

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



## Summer Camp Registration Form

### Office use only:

Weekly tuition rate: \_\_\_\_\_  
Before/After Care: Yes No  
Bus transportation @PC \_\_\_\_\_  
Reg Fee & Form:: \_\_\_\_\_  
Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_ Sex: M F  
Date of Birth: \_\_\_\_\_ Current grade level: \_\_\_\_\_

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: \_\_\_\_\_

Is child currently enrolled at (Please circle): Bayside North Shore Pebble Creek

Child's shirt size (circle one): (Y)XS (Y)S (Y)M (Y)L (Y)XL (A)XS (A)S (A)M (A)L

**Summer Camp Week Selection (circle one):** **Block A** (May 31st-July 29th)  
**Block B** (May 31st-June 24th)  
**Block C** (June 27th-July 29th)

\*Campers enrolled in PCA's before and aftercare program for the 2022/23 school year will move back to their respective preschool starting July 25th through the start of the school year. \* All other campers will stay at PCCA for the week of 7/24-7/29. Camp at PCCA officially ends on July 29th.

Summer Camp Program (circle one):      Camp Only 8:30 a.m-5:30 p.m  
   Camp with Before/After Care 6:30 a.m.-6:30 p.m.

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**\*\*Bussing will be offered to and from camp from our Pineapple Cove Academy Pebble Creek location only, located at 4601 N. Wickham Rd. The bus will leave Pebble Creek at 8:00 a.m and return by 5:00 p.m. *If you choose this option, your camper will automatically be enrolled into the before and aftercare program\*\****

Pebble Creek Only: Yes, my child needs transportation (includes Before & After Care option) \_\_\_\_\_

No, my child does not need transportation \_\_\_\_\_

**Enrollment Agreement- Please initial all boxes:**

- I agree to pay the weekly tuition fee for **every** week of the chosen block with no discounts for partial absentees, illness, holidays or withdrawals. Camp will be closed with no tuition due 7/4/22-7/8/22.
- 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 or a \$5.00 fee for a declined credit/debit card.
- I understand and agree that I must two give a (2) weeks prior written notice when withdrawing my child.
- I understand that my child is required to wear a Pineapple Cove Academy t-shirt on ALL field trips. If my child does not have one, one will be provided to him/her and my account will be charged \$10.
- 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](mailto:camphalakahiki@pineapplecoveacademy.com).**