

1717 Hermitage Blvd. Suite 103  
♦ Tallahassee, FL 32308 ♦



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## Summer Escape Registration 2018

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

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

Best Phone: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Are you interested in being contacted regarding one on one therapies over the summer? YES NO

### **Parent/Guardian**

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

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

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

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

Other persons authorized by parent(s)/guardian(s) to pick up child without prior notification:

Name	Phone	Relationship
	( )	
	( )	
	( )	

If PPDC is unable to reach either parent/guardian or emergency contacts, I give my permission to Progressive Pediatric to consult my child's physician, seek emergency medical treatment and/or emergency transportation services if necessary. By signing below, I also agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship (please circle one): Father/Mother/Self Insured ID#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **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.

## **Summer Escape 2018 Program Details**

- ~ Camp runs June 4<sup>th</sup> - August 3<sup>rd</sup> and is geared for children ages 5 through 21.
- ~ Camp activities include: weekly theme, onsite field trips, developmental play, fine and gross motor activities, arts & crafts, sensory play, social skills training, music therapy, outside play, circle time, academic skill reinforcement, and much more!
- ~ Camp rates:

Full Day: \$240.00 per week from 8am – 5pm

Half Day: \$175.00 per week from 8am – 12pm OR 1pm – 5pm

Option for ESY ONLY: \$190.00/week Monday – Thursday 1pm – 5pm, Friday 8am – 5pm

- ~ \$50.00 supply fee is due by your first day of camp. **Make sure to list your child's t-shirt size on the first page of this packet.** Each camper will receive an exclusive 2018 Summer Escape t-shirt. *If parents would like to order a shirt, please make note on your registration form. The cost will be added to your invoice.*
- ~ Early drop-off at 7:30am and late pick-up at 5:30pm is available for an additional fee of \$10.00 per week for each option. If you are in need of both Early Drop-off and Late Pick-up, the fee will be \$20.00 per week.
- ~ All registration forms must be accompanied by the first week's payment to secure your child's reservation. Weekly fees are due by the Thursday prior to the week of attendance.
- ~ Once registration is complete, a camp packet will be emailed to you.

*Multiple Children Discount: 10% discount for additional full-time and/or part-time children attending on a weekly basis. This discount is applied to the lower weekly tuition.*

### ***Please tell us a little more about your child:***

Does your child need assistance eating? Yes  No

Please describe the type of assistance needed and list any adaptive equipment that you will bring for eating.

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How does your child express his/herself? (Sounds, one word, phrases, gestures, signing, sign board, communication device, etc.) What can we do to help him/her communicate?

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What are you child's strengths? Please identify different activities or skills he/she does well or enjoys.

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Does your child need assistance going to the bathroom? What is your child's typical bathroom schedule?

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List any behavior problems exhibited or know to be displayed by your child at home or school

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## 2018 Summer Escape Week Selection

Write the word “yes” in the field for each week you are enrolling. If not attending one week or a field does not apply, leave blank.

\* *The ESY (Extended School Year) option is just for students enrolled in ESY through their public school. This would allow your child to attend Summer Escape for half-days (1 – 5pm), Monday through Thursday and a full-day (8am – 5pm) on Friday of the week that you mark this option.*

Week	Early Drop-off 7:30am \$10/week	Half-Day \$175/week		Full-Day 8am – 5pm \$240/week	*ESY M-H 1-5pm F 8am – 5pm \$190/week	Late Pick-up 5:30pm \$10/week
		AM	PM			
June 4 – 8						
June 11 – 15						
June 18 – 22						
June 25 – 29						
July 2 – 6 <i>(Closed July 4th)</i>						
July 9 – 13						
July 16 – 20						
July 23 – 27						
July 30 – Aug 3						
<b>Supply Fee</b>	Supply Fee of \$50.00 is due by your child’s first day of camp					

**Payment for the initial week is due when submitting your child’s registration form.**

I understand that if a payment has not been made, my child will not be allowed to attend camp. My account must be up-to-date prior to my child’s return to Summer Escape. In the event that my payments get behind, I agree that I am responsible to pay the entire amount for the weeks, regardless of my child’s attendance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone number

## **RELEASE OF LIABILITY & PARENT PERMISSION**

In consideration for my child participating with Progressive Pediatric events and activities, I, \_\_\_\_\_, shall indemnify, hold free and harmless, assume liability for, and defend Progressive Pediatric, its officers and employees thereof from any and all liability, claims or demands for personal injury, sickness or death, 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.

Furthermore, I, \_\_\_\_\_, shall indemnify, hold free and harmless, assume liability for, and defend Progressive Pediatric, its officers and employees thereof any and all costs and expense including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Progressive Pediatric, its officers and employees may become legally obligated to pay on account of any, all and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of an intentional act or omission of Progressive Pediatric's, use of real or personal property belonging to Progressive Pediatric, its officers and employees or by any intentional action or omission by Progressive Pediatric, its members, agents, employees, officers or directors, for which Progressive Pediatric, may be held legally liable.

In addition: (Check each box to acknowledge you have read and understand)

- I have read the program information and give my child permission to attend and participate in all phases of activities. I understand and agree that he/she is to cooperate with all program regulations.
- 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.
- I understand that if camp fees are not paid on time, my child will be unable to attend camp until outstanding charges and current weekly payment has been made.
- I understand that in case of cancellation, my camp fee is non-refundable. I will notify Progressive Pediatric if my child is unable to attend his/her session as soon as I become aware of circumstances.
- I acknowledge that my account will be billed \$1.00 per minute for picking up my child late.
- Information regarding my child's health, well-being and therapy treatment will be shared among all necessary Progressive Pediatric entities. (Example: A child receiving therapy services – the summer escape counselor would receive information about therapy goals).
- I give my permission for Progressive Pediatric to use my child's picture/video in social media (website, Facebook, etc.) and in other promotional materials for Progressive Pediatric.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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