



O: 850.325.6301
F: 850.325.6302
1717 Hermitage Blvd.
Tallahassee, FL 32308

Fall 2024 Seasonal Camp Registration Form

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Current School: _____ Grade: _____

Parent/Guardian

Parent/Guardian #1 Name: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian #2 Name: _____ Cell Phone: _____

Email Address: _____

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

Name	Phone	Relationship
	()	
	()	
	()	

If IMPACT 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.

Physician's Name: _____ Phone number: _____

Physician's Address: _____

Insurance Carrier: _____ Policy Holder: _____ DOB: _____

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

Parent/Guardian Signature

Date



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General Information - Attach additional paperwork if necessary:

- ✓ Does your child have any special accommodation needs due to a disability? Please be detailed.

- ✓ Does your child have any allergies that we should know about? Please be detailed.

Camp Options and Selection: This section must be completed prior to submitting packet.

8:00am - 5:00pm, Full- Day, \$80.00
8:00am - 12:00pm OR 1:00pm - 5:00pm, \$55.00

Half-Day AM (\$55.00)	Half-Day PM (\$55.00)	Full-Day (\$80.00)	Late Pick-Up till 5:30pm (\$5.00/day)	CAMP	CAMP DATE
				<u>Fall Holiday Camp</u>	October 3 rd (Thursday)
				<u>Veterans Day Camp</u>	November 11 th (Monday)
				<u>Grateful Camp</u>	November 25 th - 27 th (Monday - Wednesday)
				<u>Winter Holiday - Dec</u>	December 30 th - 31 st (Wednesday - Friday)
				<u>Winter Holiday -Jan</u>	January 1 st -7 th (Wednesday- Friday) (Monday-Tuesday)



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Florida Administrative Code Requirements:

- Section 7.3.C.1 requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (available on our website under Private School -- "Afterschool").
- Section 7.3.5 requires that parents receive information about "distracted adults" and car safety in April and September of each year.
- Section 7.3.C.2 requires that parents are notified in writing of the disciplinary practices used by the childcare facility
Discipline Policy: At IMPACT, our staff model's composure to appropriately respond to misbehavior. We use Conscious Discipline strategies to foster connection with students. Where there is misbehavior, we teach missing skills. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child who is exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm.
- Section 7.3.C.4 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.

My signature certifies that I have received the above information.

Signature of Parent/Guardian

Date

Child's Name



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Program Details:

- Camps provided by IMPACT Academy (IA) are provided to offer your child a social environment to supplement the time they will be out of school. The program is for children in grades K-12th.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time... and much more!
- Partial Days: MAKE SURE TO SEND YOUR CHILD WITH A SNACK AND DRINK. Send Lunch if your child is enrolled in AM Half-days.
- Full Day Camps: Send the following food with your child: 2 SNACKS, LUNCH AND A MINIMUM OF 3 DRINKS or a water bottle to refill.
- Label EVERYTHING with first and last name.
- Activities include: learning centers, developmental play, arts & crafts, social skills training, music therapy, outside play, circle time, reading groups, homework help... and much more!
- Please bring a copy of the pertinent details of your child’s IEP to assist us in best structuring their time with us. Student to counselor ratio is 1 to 5. If your child requires one on one assistance, contact our director to discuss placement and if we will be able to meet your child’s needs.
- Parents are required to send diapers and wipes if they are necessary for their child.
- Weekly payments are due by the Thursday prior to each camp. We accept credit/debit cards, cash, checks and credit/debit card payments via our website. Checks may be payable to “IMPACT Academy”. When selecting camp enrollment, you assume responsibility for payment regardless of your child’s attendance.

Grounds for Dismissal: The following conditions or occurrences may constitute grounds for the immediate termination of the child’s enrollment privileges:

- Failure to pay fees in a timely manner.
- Failure to consistently drop-off and pick-up on time.
- Any behavior by the parent that is non-supportive, disrespectful, and/or threatening to the faculty and staff of IMPACT of Tallahassee.

My signature certifies that I have read this packet thoroughly and will adhere to any and all policies outlined by IMPACT of Tallahassee.

Signature of Parent/Guardian

Date

Child’s Name



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PARENTAL PERMISSION & RELEASE FORM (One per Child)

Child's Name (please print): _____

INITIAL

- _____ I give my child permission to attend and participate in all IMPACT activities.
- _____ I give permission for my child to be treated in case of illness or emergency and understand I will be notified in an emergency.
- _____ I understand that my child may be dropped off at IMPACT by the LCS bus system, the public transportation system, or by other means. I understand I must notify IMPACT as to how my child will be arriving and departing.
- _____ I understand that all fees are non-refundable and non-transferable. Fees must be paid in advance, either weekly or monthly. Fees are due regardless of attendance. IMPACT will prorate weekly fees based on scheduled camps or holidays. **Fees are due by the Thursday before each week enrolled.**
- _____ I acknowledge that my account will be billed \$1.00 per minute for picking up my child late.
- _____ In consideration for my child participating in IMPACT events and activities I shall indemnify, hold free and harmless, IMPACT Tallahassee, its officers, employees, and volunteers, thereof from any and all liability, claims or demands for personal injury or sickness, 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.
- _____ Information regarding the child's health, well-being and therapy treatment will be shared among all necessary IMPACT entities. (Example: A child receiving therapy services - the afterschool counselor would receive information about therapy goals).
- _____ I agree that any pictures or videos taken of me or my child may be used to promote IMPACT, including on their website, social media and promotional materials.

EXCEPTIONS TO THE ABOVE AGREEMENTS: _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Please mail/email/fax forms to:
IMPACT Academy Afterschool,
1717 Hermitage Blvd., Suite 103,
Tallahassee, FL 32308
Phone: (850) 325-6301 Fax: (850) 325-6302

**For scheduling, questions,
or to discuss the possibilities, contact:**
Alie Wallace
Alie.Wallace@impacttlh.org