



**Progressive Pediatric  
Developmental Center**  
*"Where all the pieces fit."*

## **PPDC Holiday Camp Registration Form**

Child's Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Parent/Guardian**

Parent/Guardian #1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ Relationship to child? \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### **General Information:**

✓ Does your child have any special accommodation needs due to a disability? Please be detailed.

✓ Does your child have any allergies that we should know about? Please be detailed.

### **Program Details:**

- The Holiday Camp schedule is outlined below and provided to offer children a social environment to supplement the time they will be out of school. The program is for children in grades preK-8<sup>th</sup>.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time... and much more!
- Rates:

(x)	<b>December 19 – 23, 2011</b>	(x)	<b>January 2 – 6, 2011</b>
	Full: M-F 12-6pm, \$125.00		3 days: M-W 12-6pm \$75.00
	Leon (1): M-W 3-6pm, H-F 12-6pm, \$100.00		Leon (1): M-W 12-6pm, H-F 3-6pm, \$100.00
	Leon (2): M-W 4-6pm, H-F 12-6pm, \$85.00		Leon (2): M-W 12-6pm, H-F 4-6pm, \$85.00
	Circle drop in day M T W H F \$30.00		Circle drop in day M T W H F \$30.00

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**PARENTAL PERMISSION & RELEASE FORM (One per Child)**

Child's Name (please print): \_\_\_\_\_

\_\_\_\_\_ (INITIAL) I give my child permission to attend and participate in all Progressive Pediatric activities.

\_\_\_\_\_ (INITIAL) I give permission for my child to be treated in case of illness or emergency, and understand I will be notified in an emergency situation.

\_\_\_\_\_ (INITIAL) I understand that my child may be dropped off at Progressive Pediatric by the LCS bus system, the public transportation system, or by other means. I understand I have to notify Progressive Pediatric as to how my child will be arriving and departing.

\_\_\_\_\_ (INITIAL) I understand that the all fees are non-refundable and non-transferable. Fees are due by the Friday before each week enrolled.

\_\_\_\_\_ (INITIAL) In consideration for my child participating in Progressive Pediatric events and activities I shall indemnify, hold free and harmless, Progressive Pediatric, its officers, employees, and volunteers, thereof from any and all liability, claims or demands for personal injury or sickness, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

\_\_\_\_\_ (INITIAL) I agree that any pictures taken of my child may be used to promote Progressive Pediatric, including on our website and promotional materials.

EXCEPTIONS TO THE ABOVE AGREEMENTS: \_\_\_\_\_

Name of Parent Signing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**For scheduling, questions, or to discuss the possibilities... Contact:**

Beth Spear, Asst. Executive Director \* [Beth@progressivepediatric.org](mailto:Beth@progressivepediatric.org) \* (850) 325-6301

**Please mail/fax forms to:**

**PPDC Holiday Camp, 1915 Welby Way, Tallahassee, FL. 32308**

**Phone: (850) 325-6301; Fax: (850) 325-6302**