Camp Registration Packet

Please complete one packet for each camper.

This page need not be returned.

Great Explorations Camps are designed for children entering grades K-2nd in the 2024/2025 school year.

Camp programming runs from 7:30 a.m. - 5:30 p.m. each day camp is in session.

A fee of $5/minute per child will be charged for late pick-up of a child after 5:30

Please drop off children no later than 9:00 a.m.

Cost Per Child: Non-members $285/week; Members $260/week

Please Note:

• Only those adults listed on a child’s drop off form will be allowed to sign that child out of camp. A valid photo ID is required for anyone (including parents) who pick up a child.
• Please pack a lunch, two snacks, and drinks for your camper (no soda beverages, please); water bottles can be refilled throughout the day. **Nut Free**
• Field Trips are typically scheduled on Tuesdays or Thursdays of each week from 9:30 a.m.---3p.m. If the field trip is on a different day of the week, you will be given notice.
• Children must arrive to camp by 9:00a.m. Please send your child with a packed lunch. **Camp T---Shirts are required on Field Trip days**
• Please send your child to camp wearing appropriate clothing and sneakers for camp play. Include any additional items your child may need (i.e., jacket, sunglasses). Please apply sunscreen or bug spray as needed before arriving to camp.
• Toys that encourage imaginative play and are small enough to fit in a backpack are allowed to be used during after care time from 3:30---4:30. Please note: we have no way to lock up items children bring to camp and are not responsible for lost or stolen belongings. **No electronics will be permitted**
• Our activities may require the use of paints and materials that are messy. We do our best to use materials that do not stain clothing but are unable to guarantee that materials are safe on all clothing. Please dress your child accordingly.
• There will be no camp on June 19th, or August 8th & 9th. There will be NO CAMP week 5.
• Payment plans are available upon request. **Please note: Payment plans will be charged on the first of every month beginning April 1st. A deposit of $100 must be paid when registering.**

Director: Chel Personius  Assistant Director: Emily Barnes
(727) 821-8992 Ext. 219  (727) 821-8992 Ext. 234
cpersonius@greatex.org  ebarnes@greatex.org
Cell Phone: (727)253-7356

For your reference your child is enrolled in the following weeks:

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 6: (7/8-7/12)</td>
<td>Week 7: (7/15-7/19)</td>
<td>Week 8: (7/22-7/26)</td>
<td>Week 9: (7/29-8/2)</td>
<td>Week 10: (8/5-8/7)</td>
</tr>
</tbody>
</table>
### Child’s Enrollment Record

**Child’s full legal name**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Nickname</th>
</tr>
</thead>
</table>

**Date of Birth**

**Sex**

**Primary Hours of Care**

From ________ To ________

**Days of Week in Care**

<table>
<thead>
<tr>
<th>Days of Week in Care</th>
</tr>
</thead>
</table>

**Child’s Physical Address**

<table>
<thead>
<tr>
<th>Street Address (number, apartment #, street)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Family Information:**

**Child Lives with**

**Parent’s Name**

Parent’s Name: __________________________

**Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Home Phone:**

**Employer:**

**Address:**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Work Phone**

**Cell**

**Work Phone**

**Cell**

**Custody:**

Mother ______ Father ______ Both ______ Other ______ Name: __________________

**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 children’s center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**
CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource ________________________________________________________
Telephone Number ________________________________________________________________
Address  

Street Address (number, apartment #, street)  City  State  Zip Code

Hospital Preference _________________________________________________________________

Name of Dentist ___________________________ Telephone ___________________________
Address  

Street Address (number, apartment #, street)  City  State  Zip Code

Meals typically served while in care:  Breakfast   AM Snack   Lunch   PM Snack   Supper

Emergency Care Plan instructions (if applicable) __________________________________________
__________________________________________
__________________________________________

MISCELLANEOUS INFORMATION

List all known allergies ______________________________________________________________
__________________________________________
List all identifying scars, birthmarks, skin discolorations __________________________________
Special medical or dietary needs of child ______________________________________________
__________________________________________
List any areas of concern _____________________________________________________________
__________________________________________

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the “Know Your Child's Children's Center” brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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 Custodial Parent or Legal Guardian ___________________________ Date ___________
EMERGENCY MEDICAL RELEASE

This form must contain only one child’s name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child’s Full Name: _____________________________ Birthdate: _____________________________
Allergies: ____________________________________
Medicines Routinely Taken: ____________________
Name of Custodial Parent(s)/Legal Guardian(s): _____________________________________________
Address: ____________________________________
Street Address (number, apartment #, street) City State Zip Code
Home Telephone: _____________________________ Cell Telephone: _____________________________
Work Telephone: _____________________________

Family Physician’s Name/Health Care Resource: _____________________________________________
Address: ____________________________________
Street Address (number, apartment #, street) City State Zip Code
Telephone: _____________________________

Hospital Preference: _____________________________
Name City

Medical Insurance Company: _____________________________
Policy #:______________________________________ Expiration Date: ____________

Emergency Contact (if custodial parent/guardian cannot be reached): _____________________________
Address: ____________________________________
Street Address (number, apartment #, street) City State Zip Code
Home Telephone: _____________________________ Cell Telephone: _____________________________
Work Telephone: _____________________________

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child
______________________________ in the event of an emergency at which time
I cannot be reached. I give consent to transport by ambulance if situation warrants it.

________________________________________
(Signature of Custodial Parent/Legal Guardian (Affiant))

STATE OF FLORIDA COUNTY OF _____________________________
The foregoing instrument was acknowledged before me on _____________________________ 20____
by ___________________________ (Name of Affiant)
who is personally known to me or who has
produced ___________________________ (Type of Identification) as identification.

Signed: ___________________________ (Signature of Notary)

FC-0003 Sample (7/30/13)
Child’s Name: _____________________________________________

I would like to enroll my child in the following weeks: ______________________________

Parent Email address: ______________________________

Great Explorations Member ID# __________

CAMP TEE


*t-shirts are standard youth sizes: XS, S, M, L

How did you hear about our summer camp program?

<table>
<thead>
<tr>
<th>At the museum</th>
<th>Returning Camper</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Child’s School</td>
<td>TB Parenting Magazine</td>
</tr>
<tr>
<td>Facebook</td>
<td>Community Outreach</td>
</tr>
<tr>
<td>Instagram</td>
<td>Referred by a friend</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

PHOTO CONSENT

In some cases, photographs or video will be taken to highlight the activities taking place at Great Explorations Children’s Museum (“Great Explorations”) and on Great Explorations off-site field trips.

I, the undersigned, do hereby consent that Great Explorations, its employees, and agents may take “group” photographs, video recordings, and digital recordings that include my child (a “group” for purposes of this Photo Consent includes 3 or more persons).

_____Initial  Additionally, I give Great Explorations permission to include my child in individual photos and recordings for the purpose of marketing our programs and/or educational purposes.

I give consent for these photographs and recordings to be used by Great Explorations for the purpose of marketing its programs and/or educational purposes in print or electronic form. I acknowledge that neither my child nor I will receive any compensation for the use of these photographs and recordings. In some cases, my child’s first name may be included in a description accompanying the photographs and recordings. I give consent to include my child’s first name in those cases.

No person shall publish, print, display or otherwise publicly use for purpose of trade or for any commercial or advertising purpose the name, portrait, photograph, or other likeness of any natural person without express written or oral consent. Fla. Stat. §540.08(1). Any consent provided in subsection (1) shall be given on behalf of a minor by the guardian of her or his person or by either parent.

_____ Initial
Child’s Name________________________________________________________

Entering Grade ______________

FIELD TRIP AUTHORIZATION

I authorize my child_______________________________________ to go on field trips to Sunken Gardens, Crescent Lake Park and other locations requiring travel by bus or on foot while enrolled in drop-off programs at Great Explorations Children’s Museum, including but not limited to, Stay and Play After School Program, School’s Out and Summer Camp. I understand that my child will be supervised by Great Explorations staff and that this authorization can be used at any time during the hours of operation (7:30 a.m. – 5:30 p.m.), Monday through Friday. I also understand that I will not necessarily be notified prior to each field trip. I understand off-site field trips take place weekly during the summer and may require transportation via Pinellas County School Bus and/or Stay and Play museum owned vans.

Parents Name______________________________________________

Parents Signature____________________________________________ Date____________________
CHILD: _______________________________  
PAYMENT AMOUNT: ___________________________  
☐ I would like to be placed on a payment plan  
*All payments must be completed no later than June 30th  
a deposit of $100 is due at registration.  

Payment Authorization  
I authorize Great Explorations Children’s Museum to charge the following credit/debit card for summer camp fees listed above. I understand that fees are not prorated when a child is out of camp due to illness, extra-curricular activities, or any other reason. I understand I am responsible to provide Great Explorations with a written two-week notice if I intend to dis-enroll. Should I not provide the aforementioned notice, I understand that Great Explorations will make every attempt to fill my child’s vacated position, but should they be unable to fill it within the two weeks, I will be responsible for paying for the two-weeks.  

**Please note: Payment plans will be charged on the first of every month beginning April 1st. A deposit of $100 is due at registration, the remaining balance will be broken into three payments.**  

I understand that Great Explorations Children’s Museum will secure the following information for my protection.  

**UPDATED PAYMENT METHOD:**  
O Visa   O Master Card   O Discover   O Amex   O Check Enclosed  
Credit Card #: ____________________________________________________________  
Name on Card: ___________________________________________________________  
Expiration Date: ________________ Security Code: ________________  
Zip Code: _____________________________ Date: ____________________________  

SIGNATURE: ____________________________________________________________
I give permission for my child _________________________________ 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, but may not eat or handle the following items (please list below)

______________________________________________________________________

______________________________________________________________________

___________My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

_________________________________ _____________________________

Parent Signature Date
Quality child care offers health, social, and educational experiences under qualified supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

**QUALITY CAREGIVERS**
- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging and responsive to each child’s individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle and talk to the children.
- Help children manage their behavior in a positive, constructive and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

**QUALITY ENVIRONMENTS**
- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Displays children’s activities and creations.
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**QUALITY ACTIVITIES**
- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, storytelling, music, dancing and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, explore, and problem-solve.

**PARENT’S ROLE**
A parent’s role in quality child care is vital:
- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the children’s center policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the children’s center.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in the children’s center.
- Arrange alternate care for a sick child.
- Familiarize yourself with the child care standards used to license the children’s center.

**PINELLAS COUNTY CHILDREN’S CENTERS GENERAL INFORMATION**
For a listing of children’s centers, contact 211 Tampa Bay Cares at 2-1-1.
For an appointment to review a children’s center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.
For further information about child care in Florida or to view children’s center inspection reports, visit the website: MyFLFamilies.com/ChildCare

**PINELLAS COUNTY LICENSE BOARD**
for Children’s Centers and Family Child Care Homes
8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

C-0002 (Rev.08/16)
A LICENSED CHILDREN'S CENTER MUST:

- Adhere to its licensed capacity at all times.
- Post a schedule of daily activities.
- Have first aid and emergency procedures, and post evacuation diagrams in each room.
- Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- Report suspected child abuse to the statewide toll-free telephone number.
- Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication.
- Document required information when administering medication.
- Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- Maintain vehicles in safe condition if transportation is provided.
- Obtain parent's or legal guardian's permission before transporting children.
- Maintain contact information for children in vehicles being used for school and emergency care plans for children with chronic medical conditions.

PHYSICAL ENVIRONMENT

- Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

NUTRITIONAL REQUIREMENTS

- Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child’s nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - O Posted meal and snack menus.
  - O Safe drinking water is available.

PERSONNEL REQUIREMENTS

- Director has a Director Credential with the certificate posted.
- Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- Completion of background screening.
- Completion of 40-Hour Introductory Child Care training.
- Completion of 10 hours training annually.
- Completion of early literacy training (not required for school age centers).
- Documentation of educational requirements.
- Meet minimum age requirements.
- Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- Staff trained in first aid and CPR on the premises at all times and on field trips.
- Staff maintain direct supervision including minimum adult-child ratios:
  - 2 months-1 year 1 adult for 3 children
  - 1 year-2 years 1 adult for 5 children
  - 2 year olds 1 adult for 10 children
  - 3 year olds 1 adult for 15 children
  - 4 year olds 1 adult for 20 children
  - 5 years and up 1 adult for 25 children

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- Annual approved fire inspections conducted.
- Monthly checks to ensure all areas of the children’s center are free from fire hazards.
- Smoking is prohibited on premises.
- Storage of toxic and hazardous materials in areas inaccessible to children.
- Fire and emergency drills conducted as required.
- A labeled, fully stocked first aid kit.
- Parent(s) or legal guardian(s) notified of all animals on site.
- Records of immunizations for animals/fowl.
- Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- Prohibit narcotics, alcohol or other impairing drugs on the premises.
- Bimonthly outdoor equipment maintenance.