

# SRK Camp After-School Enrollment Form

CHILDS SCHOOL \_\_\_\_\_

Childs Grade as of August \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Nick Name: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, FL ZIP CODE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CUSTODIAL PARENT (CIRCLE ONE): MOTHER FATHER JOINT

MOM HOME PHONE: \_\_\_\_\_ DAD HOME PHONE: \_\_\_\_\_

MOM - EMPLOYMENT: \_\_\_\_\_ DAD - EMPLOYMENT: \_\_\_\_\_

MOM - WORK PHONE: \_\_\_\_\_ DAD - WORK PHONE: \_\_\_\_\_

MOM-CELL \_\_\_\_\_ DAD - CELL: \_\_\_\_\_

MOM email \_\_\_\_\_

DAD – email \_\_\_\_\_

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## PERSONS AUTHORIZED TO REMOVE CHILD (IDENTIFICATION REQUIRED)

1. \_\_\_\_\_  
NAME RELATIONSHIP PHONE

2. \_\_\_\_\_  
NAME RELATIONSHIP PHONE

3. \_\_\_\_\_  
NAME RELATIONSHIP PHONE

4. \_\_\_\_\_  
NAME RELATIONSHIP PHONE

5. \_\_\_\_\_  
NAME RELATIONSHIP PHONE

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## ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements:

\_\_\_\_\_  
Parent Provides if special food/juice is required.

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HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD'S DAY CARE FACILITY BROCHURE/FDCH BROCHURE", and the parent's are notified in writing of the "DISCIPLINARY PRACTICES" used by the child care facility. The parent's or legal guardian's signature certifies receipt of the childcare facility brochure/fdch brochure, discipline policies, and agreement of the alternate nutrition plan.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions):

\_\_\_\_\_  
List any additional information which would be beneficial for the child care staff to know about your child:

\_\_\_\_\_  
Preferred Physician:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital:

\_\_\_\_\_  
**NOTE: Immunization Record should accompany child.**

## EMERGENCY CONTACT (OTHER THAN PARENTS):

1.	_____	_____	_____
	NAME	RELATIONSHIP	PHONE
2.	_____	_____	_____
	NAME	RELATIONSHIP	PHONE

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, \_\_\_\_\_, should become ill or  
CHILD'S FULL NAME

Injured at, SRK AFTER-SCHOOL & SUMMER CAMP INC, I understand that the Facility will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
SIGNATURE RELATIONSHIP DATE

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## SRK CAMP AFTER-SCHOOL ACTIVITIES AGREEMENT

This agreement summarizes the procedures of the After-School Care center, the services to be provided, and the fees, which will be charged for these services. By signing this agreement, the parent(s) indicates their understanding of, and agreement with the caregiver's policies.

The following agreement is made between:

Parent's Name(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

After-School Care will be provided by SRK After-School & Camp Inc. and will be provided for following days and hours:

<u>Day</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Arrive	1:30	2:30	2:30	2:30	2:30
Leave	6:30	6:30	6:30	6:30	6:30

The fee for After-School Care is \$70 per week. The full fee is due and payable whether the child attends care on the agreed day or not (due to illness for example). A discount will only be given if the school or SRK Camp is closed for 3 days or more in a given week Monday-Friday. Overtime fees will be charged at a rate of \$1.00 per minute, and are due and payable on arrival on the day of overtime.

- **Initial Deposit for the after school program is \$140.00 per child in advance. Not to exceed \$280 per family. This deposit is refundable with a 30 day written notice if leaving the program. Deposit will be forfeited without a 30 day written notice.**
- **If you continue in the program the following school year the deposit will roll over to hold your child's spot for the coming school year.**
- **Fees are due and payable two weeks in advance, every other Thursday or will be considered late and late fees will be applied.**
- **Your fees may be prorated if your child is starting during an off cycle payment.**

### Other Charges:

- ❖ A \$35 non-refundable enrollment fee is required to be paid upon enrollment along with deposit and enrollment forms completely filled out.
- ❖ 1/2 and Full Days of extended care due to a non-school day etc. additional charges will be applied.
- ❖ The minimum number of 7 students must be met for a ½ and or full day to take place.
- ❖ NSF Checks \$35.00/item
- ❖ Late payment \$5.00/day

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## PERMISSION FORM

I give my permission for my Child to be transported to and from School and local outings/field trips by SRK AFTER-School & Summer Camp.

Child's Name \_\_\_\_\_  
Please Print

### Parent & Emergency Information:

Mother's Name \_\_\_\_\_  
Please Print

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Please Print

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### In case of emergency and parents can not be reached, please contact:

Name: \_\_\_\_\_  
Please Print

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

# SRK Camp After-School Enrollment Form

## SRK Release of Liability

\_\_\_\_\_ I / We hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE SRK After-School & Summer Camp Inc., Heritage Harbor Golf & Country Club Community Association Inc., and or Heritage Harbor CDD including any and all employees from any liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child / legal ward, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in any camp or after school activities, or while in, on or upon the premises where the activities are being conducted or travel to and from any SRK After-School & Summer Camp Inc.

Name of Camper \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

## Heritage Harbor Community Development District – Release of Liability

In consideration for the admittance of the listed person(s) below into the Heritage Harbor Golf & Country Club Community Association Inc., owned and operated by the Heritage Harbor Community Development District, the undersigned hereby holds harmless and released the HHCDD, its agents, officers and employees, from any and all liability for any injuries that might occur in conjunction with usage of the Heritage Harbor Golf and Country Club and all amenities and/or social functions associated with the same. Nothing herein shall be construed as a waiver of the District's sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability, which may have been adopted by the Florida Legislature in Section 768.28, Florida Statutes or other statute.

Name of Participant:

\_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_