



Date: _____

Campers 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: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Cell Phone: _____ Work Phone: _____
Name: _____ Relationship: _____
Cell Phone: _____ Work Phone: _____

Does your child have a sibling enrolled at THLA? If so Student's Name:

Child's Shirt Size (Circle One) (Y) XS (Y) S (Y) M (Y) L (Y)XL Small Medium Large

Summer Camp Sessions: Circle Camp weeks your child will be attending

All 10 weeks of camp

First 5 weeks of camp

2nd 5 weeks of camp

CAMP WILL BE CLOSED JULY 3rd & 4TH

Authorization for Student Pickup:

When you arrive at Camp it is the parents responsibility to sign the camper into the building at the front desk. You will also be responsible to sign your camper out at the end of the day. Your child will not be released to anyone who is not listed on the camp registration form in authorized pick up. Person who are allowed to pick up besides Parents are as follows:

Names: _____

Emergency Medical & Transportation Authorization:

I hereby give consent and authorize Treehouse Learning Academy to seek emergency care for my child. I give my consent and authorization for ANY health facility or physician to provide essary medical treatment to my child in the event of an emergency, at which time I cannot be reached. I give consent to transport an ambulance if the situation warrants it. I will take full responsibility for payment of all services rendered due to the emergency.

Name of Physician: _____ Phone: _____

Allergies: _____

Medications: _____

Special Health Conditions: _____

Insurance: _____ Policy: _____

If a Child’s Care procedure of care is contradictory to the practices in the THLA handbook an individual plan must be established and agreed upon by the THLA director. Purpose of the plan is to see that the child’s needs are met in accordance with the state of Florida. The camper may not attend until the Parent and Location have an agreed upon care procedure.

Meals:

THLA serves breakfast, lunch and afternoon snacks to students that are in the building during the time that the meal is served.

Transportation Agreement:

THLA has my permission to transport my Camper _____

On Field Trips.

Parent Signature: _____ Date: _____

Enrollment Agreement: Please Initial

_____ I agree to give a 2 weeks notice before withdrawing my child

_____ I agree to pay additional fees for trips if not covered by my tuition or my student will not go on the field trip.

_____ I agree to pay tuition each week , and no discounts or refunds will be given for absences, sicknesses or vacations.

_____ I agree to pay a 20.00 a week late fee for payments not collected on the tuition due date.

_____ I agree that my child will wear the THLA summer camp shirt on all field trips, if my child does not have on a camp shirt my account will be charged 20.00 for a camp shirt for the field trip day.

_____ I agree to pay 1.00 a minute for every minute I am late picking up my child after 6pm.

_____ I understand my child photo will be taken and used in various forms of advertisement and social media but my child name will not be used.

_____ I understand that if my child's behavior allows for them to be sent home they may not return to camp and may be dismissed from the program.

I understand this is a binding contract and I have read it and understand

Parent signature: _____ Date: _____

Please email COMPLETED forms to treehouselearningacademy@gmail.com OR Visit a THLA location to register..

We will contact you shortly to collect the 85.00 registration fee & 1st week tuition
Your student is NOT enrolled until registration and 1st week tuition is paid in full.