

# THE ACHIEVEMENT CENTER SUMMER CAMP 2024 REGISTRATION

1050 S. Tuttle Ave. Building 3 Sarasota FL 34237 941-504-7547 theachievementcenter@comcast.net

## Camper Information

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_

School of Attendance \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Enrolling 2024-2025 \_\_\_\_\_

## Primary Caregiver(s)

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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

## Authorized Pick-Ups

**Child will be released to the Primary Caregiver(s) and the persons listed below. The following people will also be contacted in the event that the Primary Caregiver(s) cannot be reached and are authorized to remove the child from the facility in case of illness, accident, or emergency. All persons authorized to pick-up children should be prepared to show identification (photo I.D.) at the time of sign-out for the child to be released to them.**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Authorized Pick-Up Continued**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Additional Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Allergies to Foods \_\_\_\_\_

Daily Medications 1 \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

My child has permission to walk off of the facility for special events and related field trips. Yes \_\_\_\_\_ No \_\_\_\_\_

Any medications that need to be taken during the day? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please complete the Child Care Medication Authorization Form.**

**Camp Selection**

Please indicate all of the camp sessions you are interested in registering for.

Check if Registering	Session Dates	Camp Name	Full Day / Half Day
<input type="checkbox"/>	June 3 - June 7	Spanish Language and Culture Camp (9AM-12PM)	Half Day
<input type="checkbox"/>	June 3 - June 7	Classic Camp (12PM-3PM)	Half Day
<input type="checkbox"/>	June 10 - June 14	Arts and Crafts Camp	
<input type="checkbox"/>	June 17- June 21	Culinary Camp	
<input type="checkbox"/>	June 24 - June 28	Performing Arts Camp	
<input type="checkbox"/>	July 8 - July 12	Classic Camp	
<input type="checkbox"/>	July 15 - July 19	Spanish Language and Culture Camp (9AM-12PM)	Half Day
<input type="checkbox"/>	June 15 - June 19	Classic Camp (12PM-3PM)	Half Day
<input type="checkbox"/>	July 22 - July 26	Arts and Crafts Camp	
<input type="checkbox"/>	July 29 - Aug. 2	STEAM Camp	

Tuition for The Achievement Center Summer Camp is \$300 for full day enrollment (9:00 AM - 3:00 PM) and \$150 for half-day enrollment (9:00 AM - 12:00 PM) per week. We accept payment in the form of checks, cash, or credit cards. Credit card payments will have a 3% processing fee applied. Payment is due by Wednesday May 3, 2024. If you are enrolling for multiple camps, payment is only due for the first camp at this time. Subsequent camp payments are due the Monday BEFORE the start date of the desired camp.

**Payment Methods**

- Enclosed is my check/cash in the amount of: \$\_\_\_\_\_
- Bill the card on file. By entering the credit card or bank information, you authorize the auto draft ability (billed on May 1st for the initial camp and 7 days prior to each additional camp session start):

Name on Card: \_\_\_\_\_

\_\_\_\_ Master Card    \_\_\_\_ VISA    \_\_\_\_ Discover    \_\_\_\_ Amex

Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_ authorize The Achievement Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

**Refunds and Cancellations**

All cancellation requests must be made in writing at least 14 days prior to the start of the camp session. Cancellations made after the 14 day deadline are not eligible for a refund.

**Summer Camp Details**

Please be aware that many of our Summer Camps will include both indoor and outdoor activities. Campers should plan to bring a packed lunch if attending full-day sessions along with a water bottle and sunscreen. None of the Summer Camps will offer lunches.

**Your signature below indicates that you have received and agree to the above items and that information on this enrollment form is complete and accurate.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**