

DDCES S.T.E.A.M. and Foreign Language Summer Camp

June 10 - June 28, 2019

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

School: _____

Grade attending year 2019-2020: _____

Circle the foreign language program to enroll in: Spanish/Portuguese (no prior knowledge of the foreign language is necessary)

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp does not discriminate on the basis of race, color, religion, gender, age, or disability in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all. DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp offers opportunities for individuals with disabilities in accordance with ADA rules and regulations. We will make all reasonable attempts to accommodate and include individuals with disabilities in our program.



Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's, day phone: _____ Father's, day phone: _____

Mother's cell: _____ Father's cell: _____

Person's authorized to pick up child: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Emergency contact*: _____ Relationship: _____ Phone: _____

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Specify your child's health problems and/or allergies: _____

Lunch: Lunch and snack are included and will be catered by Nutrilicious Kids Catering Company and it will be internationally themed. Please complete attached lunch selection form and submit along with registration form and payment.

Payments: Tuition must be paid by credit card online in our DDCES store at WWW.DDCES.ORG or in our school office.

Camp Fees:

- S.T.E.A.M. AND FOREIGN LANGUAGE SUMMER CAMP (8:00 am – 4:00 pm): \$250/week
- S.T.E.A.M. AND FOREIGN LANGUAGE AFTER CARE (4:00 pm – 6:00 pm): \$50/week

DROP OFF AND PICK UP TIMES

Drop off time:

- 8:00 AM for S.T.E.A.M. AND FOREIGN LANGUAGE SUMMER CAMP

Pick up time:

- 4:00 PM for S.T.E.A.M. AND FOREIGN LANGUAGE SUMMER CAMP
- 6:00 PM for S.T.E.A.M. AND FOREIGN LANGUAGE AFTER CARE

***A \$25 late fee will be charged for any child picked up after 4:00 pm that is not registered and any child picked up after 6:00 pm.**

Program Selection

My child will participate in the following programs: (Please check the box with all programs you will be participating in)

- Registration Fee - \$50 (Non-Refundable)
- S.T.E.A.M. AND FOREIGN LANGUAGE Week 1 (June 10-14) - \$250.00
- S.T.E.A.M. AND FOREIGN LANGUAGE Week 2 (June 17-21) - \$250.00
- S.T.E.A.M. AND FOREIGN LANGUAGE Week 3 (June 24-28) - \$250.00
- S.T.E.A.M. AND FOREIGN LANGUAGE Weeks 1 & 2 & 3 (June 10-28) - \$700 (Discount for all three weeks prepaid)
- S.T.E.A.M. AND FOREIGN LANGUAGE After care week 1 - \$50.00
- S.T.E.A.M. AND FOREIGN LANGUAGE After care week 2 - \$50.00
- S.T.E.A.M. AND FOREIGN LANGUAGE After care week 3 - \$50.00

T-Shirt Size

- | | |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Youth XS (4) | <input type="checkbox"/> Youth XL (18-20) |
| <input type="checkbox"/> Youth S (6-8) | <input type="checkbox"/> Adult S |
| <input type="checkbox"/> Youth M (10-12) | <input type="checkbox"/> Adult M |
| <input type="checkbox"/> Youth L (14-16) | <input type="checkbox"/> Adult L |

For office use only:

Registration _____ Program Fee _____ After Care Fee _____ Total Fee _____

Contact Information

For more information, contact Mrs. Flores, Camp Director at 305-569-2223 or meflores@dadeschools.net.
Email: meflores@dadeschools.net

I understand that campers must submit this registration form, the lunch selection form, and the non-refundable payment in full by May 15, 2019 in order to attend camp. We do not provide make-ups or refunds for any days missed for any reason.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp Director Mrs. Flores** to photograph and/or videotape the student for educational or promotional purposes. ____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in all the activities provided by **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp**, including but not limited to all aspects of drama, music, dance training, art, basketball, soccer. I am fully aware that any activity involving motion, height, physical, or athletic activity creates the possibility of serious injury. I hereby release **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp, its employees and its staff** from liability to the above named camper, of any person claiming through him/her, arising from injury to the person or property of the above named camper occurring in or on the premises of **Downtown Doral Charter Elementary School**, including any event sponsored or sanctioned by **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp**, and or travel to and from such activities.

I understand that **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp**, or its scheduled program and that **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp** has the right to send him/her home and/or prohibited from returning to camp for inappropriate conduct. I understand and agree that in the event my child is sent home from the camp or is prohibited from returning to camp, I will not be entitled to a refund of any money paid to **DDCES S.T.E.A.M. AND FOREIGN LANGUAGE Summer Camp**. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____

Date _____