



Evacuation Consent Form

I give Piper Discovery Museum permission to evacuate

(Child's Name) _____

to the Synovus Bank Parking lot located at 463719 SR-200 in time of an emergency. All parents will be immediately notified by phone and by social media.

Print Name: _____

Signature: _____

Emergency Contacts (3)

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____



Field Trip Information Form

Destintation Name: _____

Destintation Address: _____

Date of Field Trip: _____

Departure Time: _____ Return Time: _____

Transportaion Method:

Camp Vehicle

Walking

Other (Please Specify) _____

Field Trip Cost: \$ _____ Payment Due Date: _____

Camper Information

Child's Name: _____

Child's Age: _____

Parent/Gardian's Name: _____

Parent/Gardian's Phone Number: _____



Field Trip Information Form

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical & Emergency Authorization

Please list any allergies, medications, medical conditions, dietary restrictions, or special instructions staff should be aware of: _____

In the event of an emergency, I authorize camp staff to obtain medical treatment for my child if I cannot be reached immediately.

Parent/Guardian Initials: _____

Transportation Authorization

I give permission for my child to be transported to and from the field trip destination by authorized camp staff.

For children age 4 requiring a booster seat:

I will provide a booster seat I request use of one of the camp's available booster seats

Parent/Guardian Initials: _____



Field Trip Information Form

Assumption of Risk & Release

I understand that participation in field trips and camp-related activities involves inherent risks, including but not limited to transportation, outdoor activities, physical activity, weather conditions, and interactions with other participants. I voluntarily assume all risks associated with my child's participation and agree to hold harmless and release the camp, its owners, employees, staff, volunteers, and affiliates from any claims, liabilities, injuries, damages, or expenses arising from participation, except in cases of gross negligence or willful misconduct.

Parent/Guardian Initials: _____

Parent/Guardian Permission

I give permission for my child listed above to participate in this field trip and acknowledge that I have read and understood this form in its entirety.

Parent/Gardian Signature: _____

Printed Name: _____

Date: _____



Summer Camp Policies & Procedures Agreement

Thank you for choosing our summer camp program. Please review the following policies carefully. Your signature below indicates that you understand and agree to comply with all camp policies and procedures.

Attendance & Tuition Policies

- Children must arrive by designated drop-off time each day.
- Weekly camp invoices must be paid prior to Monday morning drop-off.
- Tuition is due regardless of attendance.
- No refunds or tuition proration will be provided for absences, missed days, vacations, illness, or dismissal from camp.

Illness Policy

- Children who are sick may not attend camp.
- If a child becomes ill during camp hours, a parent/guardian will be contacted for pickup.

Illness Policy

- Children who are sick may not attend camp.
- If a child becomes ill during camp hours, a parent/guardian will be contacted for pickup.
- Parents/guardians must pick up their child within one (1) hour of notification.



Summer Camp Policies & Procedures Agreement

Behavior Policy

- Camp participants are expected to behave respectfully toward staff and fellow campers.
- Unsafe, disruptive, aggressive, or inappropriate behavior may result in parent notification and possible dismissal from camp.
- If behavior issues require pickup, parents/guardians must arrive within one (1) hour of notification.
- If a camper is expelled due to behavior, tuition will still be due for all subsequent weeks previously signed up for and reserved.

Food Policies

- Campers must bring their own daily snack and lunch.
- If a snack is not provided, camp will provide juice and graham crackers for a \$2 charge.
- If a lunch is not provided, parents/guardians will be required to return to camp with food for their child.

Field Trip Policy

- Campers who are unable to attend a scheduled field trip will not be able to attend camp that day, as no staff members remain behind during trips.



Summer Camp Policies & Procedures Agreement

Transportation Policy

- Students who are age 4 must have an appropriate booster seat for transportation.
- Families may provide their own booster seat.
- The camp has two booster seats available if needed.

Communication Policy

- All questions, concerns, or communication regarding camp should be made by phone call only.
- Contact Number: **904-844-8750**

Hold Harmless & Assumption of Risk

I understand that participation in camp activities, transportation, outdoor play, field trips, sports, games, and recreational activities involves inherent risks of injury. By enrolling my child in camp, I voluntarily assume all risks associated with participation.

I agree to hold harmless and release the camp, its owners, employees, staff, volunteers, and affiliates from any and all claims, liabilities, damages, injuries, accidents, losses, or expenses that may arise from my child's participation in camp activities, except in cases of gross negligence or willful misconduct.



Summer Camp Policies & Procedures Agreement

Transportation Policy

- Students who are age 4 must have an appropriate booster seat for transportation.
- Families may provide their own booster seat.
- The camp has two booster seats available if needed.

Photo Release Authorization

I grant permission for my child to be photographed and/or recorded during camp activities. I understand these photos or videos may be used for camp promotional materials, social media, advertising, or other business-related purposes without compensation.

Parent/Guardian Initials for Photo Release: _____

Parent/Guardian Agreement

I have read and understand the Summer Camp Policies & Procedures listed above. I agree to follow all policies and understand that failure to comply may result in dismissal from the program.

Child's Name: _____

Parent/Gardian's Name: _____

Date: _____



Summer Camp Instructions

We are so excited for a fun and engaging Summer Camp at Piper's Place Discovery Museum! Below are a few important details to help your camper have a smooth and enjoyable experience.

What to Bring Each Day:

- Water bottle
- Packed lunch
- Morning and afternoon snacks (please label clearly what is lunch and what are snacks)
- Socks must be worn every day
- Easy on/off shoes are recommended (Crocs work great)
- A change of clothes
- A hat for outdoor play is recommended
- Field trip forms
- The weeks tuition (if you have a balance) and field trip costs will be invoiced the week prior.
- Invoices must be paid by Monday prior to camp arrival.
- We will have a weekly scheduled water day. On water days please have your camper wear a rash guard and shorts and a towel, bag for wet clothes and a change of clothes and socks.

Please make sure all belongings are labeled with your child's name. Painters tape and a marker are a quick and easy way to label items.



Summer Camp Instructions

Camp Hours: Depending on your signup

8:30 – 3:00

Or

8:00 – 5:00

Daily Extended day is available by request at drop off for \$10 per hour.

If you are late and have not arranged Extended time at drop off there is a late

Pickup fee as follows:

0–5 mins \$10

5–10 mins \$15

10–20 mins \$20

20 plus mins \$25

Drop Off:

Drop off will end at 8:45 AM. For safety and security purposes drop off will occur in the garden. If it is raining check in/drop off will occur under the awning at the front door.

The door will be on electronic lock for safety and security, so please plan to arrive during the drop-off window.



Summer Camp Instructions

Pick Up

Campers will be dismissed one at a time from the garden gate, or front door if raining. Please wait outside the gate while your camper is called. For security purposes parents will not be allowed to enter the garden. A picture ID will be required at pickup. Please do not enter the main building for pickup.

Attached are the camp forms:

1. Registration
2. Policies and Procedures Acknowledgement
3. Field Trip Form (please see field trip schedule so you can fill in the proper details).

The primary phone number listed must be able to receive electronic messages, as we will send a message if any need arises during the camp day.

We look forward to a week(s) full of fun, discovery, and excitement with your campers!

Warmly,

Piper's Place Discovery Museum Camp Team



Clear

State of Florida
Department of Children and Families

Use "Tab" key to move to next field.

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Press spacebar once to check a box; press spacebar once to uncheck a checked box.

Family Information:

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____
(including area code) (including area code)

Custody: Mother Father Both Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

(including area code)

Name	Address	Work Phone	Home Phone

Helpful Information About Child:

Go Back To Page 1

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the familyday carehomebrochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date