



Charlotte Harbor Environmental Center

***NEW* 2017 Fall Break Camp**

Enroll your kids in a week-long adventure of learning and excitement! Camp includes outdoor excursions, science experiments, crafts, games, and more led by trained educators. Fall break camp is offered to students in grades 2-5.

Florida's Wild Habitats

October 16 – 20, 2017

Explore diverse habitats through hands-on activities, games, hikes and more. Campers will discover pine flatwoods, hammocks, marshes, freshwater ponds, and other native Florida habitats along with the incredible wildlife that calls them home.

Camp Hours and Pricing

Monday – Friday from 9am – 3pm

\$135/week for CHEC members; \$150/week for non-members

Pre-care is available from 8 – 9am for \$5/day or \$20/week.

Post-care is available from 3 – 5pm for \$10/day or \$40/week.

Camp fee includes all activities and a t-shirt. Lunch and snacks are not provided. Payment is due in full at time of registration. Registration forms are available at www.checflorida.org.

For more information on summer camp, please contact

CHEC Alligator Creek Preserve in Punta Gorda – 941-575-5435 or becky@checflorida.org



Charlotte Harbor Environmental Center

2017 Fall Break Camp

Alligator Creek Preserve, Punta Gorda

Serving students in grades 2nd-5th

Mail forms to: 10941 Burnt Store Rd, Punta Gorda, FL 33955

Or e-mail to: Becky Facer at becky@checflorida.org

Student Name: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____ Phone: _____

E-mail Address: _____

Date of Birth: _____ Grade (must be 2nd-5th): _____ Shirt Size: _____

Topic and dates:

Florida's Wild Habitats

_____ October 16 – 20, 2017

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 up at the specified time. If there are any changes to the persons authorized to pick up my child, I will notify the CHEC office at 941-575-5435, and 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: _____