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 1717 Hermitage Blvd.
 Tallahassee, FL 32308

Summer Escape 2024 Registration

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

Address: _____ City: _____ Zip: _____

Best Phone: _____ Current School: _____ Grade: _____

Diagnosis: _____ T-Shirt size (Youth XS - Adult 2X): _____

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: _____

Allergies or Medical Conditions (Circle): YES NO

If yes is circled, complete the last page of this packet - Emergency Care Plan

 Signature of Parent/Guardian Date

Summer Escape 2024 Program Details

~ Camp runs May 28th - August 2nd and is geared for children entering kindergarten in the upcoming school year (2024/2025) 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 **Sabrina Bellows**, Camp Director, with any questions:

Sabrina.Bellows@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.

2024 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 28 th - May 31 st (PRORATED) | | | | | | |
| June 3 rd - June 7 th | | | | | | |
| June 10 th - June 14 th | | | | | | |
| June 17 th - June 21 st | | | | | | |
| June 24 th - June 28 th | | | | | | |
| July 1 st - July 3 rd (PRORATED) | | | | | | |
| July 8 th - July 12 th | | | | | | |
| July 15 th - July 19 th | | | | | | |
| July 22 nd - July 26 th | | | | | | |
| July 29 th - August 2 nd | | | | | | |
| 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

Health & Safety Information:

Please keep your child home if he/she shows signs of a communicable disease. Signs and symptoms of a suspected communicable disease include the following:

- Fever - 100°F or above
- Severe coughing, causing a child to become red or blue in the face or to make a whooping sound
- Diarrhea/vomiting
- Generally not feeling like him/herself
- Lice

Your child will be kept in a separate area should they show signs or symptoms of illness. We will contact you to pick up your child immediately (within one hour) should your child show symptoms of a communicable disease, including:

- Fever - 100°F or above
- Diarrhea/vomiting
- Suspected pink eye
- Rash
- Lice
- Any other sign or symptom of illness

Additional Precautions:

Fever: If your child wakes up with a fever, please do not give them medicine to lower the fever and send them to school/afterschool. Most of the time, the medicine will wear off, and you will be contacted to pick up your child because the fever has returned. *Your child must be fever-free for 72 hours before returning to IMPACT.*

Lice: IMPACT has a NO NIT policy. You must notify the afterschool staff after identification of head lice. If your child has head lice, he/she must be treated, and all nits must be removed before your child may return. An administrative staff member must check your child’s head before he/she can return to afterschool.

Medication: A medication permission form is available to parents/guardians, authorizing IMPACT to dispense prescription and non-prescription medication to children in care. All medicine must be in the original container. Medication and forms must be given to a staff member, NOT placed in the child’s backpack or lunch box.

Sunscreen, Diaper Cream and Insect Repellant: The application of sunscreen, diaper cream, and insect repellant must be consented to by parents. Inform and supply any sunscreen, diaper cream, or insect repellant to the afterschool staff.

By signing below, I acknowledge and agree to comply with IMPACT’s Health and Safety Policies. I will not send my child to afterschool sick. I am aware that I will need to arrange to have my child picked up from camp immediately should he/she show signs/symptoms of illness.

Parent/Guardian Signature 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.
- 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?

What are your child’s strengths? Please identify different activities or skills he/she does very well.

Does your child need assistance going to the bathroom? What is your child's typical bathroom schedule?

Please tell us any additional information that will help us ensure your child has the best experience possible.

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.

Emergency Care Plan

Per the DCF School-Age Handbook, 2.5.3 and 7.2.A, "Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and requires additional services must have a current Emergency Care Plan included in the child's file." This includes procedures to follow in the event of exposure to any allergen and access to necessary medications. **An Authorization for the Administration of Medication Form must be completed for any over-the-counter and prescription medications.

| | |
|--|--------------|
| Child's Name: | DOB: |
| Health Condition(s): | |
| Signs and Symptoms IMPACT Staff May Witness: | |
| Circumstances Which Require Immediate Emergency Care (911) and the Plan of Action: | |
| Medications To Be Administered at IMPACT and Specific Instructions for Use: **Note: This does not replace the Authorization for the Administration of Medication form. | |
| Other Treatment(s) or Accommodation(s) Required at IMPACT: | |
| Prevention Details: | |
| Preferred Hospital: | |
| Medical Provider Name/Address/Phone/Fax: | |
| Parent or Guardian Name/Phone: | |
| Parent or Guardian Signature: | Date: |
| Director's Signature: | Date: |