

Falls Lake Academy (FAST) Summer Camp 2021 Registration Form

Please print clearly.

Child's Name _____ Grade _____ Age _____

Address _____

City _____ Zip code _____ Birth Date _____ Gender _____

Weeks Attending:

All 5 weeks _____

Week of June 6th – 10th _____

Week of June 13th - 17th _____

Week of June 20th – 24th _____ (Closed Monday, June 20th)

Week of June 27th _ July 1st _____

Week of July 4th -8th _____ (Closed Monday, July 5th)

Parent or Guardian's Name _____

Relationship _____

Phone # _____ Email _____

Parent or Guardian's Name _____ Relationship _____

Phone# _____ Email _____

Resides with: Both Parents ☐ Mother Only ☐ Father Only ☐ Other ☐

Emergency Contact: Authorized to act for parent in the event of emergency.

(1) Name _____ Phone # _____

Relationship _____ Alternate # _____

(2) Name _____ Phone # _____

Relationship _____ Phone # _____

Who is authorized to pick up child up from FAST?

(1) Name _____ Phone # _____

(2) Name _____ Phone # _____

(3) Name _____ Phone # _____

(4) Name _____ Phone # _____

Please list any food allergies FAST should be aware of:

What illness/conditions does your child have that FAST should know about?

Please list current medication(s) your child is on that may need to be administered during FAST (must be listed on the child's MEDICAL AUTHORIZATION):

(1) _____ Time of Administration _____

(2) _____ Time of Administration _____

PERMISSIONS/ACKNOWLEDGEMENTS

Please initial each statement:

_____ I grant permission to FAST to photograph my child during the current school year. FAST may use the photos on the Falls Lake Academy website and in other promotional publications and/or websites. My child will not be identified by name in any publication without my permission.

_____ I understand that I am financially responsible for any FAST/FLA property lost or damaged by my child.

_____ I understand that all policies in the Falls Lake Academy Student Handbook also apply at the FAST program. If my child consistently struggles with following FAST rules, my child may be suspended or kicked out of FAST for the remainder of the school year. See below for **Disciplinary consequences:**

1st Offense = Warning

2nd Offense = Contact Parent and Noted in Jupiter

3rd Offense = 1 Day suspension from FAST

4th Offense = Child will no longer be allowed back in our FAST program for the current school year

_____ I agree not to hold FAST responsible for injuries or accidents in connection with activities. I authorize FAST employees to administer first aid in case of injury.

_____ I agree not to hold FAST responsible for damage or theft of my child's belongings.

_____ **I understand there will be a late fee of \$1 per minute for every minute my child remains after the posted closing time.**

_____ **I will provide a snack and lunch for my child on days he/she attends FAST.**

_____ **All payments to FAST are non-refundable.**

Parent Signature

Date

Please describe your child on the back of this sheet, including interests and hobbies as well as any potential issues your child might experience while transitioning into FAST afterschool.