

Pineapple Cove Classical Academy
3455 Norfolk Pkwy
West Melbourne, FL 32904
Hours 6:30 a.m.-6:30 p.m.
www.pcsummercamp.com



Summer Camp

Registration Form

Office use only:

Block choice: _____

Bus transportation @PC _____

Reg Fee & Form: _____

Date: _____ Staff: _____

Camper's Full Name: _____ Sex: M F

Date of Birth: _____ Current grade level: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Guardian: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Is child currently enrolled at (Please circle): Bayside North Shore Pebble Creek

I prefer my camper to be grouped in (Please circle): Co-ed cabin- boys/girls, non-co-ed, no preference

Child's shirt size (circle one): (Y)XS (Y)S (Y)M (Y)L (Y)XL (A)XS (A)S (A)M (A)L

Summer Camp Week Selection (circle one): **Block A** (June 3rd-July 26th)

Block B (June 3rd-June 28th)

Block C (July 1st-July 26th)

*Campers enrolled in PCA's before and aftercare program for the 2023/24 school year may attend the week of May 28th-May 31st at **their current preschool** in which they attend before and aftercare. They will move back to their respective preschool starting July 29th through the start of the school year. *

Camp at PCCA officially starts on June 3rd and ends on July 26th.

Authorization for Student Pickup:

*When your child arrives at camp, it is your responsibility to escort your child into the building and sign your child in at the front desk. You will also be required to sign your child out at the end of the day. Your child will **not** be released to anyone who does not have written authorization in your child's file. Persons authorized to pick up my child (besides guardians and emergency contacts):*

Names: _____

Persons **NOT** authorized to pick up my child: _____

Emergency Medical & Transportation Authorization:

I hereby give consent and authorize Pineapple Cove Academy to seek emergency treatment for my child. I give my consent and authorization for any health facility or physician to provide necessary medical treatment to my child in the event of an emergency, in case I cannot be reached. I give consent to transport by ambulance if the situation warrants it. I will take full responsibility for payment of all medical services rendered due to an emergency.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Regular Medications _____

Any Special Health Conditions: _____

Insurance Company: _____ Policy #: _____

*If a child's physical, mental, or emotional needs require a practice or procedure that is contradictory to the practices and procedures contained in the parent handbook, an individual **Plan of Care** must be established. The purpose of the Plan of Care is to ensure that the needs of the child are met in accordance with the laws of the State of Florida and the United States of America. The steps that must be followed in establishing a POC require the input of many professionals, as well as the cooperation of the parents. During the investigation process the child may be excluded from care. Once a Plan of Care is presented to the parents, agreed upon, and signed by both parents the child may be included in our program. If a child has a life threatening food allergy a POC WILL be required before that camper can be enrolled. If your child currently has a POC at our preschools, that will carry over to camp.*

Meals: Campers will enjoy breakfast, lunch and an afternoon snack while at Camp Hala Kahiki.

Transportation Agreement:

This is to certify that I give Pineapple Cove Academy permission to transport my child _____ on field trips.

Parent/Guardian Signature: _____ Date: _____

****Bussing will be offered to and from camp from our Pineapple Cove Academy Pebble Creek location only, located at 4601 N. Wickham Rd. The bus will leave Pebble Creek at 8:00 a.m**

and return by 5:00 p.m.

Pebble Creek Only: Yes, my child needs transportation (includes Before & After Care option) _____
No, my child does not need transportation _____

****No transportation will be given the week of July 1st-5th due to the preschools being closed that week. Pebble Creek campers WILL need to transport their camper to camp this week only****

Enrollment Agreement- Please initial all boxes:

- I agree to pay the weekly tuition fee for **every** week of the chosen block with no discounts for partial absentees, illness, holidays or withdrawals.
- I understand and agree to pay a \$20.00/week late fee for tuition not paid by Tuesday, unless prior arrangements have been made with the director.
- I understand and agree to pay a \$25.00 return check fee for any check returned or a \$5.00 fee for a declined credit/debit card.
- I understand that additional fees might apply.
- I understand and agree that I must two give a (2) weeks prior written notice when withdrawing my child.
- I understand that my child is required to wear a Pineapple Cove Academy t-shirt on ALL field trips. If my child does not have one, one will be provided to him/her and my account will be charged \$12.
- I understand and agree that I will pay \$1.00 per minute for every minute I am late picking my child up after 6:30 p.m.
- I understand that my child's photo may appear in various forms of advertising or social media, but that their personal information will not be given.

- I understand that if my child exhibits unsafe behavior during camp they will be sent home and possibly will be dismissed from camp.
- I understand that I will be responsible for paying the \$49(current families) or \$99 (NEW families) non-refundable material fee upon registration.
- I understand that by paying using a credit/debit card an automatic 3.25% surcharge will be applied to my account.

• I understand that this is a legally binding contract, and I have read it and understand it.

Guardian signature: _____ Date: _____

Please email completed form to camphalakahiki@pineapplecoveacademy.com after you have paid the material fee (\$49 for current PCA families & \$99 for new families). The link will be on our website, www.pineapplecoveacademy.com.