



“ 2021” S.O.A.R. Beyond Camp
 Our Theme: **S.O.A.R. Beyond Winter Fun**
 (Financial Terms and Conditions)

I agree to pay a **Registration fee**, as stated below (\$0), at the time of enrollment. *Please Initial* _____

I understand that I must schedule each week/days of my child’s attendance below. I will be liable for the tuition fees for these weeks/days and I agree to pay each Friday for the following week’s tuition a **Weekly Tuition Fee**, as stated below. I am aware that if tuition is not paid by Monday morning, prior to dropping off my child, admission will be denied. All paid tuition is non refundable. *Please Initial* _____

I understand that the **Weekly Tuition Fee includes** a morning snack, lunch, afternoon snack and activities. *Please Initial* _____

I understand that the Winter Camp hours are from 8:00 am to 5:00 pm. *Please Initial* _____
An extra hour before or after is available for an additional fee.

I agree to pay any **Late Pickup Fees** that I may be charged, per child, as stated below in the late fee schedule. *Please Initial* _____

I understand that parents must sign child(ren) in and out every day. *Please Initial* _____

Child’s Name _____ **Age/D.O.B.** _____

Winter Camp Days

**Please initial each week (days) your child will attend*



Dates	Zones Sports/Laser tag, Arts & Crafts/Music/Dance, Video Games/Karaoke/ Legos
Dec. 22-24	
Dec. 28-31	
Jan. 4-5	

Registration

Tuition (per wk/days)

Late Pickup Fee

I certify that I have read and understand the information contained in this enrollment agreement. I agree to the Financial Terms and Conditions and to the fee schedule listed above. **I agree to pay for each week(days) of Winter Camp signed for. I understand that my account will be billed for each of those weeks and that I am responsible for paying on the Friday prior to the week of service.**

 Parent/Guardian Signature Date

 Director/Administrative Signature Date

***Regardless of attendance, tuition must be paid for each week scheduled. No refunds issued.**



Enrollment Form

Roots and Wings Learning Center

210 Commerce Lake Dr
 Saint Augustine, FL 32095
 (904) 940-9410

Family Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child	Social Security Number		Relationship to Child	Social Security Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Street Address			Street Address		
<input type="text"/>			<input type="text"/>		
City	State	ZIP Code	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext	Home Phone	Work Phone	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

Child Information

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Date of Birth	Date of Enrollment
<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Lives With		
<input type="text"/>		
Custody		
<input type="text"/>		
Child's Physician	Physician Phone	
<input type="text"/>	<input type="text"/>	
Child's Dentist	Dentist Phone	
<input type="text"/>	<input type="text"/>	
Hospital Preference		
<input type="text"/>		
Known Allergies		
<input type="text"/>		

Emergency/Release Contacts

Name	Contact Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Name	Contact Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Name	Contact Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

Authorization

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "**KNOW YOUR CHILD CARE FACILITY**"

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Influenza Virus Brochure (DCF licensing requirement)

Children will be released only to custodial parent or legal guardian and the persons listed above.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Parent / Legal Guardian's Signature _____

Date _____

OFFICE USE ONLY

Tuition: \$ _____	Registration: \$ _____	Billing Cycle: _____	Door/ID Code: _____
Program: _____	Classroom: _____	Enrolled By: _____	