



# 2018 - 2019 Registration for Summer Camp



**Happyland  
Day School**  
FIRST PRESBYTERIAN CHURCH OF FT. LAUDERDALE

## CHILD ENROLLMENT INFORMATION

### STUDENT INFORMATION

Name (Last)	(First)	(Middle)	Gender
Child's Home Address (Street address)			Date of Birth
(City)	(State)	(Zip)	Primary Phone Number (Type)

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Home Address	Home Address
Email	Email
Primary Phone (Type)	Primary Phone (Type)
Other Phone (Type)	Other Phone (Type)

#### I would like to enroll in the following program (Costs are per week):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 5 Day (ages 3-5) \$210<br>9:00 am – 1:00 pm                  | <input type="checkbox"/> Monday/Wednesday/Friday \$150<br>*Available to PK-2&3 only         | <input type="checkbox"/> Tues./Thurs. \$100<br>*Available to PK-2&3 only |
| <input type="checkbox"/> Extended Day \$75 (8:00-5:30)<br>*in addition to weekly cost | <input type="checkbox"/> Extended Afternoon \$50 (9:00-3:00)<br>*in addition to weekly cost |  |

\*These costs apply to campers who are pre-registered by 6/1/18.

\*A \$15 per week surcharge will apply to campers registered after 6/1/18.

\*A non-refundable \$50 registration fee is due at the time of registration for students not currently registered at Happyland.

**Register for 7 weeks at Camp Happyland, and the 8<sup>th</sup> week is free!**

#### I would like to register for the following week(s):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Fun in the Sun</b><br>(June 11-15)           | <input type="checkbox"/> <b>Circus Fun</b><br>(July 9-July 13)               | <input type="checkbox"/> <b>First Presbyterian's Summer<br/>Vacation Camp!</b><br>(Aug 6- Aug 10)<br>*4s&5s Only<br>Hours: 9-12 **Separate pricing<br>and registration will be sent home |
| <input type="checkbox"/> <b>Wild, Wild West</b><br>(June 18-22)          | <input type="checkbox"/> <b>Animal Kingdom</b><br>(July 16-July 20)          |  |
| <input type="checkbox"/> <b>Silly Science</b><br>(June 25-29)            | <input type="checkbox"/> <b>Mission Space</b><br>(July 23- July 27)          |  |
| <input type="checkbox"/> <b>America the Beautiful</b><br>(July 2-July 6) | <input type="checkbox"/> <b>Wonderful World of Art</b><br>(July 30-August 3) |  |

\*Camp is closed July 4

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## ACKNOWLEDGMENT OF CAMP HAPPYLAND POLICIES

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PLEASE READ AND INITIAL THE FOLLOWING:

\_\_\_\_\_ I understand that in order to complete registration, the following must be submitted to the school office:

1. Registration Forms
2. Non-refundable registration fee of \$50 per child for children not currently registered at Happyland
3. Medical forms 3040 and 680 obtained by pediatrician (must be on file prior to your child's first day of camp).

\_\_\_\_\_ I understand that payment may be made via check or ACH (automatic withdrawal). For parties choosing to pay via check, payment must be made by the first of the month in which your child is attending camp (i.e. – Payment must be made by June 1<sup>st</sup> for any weeks that your child will be attending camp in June.) If payment is not made by the first of the month for parties paying by check, a \$25 surcharge will be charged for each week that camp is attended that month. For parties choosing to pay via ACH, payment may be made on the 1<sup>st</sup> or the 15<sup>th</sup> of the month in which your child is attending camp.

\_\_\_\_\_ I understand that Happyland has a cancellation policy on all Camp Happyland fees. I agree to notify the school office of any changes in plans at least one (1) month in advance, or I will be charged for the week involved. Individual days missed during any session CANNOT be made up during later sessions. There will be no refunds.

\_\_\_\_\_ I understand that the camp day ends at 1:00 PM for regular day children and 5:30 PM for extended day children. A \$1.00 late fee will be assessed each minute after a 5:30 PM pick up time. At 5:45 PM an additional \$10.00 fee will be charged. At 6:00 PM another \$10.00 charge will apply and continue to be charged each 15 minute increment following. These \$10.00 charges are in addition to the \$1.00 per minute fee that applies. There is a \$15.00 charge per day for regular day children staying after 1:00 PM and up to 3:00 PM, and a \$25.00 charge per day for half day children staying after 3:00 and up to 5:30 PM.

\_\_\_\_\_ I am responsible for payment of all program fees and costs in accordance with the selections I have made and the dates those payments are due. In cases where more than one party will share the expense of program fees, the party who signs this application bears all financial responsibility for payment of fees on or before the assigned due dates.

\_\_\_\_\_ I grant Happyland Day School permission to use any individual or group photographs taken showing my child(ren) in Camp Happyland activities for publicity, brochure, and/or website purposes.

\_\_\_\_\_  
**Parent Signature**

*Corey Thiel*

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Date Signed**

March 9, 2018

\_\_\_\_\_  
**Date Signed**

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## FAMILY & CHILD RELEASE INFORMATION

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### PARENTAL INFORMATION

Parents are:

- Married                                       Separated                                       Partnered  
 Not Married                                       Divorced                                       Other

If parents are divorced or separated, who has legal custody of the child?

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Is either parent forbidden by court order from having equal access to the child or the school records?

- Yes       No

If divorced, indicate procedures and/or restrictions that may affect Happyland Day School's care for your child:

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### AUTHORIZED PICK UP

Child's Full Name

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Persons permitted to pick up child:

- Mother       Father       Both Parents

Is there any court order restricting visitation of your child?  Yes       No

If so, please list:

\_\_\_\_\_  
Name                                      Relationship

\_\_\_\_\_  
Name                                      Relationship

**Please list at least one individual authorized to pick up your child.** The school will not release your child to anyone who is not authorized on file. The following people can be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. It is your responsibility to update this form with current phone numbers or name changes. The authorized pick-up person may be asked to show a photo ID upon arrival.

\_\_\_\_\_  
Name                                      Phone                                      Relationship

\_\_\_\_\_  
Name                                      Phone                                      Relationship

\_\_\_\_\_  
Name                                      Phone                                      Relationship

\_\_\_\_\_  
Name                                      Phone                                      Relationship

\_\_\_\_\_  
Name                                      Phone                                      Relationship

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## MEDICAL EMERGENCY PROCEDURES

### EMERGENCY TRANSPORT CONSENT

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, please provide numbers where parents, guardians, or a responsible adult may be reached daily. In case of a medical emergency while your child is attending Happyland Day School the following procedure will be followed:

#### Happyland Day School will contact parents/guardians as follows:

_____	_____	_____
First parent to be contacted	At (phone)	Or (phone)
_____	_____	_____
Second parent to be contacted	At (phone)	Or (phone)
_____	_____	_____
Guardian to be contacted	At (phone)	Or (phone)

#### If parents/guardians cannot be reached, Happyland Day School will contact these local persons for emergencies:

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

#### Happyland Day School may also try to contact your child's physicians:

_____	_____
Child's Physician	Phone
_____	_____
Street Address of Physician	City, State, Zip
_____	_____
Child's Dentist	Phone
_____	_____
Street Address of Dentist	City, State, Zip

#### May Happyland Day School contact another physician if the one listed above is unavailable?

Yes       No

_____	_____	_____
Hospital Preference	Insurance Company	Policy Number

### MEDICAL RELEASE

I grant permission for my child to use all of the play equipment and participate in all activities of the center. I give Happyland Day School authorization to seek emergency medical treatment for my child. Happyland Day School will arrange emergency transportation to the nearest medical facility if necessary. Due to safety regulations, injured or ill children must be transported to a hospital by paramedics or ambulance. They cannot be transported by school personnel. I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation that may arise at Happyland Day School. I also authorize Happyland Day School to have my child released into the custody of its representative, should hospital care no longer be required. This release is to be used only in case of emergencies.

I will take full responsibility for payment of all medical services, including transportation, tests, and any fees involved with medical care received, which might be rendered due to any emergency situation that may arise at Happyland Day School.

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date

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## NUTRITION AGREEMENT

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### ALTERNATE NUTRITION PLAN

In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return as soon as possible to: [Happyland Day School](#).

The facility/home agrees to provide a nutritious:  
(Operator/Director checks those which apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Breakfast     | <input checked="" type="checkbox"/> Mid-morning Snack | <input checked="" type="checkbox"/> Mid-afternoon snack |
| <input type="checkbox"/> Evening snack | <input type="checkbox"/> No meals or snacks provided  |   |

The parent/guardian agrees to provide a nutritious:  
(Parent/Guardian checks those which apply.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mid-morning Snack | <input checked="" type="checkbox"/> Lunch | <input type="checkbox"/> Mid-afternoon snack |
| <input type="checkbox"/> Supper            |   |  |

I have read the preceding and agree to meet the child's nutritional needs as defined above:

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please list any food or medical allergies:

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