



Trafalgar Elementary

Voyages

Summer Camp

2018

June 4-July 20, 2018

6:30 AM-6:00 PM

Registration Fee (paid by May 4)

\$25.00 **Non-Refundable** per family

Weekly Fee

(\$110.00 per child)

NO DAILY RATES

LATE Registration Fee (paid After May 4) \$35.00 Non-Refundable per family

The first 150 children will be accepted into camp. Others will be put on a waiting list.

\$110 per week for 1st child, \$95 for sibling, and \$90 per each additional sibling

Payment Policy:

All fees are prepaid and due each Friday prior to attending the following week. . A \$20.00 late fee will be assessed for payment made after Friday for the next week of service. Nonpayment of service will result in termination of service until bill is brought current. Excessive late payments will result in dismissal from the program.

A \$35.00 fee will be charged for each returned check. Accounts with one (1) returned check will be required to make cash or credit card payments only and will be subject to dismissal.

Late Child Pick Up Policy:

A \$3.00 per minute fee will be charged when a child is not picked up promptly at 6:00pm. You must call 239-283-3198 to inform us you will be late.

There are no exceptions to these policies.

A Few Things You Should Know About Camp

- Summer camp begins Monday, June 4, 2018
- Field trips will begin on Tuesday, June 5, 2018.
- The last day of camp is Friday, July 20, 2018.
- WE ARE CLOSED ON 4TH OF JULY.
- Every Tuesday, Wednesday, and Thursday we will take field trips (pending on weather).
- There may be additional trips on a Monday or Friday.
- All Campers must arrive by 8:15 AM on field trip days.
- Campers may **NOT** be dropped off or picked up at field trip venues.
- The Camp Director reserves the right to take field trip privileges away from students with repeated behavioral problems.
- Breakfast and afternoon snack will be provided daily.
- Campers must bring a healthy lunch each day. No glass bottles of any kind are permitted. No soda.
- Some field trips require that you send money to purchase lunch on location.
- All campers must be toilet trained.
- Each family registration fee will receive two camp T-shirts. Additional t-shirts may be purchased for siblings-2 shirts for \$10. Camp T-shirt must be worn on all field trip days. If a child does not have a camp T-shirt on a field trip day, one will be provided and your account will be charged an additional \$6 for the shirt. You are also welcome to buy more T-shirts.
- You can reach us by calling Voyages at 283-3198 or the main office at 283-3043. You can also reach Suzy Corace 233-9089 and Cammy Gibson 246-4360.
- Appropriate dress for camp is shorts and a tee-shirt, socks and sneakers. No halters, spaghetti straps, flip flops or sandals will be allowed for safety reasons.
- Flip flops, crocs and sandals may be worn when we visit the pool or Sunspalsh.
- Parents must come inside and sign in each morning and sign out each afternoon.

The staff has worked really hard to make this summer fun and safe for everyone. Thank you for sharing your children with us.



Trafalgar Elementary Voyages Summer Camp

REGISTRATION FORM

Sibling may be on same form

Enrollment date: _____ Grade: _____ Date: _____

Student's name: _____ DOB: _____ Age: _____

Student's name: _____ DOB: _____ Age: _____

Address: _____ City/State/Zip: _____

Mother's name: _____ Home: _____

Cell: _____ Work: _____

Father's name: _____ Home: _____

Cell: _____ Work: _____

Child lives with _____ Both Parents _____ Mother _____ Father

Person(s) other than parents who may be called in an emergency or allowed to pick up your child(ren) from Summer Camp Program.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Print Child's Name

Print Sibling's Name

My child/children will attend the following weeks at Voyages Summer Camp.
Please check all that apply. Please call us at 283-3198 on the Friday prior if your child will not be attending for a week you have selected.

- _____ June 4-8
- _____ June 11-15
- _____ June 18-22
- _____ June 25-29
- _____ July 2-6 (Camp Closed on July 4th)
- _____ July 9-13
- _____ July 16-20

Please list any allergies or medical conditions that might require observation/accomodation: _____

Please check one:

My child can swim _____ My child CANNOT swim _____

My child can view PG movies _____ My child CANNOT view PG movies _____

I have read the payment policy. I understand that my weekly rate will be \$110.00. I understand and agree to pay the registration fee of \$25.00 (non-refundable) per family. I understand and agree to pay any additional fees that are stated in the above contract. I understand and agree not complying with the contract, my child/children are subject to dismissal from the program.

There are no exceptions to these policies.

I accept responsibility for notifying the camp of any changes of home or business address or telephone number. In the event of serious illness or accident and I cannot be immediately contacted. I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the camp to contact me. If I am unable to be reached, I request that one of the persons listed on the registration form be contacted to care for my child until I can be reached.

I also hereby release Voyages Summer Camp and all persons connected from any blame and /or responsibility in case of accidents or injuries incurred during the operation of Voyages Summer Camp.

Signature of Parent

Date: _____



Please sign below for field trips traveling to Jumping Jacks.
Trafalgar Elementary-Voyages Summer Camp

**JUMPING JACK'S FUN ZONE – 4331 Veronica S. Shoemaker Blvd.
Fort Myers, FL 33916 | 239-514-PLAY (7529) | www.jumpatjacks.com**

WAIVER AND RELEASE OF LIABILITY FOR MINOR PARTICIPANTS. READ BEFORE SIGNING. In consideration of my child, being allowed to participate in any way in the Jump Equity LLC and Premier Specialists LLC, DBA: Jumping Jack's Fun Zone related activities on or off the premises, the undersigned acknowledges, appreciates and agrees that 1) The risk of injury to my child from activities involved on these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist and; 2) I for myself, spouse and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation and 3) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and / or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately and; 4) I for myself, my spouse, my child, and on behalf of my / our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Jump Equity LLC, Premier Specialists LLC, DBA: Jumping Jack's Fun Zone, its directors, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event or business. With respect to any injury, disability, death or loss or damage to person or property incident to my own or my child's involvement or participation in these programs, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law; and 5) I, for myself, my spouse, my child's, and on behalf of my / our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all of the above releases from any and all liability incidents to my child's involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCTMENT. I certify that I can understand the English language. I understand the seriousness of the risk involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant. I certify that I am the legal guardian or parent of the child for whom I am signing for, or, if I am not the parent or legal guardian, that I have the expressed permission of the child's legal parent or guardian. If for any reason this contract should go into litigation, I by signing this contract will assume any and all attorney fees and court costs.

CHILD'S NAME PRINT PARENT/GUARDIAN NAME SIGNATURE



Trafalgar Elementary Voyages Summer Camp Behavior Contract

I, _____ will follow the Voyages Summer Camp daily rules.

1. I will participate in all activities.
2. I will follow the instructions of all program staff.
3. I will not fight or verbally abuse another person.
4. I will be polite and conduct myself properly.
5. I will use appropriate language.

Voyages Summer Camp reserves the right to dismiss any child from the camp at any time because of behavior concerns. Please take some time to review this form with your child. Sign this form and return it with your registration papers.

Student Signature

Date:

Parent Signature

Date:

