# SUMMER CAMP PARENT PACKET

**Please complete the attached parent packet for each child that you have enrolled in a Collier County Parks and Recreation Summer Camp. Once it is completed, you can email it or drop it off at the community center that is running the camp.**

| | | |
|---|---|---|
| Adaptive Inclusive Recreation | 3300 Santa Barbara Blvd | AdaptiveInclusiveRec@colliercountyfl.gov |
| A.I. R. Immokalee South Park | 418 School Drive | ImmokaleeSouthPark@colliercountyfl.gov |
| A.I.R. T.O.O. North Collier | 15000 Livingston Road | AdaptiveInclusiveRec@colliercountyfl.gov |
| Big Corkscrew Island Regional Park | 810 39th Avenue NE | BigCorkscrew@colliercountyfl.gov |
| Eagle Lakes Community Park | 11565 Tamiami Trail E | EagleLakesCommPark@colliercountyfl.gov |
| Golden Gate Community Center | 4701 Golden Gate Pkwy | GGCenter@colliercountyfl.gov |
| Immokalee Community Park | 321 North 1st Street | ImmokaleePark@colliercountyfl.gov |
| Max Hasse Community Park | 3390 Golden Gate Blvd | MaxHassePark@colliercountyfl.gov |
| North Collier Athletics | 15000 Livingston Road | NCRPAthletics@colliercountyfl.gov |
| Sugden Regional Park | 4284 Avalon Drive | SudgenPark@colliercountyfl.gov |
| Veterans Community Park | 1895 Veterans Park Drive | VeteransPark@colliercountyfl.gov |
| Vineyards Community Park | 6231 Arbor Drive | VineyardsPark@colliercountyfl.gov |

# Collier County Parks & Recreation Summer Camp Application for Enrollment

**Student Information:** Date of Enrollment in Program: _____

Full Name: _____
Last First Middle Nickname

Date of Birth:_____ Sex:____ Grade Entering in Fall: _____ School: _____

Child's Physical Address: _____
Street City Zip

Email Address_____

**Family Information**

Child Lives With (Please be specific): _____

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

D.O.B. _____ D.O.B. _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Custody: Mother _____ Father _____ Both _____ Other _____

**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. I give my consent to transport by ambulance if the situation warrants.

Doctor: _____ Address: _____ Phone:_____ Hospital Pref: _____

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

_____

_____

Helpful information and strategies to help your child's experience:

_____

_____

_____

**Child's Name:**_____ **Valid from** _____**to**_____

# Pick Up Authorization and Emergency Contacts:

Child will be released to the custodial parent or legal guardian and the persons listed below. Check the box next to the names of the people that will be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency. **Please make sure to add yourself as an emergency contact.** Any additions to this list must be made in writing and CANNOT be made by phone.

| ✓ for emergency contact | | | | | |
|---|---|---|---|---|---|
| ☐ | Guardian 1 Name | Cell # | Work # | Home # | Relationship |
| ☐ | Guardian 2 Name | Cell # | Work# | Home # | Relationship |
| ☐ | Name | Cell # | Work # | Home # | Relationship |
| ☐ | Name | Cell # | Work # | Home # | Relationship |
| ☐ | Name | Cell # | Work # | Home # | Relationship |
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| ☐ | Name | Cell # | Work # | Home # | Relationship |
| ☐ | Name | Cell # | Work # | Home # | Relationship |

*Section 65C-22.06(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.* ***(Applies to Preschool/VPK programs only)***

*Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) and the Influenza Virus Brochure, "the Flu: A Guide for Parents." (CF/PI 175-7).*

*Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.*

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian: _____ Date: _____

# Parent Authorization Form

**Child's Name:**_____ **Valid From:** _____ **to** _____

**Parent / Guardian Must Initial**

_____ **Late Fee Policy:**
For each child signed-out after the program end time, the parent/guardian will be charged a late fee of $5.00. The parent/guardian will be charged an additional $1.00 for every minute after the initial 15 minutes for each child. Late fee must be paid for a child to continue in the program.

_____ **Discipline Policy:**
Collier County Parks & Recreation Division is committed to providing an environment that fosters the physical and emotional well being of all program participants. Creating a safe, enjoyable environment is the responsibility of Parks & Recreation staff as well as program participants, and families. Discipline Actions are limited to: verbal warning, individual counseling, quiet time, redirecting, parent contact, written Discipline Action Report, counseling by supervisor, suspension from program, and termination from program. All program sites are drug free and violence free. We expect all staff members, program participants, and families to be respectful of others and the property of others. Most discipline issues are minor and are easily resolved by the staff, the child, and parents. However, serious infractions may result in immediate suspension or termination from the program. Examples include but aren't limited to intentionally threatening/hurting others, leaving group without authorization, stealing, causing significant damage to property, or drug/weapon possession. Our discipline actions are meant to provide opportunities for children to learn responsibility and concern for others.

_____ **Movie Policy:**
ELEMENTARY CAMPS-Show G-Rated Movies and appropriate PG-Rated Movies
MIDDLE SCHOOL CAMPS-Show only G-Rated, PG-Rated and appropriate PG-13 Movies
Parents may review the movie list. Parent's preferences will be honored with alternative activities provided for campers when these movies are shown.

_____ **YES** **Photo Release Policy:**
I give Collier County government permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the county with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.
**General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the county will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. Photographs or videotaping in private or public schools or youth camps must be done only with school or camp permission and with signed release forms from a parent or guardian of each child. Release forms should be included in school or camp registration materials. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please contact the Communication & Customer Relations Department at 239-252-8999.*

_____ **NO**

_____ **Field Trip Policy:**
The Collier County Parks & Recreation Division will provide reasonable supervision of the participants within its care and control. The supervision will be appropriate for the ages of the participants, but Collier County is not an insurer of the safety of any participants, nor can it supervise all movements of all participants at all times. There are certain risks inherent in travel and at the destination. I agree that no employee or volunteer has any personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child. I understand that no child will be permitted to remain at the Camp Site during any field trips. Planned field trips include but are not limited to: Sun N Fun Lagoon, Naples Zoo, Golden Gate Aquatic Center, and other County Facilities. Parents must be advised in advance of each field trip activity. **The date, time and location of the field trip must be posted in a conspicuous location at least two (2) working days prior to each field trip.** If special circumstances arise where notification of an event cannot be posted for two (2) working days, individual permission slips must be obtained from each the custodial parent or legal guardian. Documentation of parental permission for field trips shall be maintained for a minimum of four (4) months from the date of each field trip.

_____ **Sunscreen Policy:**
Parents are strongly encouraged to apply sunscreen in the morning before dropping their children off at camp. To ensure that your child is protected from the sun, we also ask you to please bring a container of sunscreen/block labeled with your child's full name to camp. Written permission is required from the parent in order for us to assist the child in applying sunscreen.
I authorize CCPRD summer camp staff to assist my child in applying sunscreen. I understand that I will provide the sunscreen, clearly labeled with my child's full name.

**By signing below, I acknowledge and understand the above Collier County Parks and Recreation Policies.**

_____ _____ _____
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Collier County
Parks & Recreation

# Food Related Activities Permission

I give permission for my child (name) _____ to participate in food related activities.

Please check one of the following:

☐ My child DOES NOT have a food allergy or dietary restriction.

☐ My child DOES have a food allergy or dietary restriction. He or she may participate as long as (please list below):

_____
_____
_____

☐ My child DOES have a food allergy or dietary restriction. He or she may NOT participate in food related activities.

Parent/Guardian Signature: _____

# Collier County Parks and Recreation Division
# MEDICATION AUTHORIZATION FORM

Child's Name_____ Medication_____

Dosage_____ Time(s) Given to Child_____

Medication Instructions and Possible Side Effects:

_____

_____

Any conditions that your child has that we should be aware of: _____

_____

_____

*Medication MUST be in original container and properly labeled. Prescription medication must have the following information on the label: 1. Doctor's Name 2. Child's Name 3. Medication Directions

_____ _____

Parent/Guardian Signature | Printed Name of Parent/Guardian

Total Pills Delivered in Bottle _____

Date Pills Delivered _____

_____ _____

Parent/Guardian Signature | Staff Completing Form Signature

Total Pills Returned in Bottle _____

Date Bottle Returned _____

_____ _____

Parent/Guardian Signature | Staff Completing Form Signature

## MEDICATION ADMINISTRATION RECORD

| Date | Time | Medication | Amount | Signature of Staff Admin. Meds. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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# Camp Collier Full Summer Discount Program Terms and Conditions

## Program

The Full Summer Discount Program is available to any participant enrolling in all nine weeks of CAMP COLLIER Summer Camp. The discount of 22% will be seen at the time of registration if payment is made in full. If our 3- Payment Plan is used, the discount of 22% will be seen on the final payment. An additional discount is available to families enrolling multiple children.

## Fees

First Child - $600 per participant for the first child (22% discount - $165 savings)
Additional Child(ren)* - $540 per participant for additional children. (29% discount - $225 savings)
* **Additional children must be from the same immediate family in order to qualify for discount.**

## Payment Plan

A payment plan is available and will consist of four payments. Initial payment is $150.00 for 1st Child and $135.00 for additional family members / child.

## Due Dates

**1st Payment: March 1, 2025**
**2nd Payment: April 1, 2025**
**3rd Payment: May 1, 2025**
**4th Final Payment: May 23, 2025**

## Requirements

1. Fees must be paid at time of registration OR on or before Payment Plan Due Dates. At no time may an account become delinquent. If payment is not made on time participant's spot may be forfeited.

2. Participants are responsible for the **FULL** Summer Discount Program Fee ($600.00 or $540.00) regardless of program attendance unless the participant has submitted a written request to withdraw from the Full Summer Discount Program.

3. The written request to withdraw is effective the date it is received by the Collier County Park office associated with the camp the participant is enrolled in.

4. Participants withdrawn from CAMP COLLIER Full Summer Program prior to the end of camp will forfeit all discounts and will be re-accessed fees at the customary rate of $85.00 per week.

**I agree to abide by all terms and conditions of the FULL SUMMER DISCOUNT PROGRAM AGREEMENT. I understand that failure to make timely payments will result in termination from the FULL SUMMER DISCOUNT PROGRAM and I will be assessed fees based on the weekly rate of $85.00 per week per child.**

Name(s) of participant(s): _____

Account holder: _____

Account holder signature _____Date:_____