

**JUNE 12<sup>TH</sup> – JULY 28<sup>TH</sup>**



West Jacksonville Restoration Ctr. Inc.

**West Jacksonville Restoration Center**

## **WELCOME!**

We are so excited about our Summer Camp this year!

Our focus for this year's program will be building career skills. Each week we will have instructors teach on social skills and lifeskills. We will include specialized areas in media, dance, culinary, and art every week! This camp will pair enriching activities and fun! At the end of the summer camp, we will highlight everything our camp has done at our Camp Film Festival. Don't worry about your meals; we have that covered! Field trips and water day will be every week! **Campers ages 6 – 16 can Sign up now.** Call our office at 904-779-0177 to see if you **qualify** for one of the first 50 spots! Discounted spots are limited.

## **SUMMER PROGRAM**

Camp Hours: 9am – 4:00pm; Aftercare: 4:00pm – 6:00pm

### ***FIRST 50 QUALIFIED Full-Time Camper Participants:***

- \$25 Registration Fee (Non- refundable)
- \$80 Field Trip Transportation Fee *(Must be paid by the first day of camp)*

**\*After 50 spaces are filled, the weekly fee is \$85 \***

**Aftercare Weekly: \$20**

# 2023 SUMMER CAMP REGISTRATION FORM

Camp Start Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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

Parent/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

School ID#: \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_

**\* Registration fee of \$25.00 (non-refundable) has been paid to reserve a position for my child for the Summer Program.**

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

- Check
- Cash Payment
- Credit Card Payment

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

Staff Initials Date \_\_\_\_\_

\*\*\*Return check fee - \$35.00 \*\*\*

# EMERGENCY CONTACT FORM

## **Emergency Contact Info:**

(1) Name /Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIPs \_\_\_\_\_

Home Telephone # Cell # \_\_\_\_\_

Work Telephone # Employers \_\_\_\_\_

(2) Name Relationships \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # Cell # \_\_\_\_\_

Work Telephone # Employer \_\_\_\_\_

## **Medical Contact Info:**

Doctor Name. Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications:s \_\_\_\_\_

Medical Illnesses/Disorders: \_\_\_\_\_

## **Authorized Pick-up (Must have at least 2)**

Name: Phone Number: \_\_\_\_\_

Name: Phone Number: \_\_\_\_\_

Name: Phone Number: \_\_\_\_\_

Name: Phone Number: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize **West Jax Restoration Center** and its representatives to contact any of the above on my behalf in the event of an emergency.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_