



## Charlotte Harbor Environmental Center

### 2019 Spring Break Camp

Alligator Creek Preserve, Punta Gorda

Serving students in 2<sup>nd</sup>-5<sup>th</sup> grades

**Mail forms to:** P.O. Box 512876, Punta Gorda, FL 33951

**Or e-mail to:** Becky Facer at [becky@checflorida.org](mailto:becky@checflorida.org)

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (must be 2<sup>nd</sup> - 5<sup>th</sup>): \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Topic and dates:

### Remarkable Reptiles and Amazing Amphibians

\_\_\_\_\_ March 18 – 22, 2019

---

**Camp rates, 9am – 3pm: \$150/week for non-members; \$135/week for members**

**Pre-care, 8am – 9am: \$5/day or \$20/week**

**Post-care, 3pm – 5pm: \$10/day or \$40/week**

Camp Fee: \$ \_\_\_\_\_ Pre-care: \$ \_\_\_\_\_ Post-care: \$ \_\_\_\_\_

Pre-care Days: M T W Th F Post-care Days: M T W Th F (Circle all that apply)

Total Payment: \$ \_\_\_\_\_  Cash  Check Number: \_\_\_\_\_

Visa/MasterCard – Call 941.575.5435 to pay by debit or credit

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental/Guardian Consent Forms

Child's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I give permission to transport for medical treatment.  Yes \_\_\_\_\_  No \_\_\_\_\_ (Initial one)

Known Allergies: \_\_\_\_\_

Does your child have any medical conditions we should be aware of?

No  Yes, please list: \_\_\_\_\_

Has your child had a tetanus vaccination?

No  Yes, date of vaccination: \_\_\_\_\_

List persons authorized to pick up your child, along with a phone number: \_\_\_\_\_

---

(If there is a change in this information, notify the CHEC office before pick-up date.)

**Parental/Guardian Medical Release:** I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the emergency persons listed. In the event they cannot be reached, I give my consent for CHEC staff to act in my behalf in granting permission for my child to be transported and receive emergency treatment.

\_\_\_\_\_ (Parental/Guardian Initials)

**Release from Liability:** I understand that all reasonable safety precautions are taken by CHEC in the operations of its facility, equipment and programs. I agree that my child's participation in the CHEC programs shall be undertaken at his/her sole risk, and that CHEC, its directors, employees, and volunteer staff, shall not be liable for any claims, injuries, damages, losses, diseases, wrongful death, actions or causes or actions whatsoever, to my child or his/her property, arising out of or connected to participation in any CHEC programs.

\_\_\_\_\_ (Parental/Guardian Initials)

**Media Release:**  I do  I do not give permission for my child to appear in media coverage approved by CHEC including newspaper articles, website and on-site publications.

\_\_\_\_\_ (Parental/Guardian Initials)

**Day Camp Participation:** CHEC reserves the right to terminate enrollment at any time if my child's behavior warrants dismissal. Any refund due for Day Camp fees will be pro-rated.

\_\_\_\_\_ (Parental/Guardian Initials)

**Pickup from Program:** I understand the program ends every day at 3pm, unless pre/post-care is approved. I will arrange to have my child picked at the specified time. If there are any changes in the persons authorized to pick up my child, I will notify the CHEC office at 941-575-5435 & the changes will be in writing.

\_\_\_\_\_ (Parental/Guardian Initials)

**I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my parental/guardian consent for my child on all sections contained within.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_