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 1717 Hermitage Blvd.
 Tallahassee, FL 32308

Summer Escape 2023 Registration

Child's Name: _____ Male ___ Female ___ DOB: _____

Address: _____ City: _____ Zip: _____

Best Phone: _____ Current School: _____ Grade: _____

Diagnosis: _____ T-Shirt size: _____

Interest in being contacted regarding one-on-one therapies over the summer: YES NO

Parent/Guardian #1 Name: _____

Cell: _____ Email Address: _____

Parent/Guardian #2 Name: _____

Cell: _____ Email Address: _____

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

Name	Phone	Relationship
	()	
	()	
	()	

If IMPACT Tallahassee is unable to reach either parent/guardian or emergency contacts, I give my permission to IMPACT Tallahassee 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.

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone number: _____

Insurance Carrier: _____ Policy Holder: _____ DOB: _____

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

Signature of Parent/Guardian Date

Summer Escape 2023 Program Details

~ Camp runs May 30th - August 4th and is geared for children entering kindergarten in the upcoming school year (2023/2024) through age 21.

~ Camp activities include:

- Weekly theme
- Onsite field trips
- Developmental play
- Fine and gross motor skills
- Arts and crafts
- Sensory play
- Social skills training
- Music therapy
- Outside play
- Circle time
- Academic skill reinforcement
- And much more!

Camp rates:

Full Day: \$295.00 per week from 8am - 5pm

Half Day: \$210.00 per week from 8am - 12pm OR 1pm - 5pm

Option for ESY ONLY: \$245.00/week Monday - Thursday 1pm - 5pm, Friday 8am - 5pm

~ \$60.00 supply fee is due with your registration and is non-refundable. **Make sure to list your child's t-shirt size on the first page of this packet.** Each camper will receive an exclusive 2023 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 7:30 am and late pick-up at 5:30 pm 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 and the non-refundable supply fee 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.

Reach out to Kamaria Imani, Camp Director, with any questions: camp@IMPACTtlh.org

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.

Cancellation Policy

Upon completion and submittal of your child's Summer Escape Registration, you are committing to pay for each week that your child is registered. If plans change and you cannot attend a week that you have registered for, you must notify the Summer Escape Director a minimum of 21 days prior to the week you wish to cancel. You will be charged a \$25.00 cancellation fee for each week that you cancel in advance notice (at least 21 days prior). Refunds and credits will not be granted for any cancellations requested within 21 days of the week you are registered. You are required to pay for camps that you are registered for and must be fully paid by the Thursday before the week of camp begins.

2023 Summer Escape Week Selection

Write the word "yes" in the field for each week you are enrolling. You are obligated to pay for all weeks that are marked "yes". If not attending one week or a field does not apply, leave it blank.

Week	Early Drop-off 7:30 am \$10/week	Half-Day \$210/week		Full-Day 8am - 5pm \$295/week	*ESY M-H 1-5pm F 8am-5pm \$245/week	Late Pick-up 5:30 pm \$10/week
		AM	PM			
May 30 th - June 2 nd (PRORATED)						
June 5 th - June 9 th						
June 12 th - June 16 th						
June 19 th - June 23 rd						
June 26 th - June 30 th						
July 5 th - July 7 th (PRORATED)						
July 10 th - July 14 th						
July 17 th - July 21 st						
July 24 th - July 28 th						
July 31 st - August 4 th						
Supply Fee	Supply Fee of \$60.00 is due with your registration forms.					

** 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 (1pm - 5pm), Monday through Thursday and a full-day (8am - 5pm) on Friday of the week that you mark this option.*

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

I understand that I am financially responsible for all weeks selected above. My payment is due regardless of my child's attendance at Summer Escape during a given week. Furthermore, I understand that if a payment has not been made, my child will not be allowed to attend camp and I am still responsible for paying the camp fee for the given week. My account must be up to date prior to my child's return to Summer Escape. Signing below confirms that I am responsible for the camps that are registered for and will be paid accordingly.

Parent/Guardian Signature
Printed Name
Date



RELEASE OF LIABILITY & PARENT PERMISSION

In consideration for my child, _____, participating with IMPACT

Tallahassee events and activities, I, _____, shall indemnify, hold free and harmless, assume liability for, and defend IMPACT Tallahassee, 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 IMPACT Tallahassee, 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 IMPACT Tallahassee, 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 IMPACT Tallahassee's, use of real or personal property belonging to IMPACT Tallahassee, its officers and employees or by any intentional action or omission by IMPACT Tallahassee, its members, agents, employees, officers or directors, for which IMPACT Tallahassee, may be held legally liable.

In addition: (All boxes must be checked - 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 my camp fees are non-refundable and non-transferrable.
- I will communicate with Summer Escape if my child will be absent.
- I acknowledge that my account will be billed \$1.00 per minute for picking up my child late or dropping off early.
- I give permission for my information on this form to be used and transferred to an online software during the transition to online registration.
- Information regarding my child's health, well-being and therapy treatment will be shared among all necessary IMPACT Tallahassee entities. (Example: A child receiving therapy services - the Summer Escape counselor would receive information about therapy goals).
- I give my permission for IMPACT Tallahassee to use my child's picture/video in social media (website, Facebook, etc.) and in other promotional materials for IMPACT Tallahassee.

Parent/Guardian Signature: _____

Camper Profile

We have outlined questions below that will help us better understand and structure activities to meet your child’s needs. Our camp is modeled on a therapeutic approach that uses everyday opportunities to achieve skills in the natural setting.

Child’s Name: _____ **DOB:** _____

Choose an enrichment focus: Social skills Academic Physical (gross and fine motor)

FINE MOTOR CONCERNS: _____

DEVELOPMENTAL CONCERNS: _____

SENSORY CONCERNS (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Dislikes clothing tags/ seams | <input type="checkbox"/> Avoids getting messy |
| <input type="checkbox"/> Dislikes being held or touched | <input type="checkbox"/> Dislikes swings/playground equipment |
| <input type="checkbox"/> Becomes anxious when feet leave the ground | <input type="checkbox"/> Avoids eye contact |
| <input type="checkbox"/> Withdraws from bright/flashing lights | <input type="checkbox"/> Dislikes noisy environments |
| <input type="checkbox"/> Holds hands over ears to protect from sounds | <input type="checkbox"/> Limited food choices |
| <input type="checkbox"/> Doesn’t like teeth brushing | <input type="checkbox"/> Resists certain textures: (please describe) _____ |

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.

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

Interests

Movies/TV Shows _____

Sports/Games _____

Hobbies _____

Music _____

Other Interests _____

Behavior

Please assist us in learning about your child by indicating which of the following behaviors may pertain to him/her. Also, please provide an explanation of what circumstances may cause the behavior and what you typically do to remedy the situation when a behavior arises.

Check all that apply to your child's behavior:

- | | |
|--|--|
| <input type="checkbox"/> Biting | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Spitting | <input type="checkbox"/> Running Away |
| <input type="checkbox"/> Frequent Crying | <input type="checkbox"/> Withdrawing |
| <input type="checkbox"/> Screaming | <input type="checkbox"/> Self-Injurious Behavior |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Throwing Objects |
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Hugging/Kissing |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Hoarding/Packing Food |
| <input type="checkbox"/> Repetitive Behavior | <input type="checkbox"/> Other: |

If any of these behaviors were checked above, please explain what circumstances may make this occur and provide helpful solutions/remedies that work best for your child.
