

# Falls Lake Academy (FAST) Summer Camp 2024 Registration Form

Please print clearly.

<b>Child's Name</b> _____	<b>Grade</b> _____	<b>Age</b> _____
<b>Address</b> _____		
<b>City</b> _____	<b>Zip code</b> _____	<b>Birth Date</b> _____
<b>Gender</b> _____		
<b>Weeks Attending:</b>		
<b>All 4 weeks</b> _____		
<b>Week of June 3<sup>rd</sup> – 7<sup>th</sup></b> _____		
<b>Week of June 10<sup>th</sup> - 14<sup>th</sup></b> _____		
<b>Week of June 17<sup>th</sup> – 21<sup>st</sup></b> _____ (Closed Wednesday, June 19 <sup>th</sup> )		
<b>Week of June 24<sup>th</sup> - June 28<sup>th</sup></b> _____		
<b>Parent or Guardian's Name</b> _____		
<b>Relationship</b> _____		
<b>Phone #</b> _____	<b>Email</b> _____	
<b>Parent or Guardian's Name</b> _____		
<b>Relationship</b> _____		
<b>Phone #</b> _____	<b>Email</b> _____	
<b>Resides with:</b>	<b>Both Parents</b>	<b>Mother Only</b>
	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Father Only</b>
		<input type="checkbox"/>
		<b>Other</b>
		<input type="checkbox"/>

<b>Emergency Contact: Authorized to act for parent in the event of emergency.</b>	
<b>(1) Name</b> _____	<b>Phone #</b> _____
<b>Relationship</b> _____	<b>Alternate #</b> _____
<b>(2) Name</b> _____	<b>Phone #</b> _____
<b>Relationship</b> _____	<b>Phone #</b> _____

<b>Who is authorized to pick up child up from FAST?</b>	
<b>(1) Name</b> _____	<b>Phone #</b> _____
<b>(2) Name</b> _____	<b>Phone #</b> _____
<b>(3) Name</b> _____	<b>Phone #</b> _____
<b>(4) Name</b> _____	<b>Phone #</b> _____

Please list any food allergies FAST should be aware of:

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What illness/conditions does your child have that FAST should know about?

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Please list current medication(s) your child is on that may need to be administered during FAST (must be listed on the child's MEDICAL AUTHORIZATION):

(1) \_\_\_\_\_ Time of Administration \_\_\_\_\_

(2) \_\_\_\_\_ Time of Administration \_\_\_\_\_

## PERMISSIONS/ACKNOWLEDGEMENTS

Please initial each statement:

\_\_\_\_\_ I grant permission to FAST to photograph my child during the current school year. FAST may use the photos on the Falls Lake Academy website and in other promotional publications and/or websites. My child will not be identified by name in any publication without my permission.

\_\_\_\_\_ I understand that I am financially responsible for any FAST/FLA property lost or damaged by my child.

\_\_\_\_\_ I understand that all policies in the Falls Lake Academy Student Handbook also apply at the FAST program. If my child consistently struggles with following FAST rules, my child may be suspended or kicked out of FAST for the remainder of the school year. See below for **Disciplinary consequences:**

**1<sup>st</sup> Offense = Warning**

**2<sup>nd</sup> Offense = Contact Parent and Noted in Jupiter**

**3<sup>rd</sup> Offense = 1 Day suspension from FAST**

**4<sup>th</sup> Offense = Child will no longer be allowed back in our FAST program for the current school year**

\_\_\_\_\_ I agree not to hold FAST responsible for injuries or accidents in connection with activities. I authorize FAST employees to administer first aid in case of injury.

\_\_\_\_\_ I agree not to hold FAST responsible for damage or theft of my child's belongings.

\_\_\_\_\_ I understand there will be a late fee of \$1 per minute for every minute my child remains after the posted closing time.

\_\_\_\_\_ I will provide a snack and lunch for my child on days he/she attends FAST.

\_\_\_\_\_ All payments to FAST are non-refundable.

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Parent Signature

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Date

Please describe your child on the back of this sheet, including interests and hobbies as well as any potential issues your child might experience while transitioning into FAST afterschool.