



PACK 2022 REGISTRATION FORM

Email: pascopack@verizon.net Phone: 727-372-9516

Please send payment of \$130 (1st week fee plus one time \$40 supply fee). We take checks or money orders made out to PACK. NO child is enrolled until we have a completed registration form and \$130 fee. Mail to 5355 Casa Nueva Drive, NPR 34655, or email, pascopack@verizon.net, or fax between 9-9, 727-372-9516.

NEW PARENTS: Please include photo of your child.

NEW LOCATION: Pepin Academy, 7710 Osteen Road, NPR. Camp begins June 27th and ends July 15th. We are closed on July 4th. Children may come for two or three weeks,

ALL NEW CAMPERS ARE TAKEN ON TRIAL BASIS.

Week 1: Monday June 27-Friday July 1 ()

Week 2: Tuesday, July 5-Friday July 8 ()

Week 3: Monday, July 11-Friday July 15 ()

Please check weeks your child will be attending.

Child's Name: _____ Date of Birth: _____ T shirt size _____

Mother's Name/Phone _____ Father's Name/Phone _____

Emergency Contact: Must have one contact other than parent. Phone: _____

Name: _____ relationship to child: _____

Your email: _____

Your mailing address: _____

P.A.C.K. is a non-profit corporation dedicated to providing services for disabled children in Pasco County

Founded 1997 by PAULA and BARRY COHEN



Pasco Association for Challenged Kids, 5355 Casa Nueva Drive

New Port Richey, FL 34655

Phone# / Fax #: (727) 372-9516

E-mail: pacak@verizon.net
www.pacak.org

Name of Child's School: _____

Type of Class/Teacher's Name: _____

Name of Siblings: _____

Names of Pets: _____

In order to better serve your child and his/her needs, we need to have as much information as possible please be VERY specific!

Type of Disability: _____

Special Needs: Please list everything such as wheelchair, not potty trained, needs help with feeding, temper tantrums, not verbal, aggressive, etc.

Any Allergies: _____

Any Special Diet/Food Info: _____

Any Seizures: _____

Medications: If your child has meds that need to be given during camp hours, please list:

Med: _____

Med: _____ How Often/Dose _____

ALL MEDS MUST BE IN ORIGINAL PHARMACY BOTTLE.

Activities Your child Likes: _____

Activities Your Child does not like: _____

Pasco Association for Challenged Kids is a 501(C) (3) not-for-profit corporation (F.E.I.D. #: 50-3456672). All donations are tax deductible. A copy of the official registration and financial information can be obtained from the Florida division of Consumer Services by calling toll free within the state 1.800.435.7352. Registration does not imply endorsement, approval, or recommendation by the state.

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Please list factors that affect your child, such as being out in the heat, lack of sleep, allergies, etc:

Please list areas your child does well in, such as leisure skills, playing with others, independent skills, etc.

Please list areas that may be problematic for your child, such as being aggressive if tired or hot, needs help with potty/eating, does not transition well to new activities, etc.

Is there any other information we should know that will help us with your child's daily needs?

Name of Child's Pediatrician: _____

Phone number: _____

Name of Child's Dentist: _____

Phone Number: _____

Hospital Preference: _____

Phone Number: _____ Pasco Association for Challenged Kids is a 501(C) (3) not-for-profit corporation (F.E.I.D. #: 50-3456672). All donations are tax deductible. A copy of the official registration and financial information can be obtained from the Florida division of Consumer Services by calling toll free within the state 1.800.435.7352. Registration does not imply endorsement, approval, or recommendation by the state.

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2022 CONSENT FOR PHOTOS/VIDEOS:

PACK is often in the newspaper and speaks to local groups to get funding. We would like to be able to photograph and videotape all our campers to help raise money. Please indicate below if you give your consent.

☐ Yes, I give permission to PACK to photograph and videotape my child.

Signature of Parent/Guardian _____

☐ No, I do not want my child photographed/Video taped.

Signature of Parent/Guardian _____

PACK 2022 HOLD HARMLESS AGREEMENT

I understand that the staff of the Pasco Association for Challenged Kids will provide the best possible care and supervision of my child during designated camp hours.

*I am giving a complete and honest history regarding my child, including any behaviors that may cause harm to him/her or others, as well as any medical or physical problems that may require special care and supervision.

*I understand that due to the behaviors of my child or others, it may be necessary for staff to use intervention techniques to prevent my child or others from being injured or injuring others. I hereby give my permission for such techniques to be used with my child if the staff believes it is necessary for the safety of my child or others (e.g., this may include removing child from his/her group if he/she becomes aggressive).

*I give my permission for the staff to call either 911 or take my child to the hospital I have indicated (if in Pasco County) for emergency medical attention if such a situation arises (staff will attempt to immediately contact parent/guardian if an emergency situation occurs).

*Lastly, I hereby hold the Pasco Association for Challenged Kids and Genesis School and their officers, directors, staff and volunteers harmless from damages or suit in the event of injury to my child during participation in PACK activities or any other activities related to the program.

NAME OF CHILD:

NAME OF PARENT (print name):

Signature of Parent/Guardian _____

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AUTHORIZATION TO PICK UP A CHILD FROM P.A.C.K.

Name of Child(ren):

I hereby inform P.A.C.K. that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, P.A.C.K. is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Children's Center.

AUTHORIZED PICK-UP PERSON:

	<u>Authorized Pick Up Person</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.			
2.			
3.			

I understand that:

- Parents/guardians must inform P.A.C.K. (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- The "Authorized Pick-Up Person" **must be at least 18 years old** and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian

Signature Date

Parent/Guardian

Signature Date

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PACK NEW PARENT CAMPER AGREEMENT 2022

NEW PARENTS:

This is a page all new parents must fill out and return with rest of registration form. It explains our payment policy and refund policy.

1. If we cannot meet your child's needs for any reason on your part, you will only be charged for the days your child attends camp, the rest of your money will be refunded (we usually know this within first 2-3 days). This means we either don't have enough staff to handle your child (some children need a one on one and due to budget constraints; it is hard for us to provide one on ones anymore). Also, if your child is absolutely miserable for any reason, such as crying all day, being aggressive all day etc., we would not keep him/her at camp. In cases like this, your money will be refunded except for the days your child was at camp.

2. If **you** pull your child out for any reason except a medical or family emergency where you need to withdraw your child, we **will need** documentation from a doctor, etc. to provide your refund. The reason we are doing this is we had a few parents sign their kids up for all three weeks in the past, they came first week and paid for first week. Then we never saw them again—it was either too much trouble for them to bring their child or they decided they'd rather have their child be home. So we hired enough staff for these kids, worked their fees into the budget and got no reason for their withdrawal from camp.

3. Payment Schedule: Your registration form and first payment of \$100.00 is due by date on email. Cash or money orders only, please. Second payment of \$115. is due before camp or on first day of camp, again cash or money orders, payable to PACK.

Parents who do not meet payment schedule will risk losing their child's spot in camp! We appreciate your cooperation.

I have read and fully understand and will comply with these rules.

Parent Signature: _____ Date: _____

Camper Name: _____