



Spring Break Camp Registration Form March 12 – 16, 2018

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: _____

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: _____

 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.

Program Details:

- The Spring Break Camp rate schedule is outlined below and provided to offer your child a social environment to supplement the time they will be out of school. The program is for children in grades preK-12th. Spring Break days in 2018 for Leon County schools will be March 12th – 16th.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time... and much more!
- Spring Break Camp: **For full day: 2 SNACKS, LUNCH AND A MINIMUM OF 3 DRINKS need to be sent with your child. For half day: 1 SNACK AND A MINIMUM OF 1 DRINK.**
- Please also send a reasonable amount of pullups or diapers if your child needs them, as well as anything else which is necessary, or helpful in keeping your child happy, comfortable, clean and safe all week.
- Registration is due by Monday (03/05/18). Payment is due by the Thursday prior to camp starting (03/08/18).
- Late Pick-up is offered for \$5 per day, or \$10 for the whole week. Late pick-up goes until 5:30.

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.

Rates:

(x)	Spring Break Camp	
	March 12 th – 16 th 2018 (Mon, Tues, Wed, Thurs, Fri)	
	All dates, Full Day: MTWRF 8am – 5pm	\$230.00
	All dates, Half Day: MTWRF 8am – 12pm or 1 – 5pm	\$165.00
	Full Day, Drop-In: Circle Drop-In, 3/12 3/13 3/14 3/15 3/16 \$50.00/day x ___ days= \$	
	Half Day, Drop-In: Circle Drop-In, 3/12 3/13 3/14 3/15 3/16 \$35.00/day x ___ days= \$	
	Late Pick-up, All Dates	\$10.00
	Late Pick-up, Drop-In: Circle Drop-in 3/12 3/13 3/14 3/15 3/16 \$5.00/day x ___ days= \$	

Florida Administrative Code Requirements:

- Section 65C-22.006(3)(c)1 requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”
- Section 65C-22.006(3)(c)2 requires that parents are notified in writing of the disciplinary practices used by the child care facility
 - Discipline Policy: At PPDC we demonstrate behavior modification strategies to help each child learn how to regulate their own actions. We use praise and positive reinforcement to encourage on-task behaviors. The staff is trained in behavioral techniques to facilitate the appropriate redirection and/or level of communication needed for the specific developmental level of each child. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child who is exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm.
- Section 65C-22.006(3)(c)3 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.

My signature certifies that I have received the above items.

_____ Date

Signature of Parent/Guardian

Child’s Name

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 the all fees are non-refundable and non-transferable. Fees must be paid in advance, either weekly or monthly. Fees are due regardless of attendance. PPDC will prorate weekly fees based on scheduled camps or holidays. Fees are due by Thursday the week before camp begins (03/08/18).

_____ (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) Information regarding the child's health, well-being and therapy treatment will be shared among all necessary Progressive Pediatric entities. (Example: A child receiving therapy services – the afterschool counselor would receive information about therapy goals).

_____ (INITIAL) I agree that any pictures and/or videos taken of my child may be used to promote Progressive Pediatric, including on our website, social media 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:

Bria Mitchell, Camp Director * Bria@progressivepediatric.org * (850) 325-6301

Please mail/fax forms to:

PPDC Spring Break Camp, 1717 Hermitage Blvd, Suite 103

Tallahassee, FL. 32308

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

License # C02LE0021