

PACK CAMP 2024 REGISTRATION FORM

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

Please send payment of \$150.00 (1st week fee plus one time \$50 supply fee). We take checks or money orders payable to PACK. Cash is accepted at camp for weeks 2 and 3. You may NOT bring cash to our home, first week **must** be paid for by check or money order and mailed. Mail to PACK, 5355 Casa Nueva Drive, New Port Richey FL 34655. Form may be emailed or faxed (fax between 9AM-9 PM.) **NEW PARENTS:** please send a photo of your child (jpg file). **LOCATION:** Pepin Academy, 7710 Osteen Road, New Port Richey. Camp begins Monday, June 24 and ends Friday, July 12, Mon-Fri 9-3. We are closed on July 4 and 5. Child may come for two or three weeks. **ALL NEW CAMPERS TAKEN ON TRIAL BASIS! NO CELL PHONE, ELECTRONIC DEVICES OR TOYS ALLOWED AT CAMP!**

Week 1: Monday, June 24-Friday June 28 ()
Week 2: Monday, July 1 -Wed July 3 (closed Thursday/Friday 4/5) ()
Week 3: Monday, July 8-Friday July 12 ()
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 _____

Child's School/Teacher: -----

Your email: _____

Mailing Address _____

Emergency Contact: There must be a person other than parent listed.

Name/Phone number

SNACKS:
*** Please indicate if your child will be bringing their own snacks this year! We do snacks twice a day, many kids used to eat our snacks, we found last year that most children bought their own. It's fine if your child eats our snacks but if they're going to bring their own please check below. Thank you!

() My child will bring their own snacks daily

In order to serve your child and their needs as best as we can, PLEASE be very specific!!

Child's Name _____ Disability _____

Special needs: PLEASE list things such as wheelchair, not potty trained, non verbal, heat sensitive, needs help with feeding, running away, temper tantrums, aggressive. IF your child has aggression, please be **specific** as to what they do and how often it happens. Please include any special information we should know about your child.

Activities your Child Likes: -----

Things they do well in: -----

Activities your Child Dislikes: -----

Things they do not do well in: -----

Any Allergies: ----- Any Seizures: -----

Special Diet/Food info: -----

Permission for photos/videos: yes/no

Child will bring their own snacks: yes/no

Meds: If your child has meds that will be given during camp hours, please list:

Med: -----How often/Dose -----

ALL MEDS MUST BE IN ORIGINAL PHARMCY BOTTLE

Child's Pediatrician: Name/Phone -----

Child's Dentist, Name/Phone:-----

Hospital preference: -----

2024 CONSENT FOR PHOTOS/VIDEOS:

PACK is often in the newspaper, on television, and speaks to local groups to obtain funding. We would like to be able to photograph and videotape all our campers. Please indicate below if you give your consent.

() **Yes** I give permission to PACK to photograph and videotape my child.

Signature of parent/guardian and date -----

() **No** I do not want my child photographed or videotaped.

Signature of parent/guardian and date -----

PACK 2024 HOLD HARMLESS AGREEMENT

I understand the staff of Pasco Association for Challenged Kids will provide the best possible care and supervision of my child during 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 and others from being injured or injuring others. I hereby give my permission for such techniques to be used with my child if staff believes it is necessary for the safety of my child or others (e.g., this may including removing child from their group or room if they become 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 immediately attempt to contact parent/guardian if an emergency occurs).

*Lastly I hereby hold Pasco Association for Challenged Kids and Pepin Academies 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 other activities related to the program.

NAME OF CHILD: -----

NAME OF PARENT (print) -----

Signature of Partent/guardian and date: -----

PLEASE SIGN LEGIBLY!

No child will be accepted to camp without this form being signed. Thank you.

AUTHORIZATION TO PICK UP A CHILD FROM PACK

Name of Child (or children): -----

I hereby inform PACK that the people listed below are authorized to pick up the above named child/children at anytime. Accordingly, PACK is hereby instructed to release my child/children into the care of the following people when they come to PACK.

AUTHORIZED PICK UP PERSON(S):

PERSON:	RELATIONSHIP TO CHILD	PHONE #
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- 1.
- 2.
- 3.

I understand that :

*parents/guardians must inform PACK (call, tell at camp, leave a note) of the name of the person who is picking up their child on a day when they themselves are not.

*The authorized pick up person **MUST** be at least 18 years of age and may be asked to provide a photo I.D.

*This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Child's Name -----

Authorized by -----

Print name of parent/guardian

Signature -----

Sign legibly parent/guardian

Date -----

PACK NEW PARENT/CAMPER AGREEMENT 2024

This is a page **ALL** new parents must fill out and send with registration form. It explains our payment policy and refund policy.

1. If we cannot meet your child's needs for any reason on **our** part, you will only be charged for the days your child attends camp. The rest of your money will be refunded (not the supply fee). We usually know within the first 2-3 days if a child is having issues. This either means your child cannot be in a group, and we don't do one on one staff, or if your child cries all day or is aggressive a lot during the day we cannot keep them.
2. If **YOU** pull your child out for any reason EXCEPT a medical reason or family emergency there will not be a refund. For a medical or emergency refund we will need documentation. We have had parents sign their kids up for all three weeks in the past, then we did not see them after a few days or the first week, it was either too much trouble for them to bring their kids or they decided child would be better off at home. We hire enough staff to take care of all signed up campers, worked the budget and bought supplies, so if you pull your child out for no reason there will **not** be a refund.
3. Payment schedule: Your registration form and first payment of \$150.00 (first week fee and \$50 supply fee) is due before camp starts, date will be announced. **FOR THE FIRST PAYMENT WE ONLY TAKE CHECKS OR MONEY ORDERS MADE OUT TO PACK**, and they must be mailed. Second payment will be due by Wednesday, June 26, and last payment is due by Wednesday, July 3. Cash is accepted for weeks 2 and 3, you may also pay in advance for all the weeks.

Parents who do **not** meet payment schedule 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/guardian signature and date: -----
(please sign legibly)

Camper Name -----