of \$10 must be paid for each week of proposed enrollment to reserve you seat.
3. Students not enrolled in extended care must be dropped off no earlier than 7:45am and picked up no later than 5:15pm or additional fees for extended care will be assessed.
4. Acceptance of enrollment in camp constitutes an agreement to pay the full account, comprised of both TOTAL CAMP COST and all related fees and expenses of the student **Jacksonville Science Festival** Exploration Summer Camp is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
5. Children should attend at least 95% of the time during their registered period.
6. The terms and provisions in the remainder of this application package must be completed and are included as part of this Contract by reference.
7. Kid's Hope Alliance staff have authorization to review school records and files.
8. By my signature below I am agreeing to the provisions required for my child to enroll.

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**Person Responsible for Payment**

**Date**

**Camp Fees:**

**Fees:**

- |   |  |
|---|--|
| ▶ \$15.00 non-refundable application fee        | ▶ \$10.00 non-refundable weekly registration fee |
| ▶ \$125.00 per camper per week                  | ▶ Field trips: \$25.00                           |
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**How did you hear about Jacksonville Science Festival Exploration Summer Camp?**

- Other parents     
  Internet     
  Other campers/school students     
  Magazine/Newspaper ad  
 Jax4Kids Summer Camp Expo     
  Foundation Academy     
  Other Event \_\_\_\_\_

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