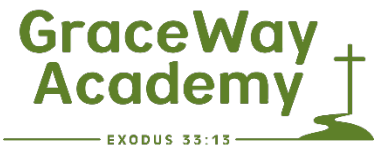


If under age 5:
 ___ Birth Certificate
 ___ Immunization
 ___ Physical

**2025
 SUMMER CAMP ENROLLMENT**



Child's Name: _____
 (Last) (First) (Middle)

By what name does your child prefer to be called? _____

Age/Grade Entering: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date: _____ Sex: _____

**Children must be fully-potty trained to attend.
 No exceptions can be made.**

Child's Physician _____ Physician's Phone #: _____

Mother/Guardian Name: _____ Email contact: _____

Address _____ City _____ FL _____ Zip _____

Home Phone: _____ Work: _____ Mobile: _____

Place of Employment: _____

Father/Guardian Name: _____ Email contact: _____

Address _____ City _____ FL _____ Zip _____

Home Phone: _____ Work: _____ Mobile: _____

Place of Employment: _____

With whom does the child reside? _____

EMERGENCY CONTACTS: If parents cannot be reached, we will call these phone numbers. Please also indicate if you authorize this person to remove your child from school.

 Name Phone# Relationship Authorized for Pick-up YES or NO

 Name Phone# Relationship Authorized for Pick-up YES or NO

 Name Phone# Relationship Authorized for Pick-up YES or NO

Where did you hear about our Summer Camp: Current Student Fun4OcalaKids.com Facebook Website



Special instructions regarding eating habits, **allergies**, toileting, learning disabilities, physical challenges, or other areas of concern:

FEES: ALL FEES MUST BE PAID IN FULL VIA BANK DRAFT OR IN OFFICE TO HOLD ANY SPOT & ARE NON-REFUNDABLE.

Camp is \$175 per week. All fees are charged by the week and drafted the Thursday prior to your child(ren)s scheduled attendance if you are currently enrolled at Graceway. Campers who are **NOT** enrolled at Graceway will be responsible for paying for camp in the office with cash or check the Thursday prior to your child(ren)s scheduled attendance.

10% discount on second+ child.

Week	Mon	Tues	Wed	Thurs
Week 1 (June 2-5)				
Week 2 (June 9-12)				
Week 3 (June 16-19)				
Week 4 (June 23-26)				
*Week 5 (June 30-July 3)	NO SUMMER CAMP			
Week 6 (July 7-10)				
Week 7 (July 14-17)				
Week 8 (July 21-24)				
Week 9 (July 28-31)				

8:00am-2:00pm
(early drop @ 7:30) \$10 per week

Please pack a snack and ready-to-eat lunch each day.

Health Policy

Please do not send your child to Summer Camp if:

- He/She has vomited, had diarrhea, a fever of 100.4 degrees or greater, or has been on medication to reduce a fever during the PREVIOUS 24-HOUR PERIOD;
- He/She has heavy clear-colored nasal discharge, or any non-clear nasal discharge;
- He/She has a constant cough or difficulty breathing;
- He/She is lethargic, cranky, or generally not in good health;
- He/She has a contagious or unexplained rash;
- He/She has a highly contagious infection such as pink eye, scabies, head lice, impetigo, strep infection, whooping cough, and chicken pox;
- He/She has been exposed to COVID-19 and/or has the following symptoms: dry cough, diarrhea, new severe headache, vomiting, new loss of taste or smell, or body aches.
- He/She has been on antibiotics for less than 24 hours.

If a child becomes ill at Summer Camp, parents will be called to pick up the child within the hour.

As a program of GraceWay Academy, Summer Camp attendees are subject to GraceWay Academy policies. A copy of our handbook can be found on our website at <https://gracewayacademy.org/documents/> or in the office at your request.

Please initial:

- ___ **I understand that all fees are non-refundable.**
- ___ **One make-up day will be accommodated per summer on a space-available basis.**
- ___ **I grant permission for my child to participate in the theme days, as listed above.**
- ___ **I have read and agree to the health and discipline policies.**
- ___ **I have included on this application any student ALLERGIES or concerns and will inform the staff as needed.**
- ___ **I give permission for my child to participate in all water recreational activities when they are offered.**
- ___ **My child is fully potty-trained (no accidents or no more than twice in a whole summer).**
- ___ **I give permission for bank draft of weekly amounts due on the Thursday before service occurs.**

Parent Signature

Date

