

Charlotte Harbor Environmental Center

2019 Summer Camp

Alligator Creek Preserve, Punta Gorda

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

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



Cedar Point Park, Englewood

Mail forms to: P.O. Box 163,
Englewood, FL 33295

Or e-mail to: Bobbi Rodgers at
bobbi@checflorida.org

Student Name: _____

Parent/Guardian: _____

Full Address: _____

Phone (c): _____ Phone (h): _____

E-mail Address: _____

Age: _____ Date of Birth: _____ Grade: _____ Shirt Size: _____

Camp topics and dates for which you are registering (check all that apply):

Alligator Creek Preserve (6 - 12 year olds)

Paleo-Explorers

_____ June 3 – 7, 2019

Be a Scientist

_____ June 10 – 14, 2019

Marine Science Excursion

_____ June 17 – 21, 2019

Wild Creature Quest

_____ June 24 – 28, 2019

Cedar Point Park (8 - 13 year olds)

Learn to Fish

_____ June 10 – 14, 2019

Learn to Fish

_____ June 17 – 21, 2019

Learn to Fish

_____ June 24 – 28, 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: _____