

Pineapple Cove Classical Academy
6162 Minton Rd.
Palm Bay, FL 32907
Hours 8:30 a.m.-5:30 p.m.
www.pcasummercamp.com



Office use only: Weekly tuition rate: _____ Before/After Care: Y N Program: _____ Reg Form: _____ Date: _____ Enrollment Date: _____ Staff Initials: _____

Summer Camp Registration Form

Camper's Full Name: _____ Sex: M F

Date of Birth: _____ Last Grade Level Completed: _____

Currently enrolled at (circle one, if applicable): PCA Bayside - PCA North Shore - PCA Pebble Creek

Summer Camp Program (circle one): Camp Only - Camp with Before/After Care

Address: _____

City: _____ State: _____ Zip: _____

Guardian: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Guardian: _____ Relationship: _____

Email: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Authorization for Student Pickup:

*When your child arrives to camp, it is your responsibility to escort your child into the building and sign your child in at the front desk. You will also be required to sign your child out at the end of the day. Your child will **not** be released to anyone who does not have written authorization in your child's file.*

Persons authorized to pick up my child (besides guardians and emergency contacts):

Names: _____

Persons **NOT** authorized to pick up my child: _____

Please email completed form to camphalakahiki@pineapplecoveacademy.com.

Emergency Medical & Transportation Authorization:

I hereby give consent and authorize Pineapple Cove Academy to seek emergency treatment for my child. I give my consent and authorization for any health facility or physician to provide necessary medical 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 the situation warrants it. I will take full responsibility for payment of all medical services rendered due to an emergency.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Regular Medications: _____

Any Special Health Conditions: _____

Insurance Company: _____ Policy #: _____

*If a child's physical, mental, or emotional needs require a practice or procedure that is contradictory to the practices and procedures contained in the parent handbook, an individual **Plan of Care** must be established. The purpose of the Plan of Care is to ensure that the needs of the child are met in accordance with the laws of the State of Florida and the United States of America. The steps that must be followed in establishing a POC require the input of many professionals, as well as the cooperation of the parents. During the investigation process the child may be excluded from care. Once a Plan of Care is presented to the parents, agreed upon, and signed by both parents the child may be included in our program.*

Transportation Agreement:

This is to certify that I give Pineapple Cove Academy permission to transport my child _____ on field trips.

Parent/Guardian Signature: _____ Date: _____

Enrollment Agreement- Please initial all boxes:

- I agree to pay the weekly tuition fee with no discounts for partial absentees, illness, holidays or withdrawals.
- I understand and agree to pay a \$20.00/week late fee for tuition not paid by Tuesday, unless prior arrangements have been made with the director.
- I understand and agree to pay a \$25.00 return check fee for any check returned.
- I understand and agree that my child will be required to wear a face mask or covering at summer camp. (Masks will not be mandatory during certain times of the day)
- I understand and agree that I must two give a (2) weeks prior written notice when withdrawing my child.
- I understand and agree that I will pay \$1.00 per minute for every minute I am late picking my child up after 5:30 p.m. for regular summer camp or 6:30 p.m. for extended care.
- I understand that my child's photo may appear in various forms of advertising or social media, but that their personal information will not be given.
- I understand that this is a legally binding contract, and I have read it and understand it.**

Guardian Signature: _____ Date: _____

Please email completed form to camphalakahiki@pineapplecoveacademy.com.