

Falls Lake Academy (FAST) Summer Camp 2025 Registration Form

Please print clearly.

Child's Name	_____	Grade	_____	Age	_____
Address	_____				
City	_____	Zip code	_____	Birth Date	_____
Gender	_____				
Weeks Attending:					
All 4 weeks	_____				
Week of June 2 nd – 6 th	_____				
Week of June 9 th - 13 th	_____				
Week of June 16 th – 20 th	_____ (Closed Thursday, June 19 th)				
Week of June 23 rd - June 27 th	_____				
Parent or Guardian's Name	_____				
Relationship	_____				
Phone #	_____	Email	_____		
Parent or Guardian's Name	_____	Relationship	_____		
Phone #	_____	Email	_____		
Resides with:	Both Parents	Mother Only	Father Only	Other	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Contact: Authorized to act for parent in the event of emergency.

(1) Name	_____	Phone #	_____
Relationship	_____	Alternate #	_____
(2) Name	_____	Phone #	_____
Relationship	_____	Phone #	_____

Who is authorized to pick up child up from FAST?

(1) Name	_____	Phone #	_____
(2) Name	_____	Phone #	_____
(3) Name	_____	Phone #	_____
(4) Name	_____	Phone #	_____

Please list any food allergies FAST should be aware of:

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

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:**

1st Offense = Warning

2nd Offense = Contact Parent and Noted in Jupiter

3rd Offense = 1 Day suspension from FAST

4th 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.

Parent Signature

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.