



Camp Summit Application Form:

Child's Last Name: _____ Child's First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____ Grade (2023-2024): _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Email _____ Email _____

Person's Authorized to pick up child: _____

Other Dismissal Arrangements _____ (ex. Walk/Ride/Bus)

Emergency contact: _____ Relationship: _____

Phone: _____

LUNCH: Camp Summit will provide free breakfast and lunch daily. If your child has specific allergies or dietary needs, feel free to send meals from home or complete information below.

FOOD ALLERGIES & DIETARY NEEDS: (circle one) VEGETARIAN VEGAN

Additional Details: _____

PAYMENT SCHEDULE

Tuition may be paid by cash, check or money order. **Make the check payable to:** West Palm Beach Jr. Academy

- | | |
|--|---|
| <input type="checkbox"/> REGULAR REGISTRATION: \$25 | <input type="checkbox"/> SIBLING REGISTRATION: \$25 |
| <input type="checkbox"/> FULL TIME: \$150 /week | <input type="checkbox"/> SIBLING FULL TIME: \$125/week |
| <input type="checkbox"/> PART TIME: \$100/ week | <input type="checkbox"/> SIBLING PART TIME: \$90 |
| <input type="checkbox"/> EARLY/AFTER HRS CARE: \$10/day | |

TOTAL DUE AT REGISTRATION: \$ _____

SIGNATURE OF PARENT OR GUARDIAN

DATE



I understand that the first week's balance is due by June 3, 2024. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Camp Summit every day. **Each week of camp must be paid in advance.**

DROP OFF AND PICK UP TIMES

Drop off time: Earliest arrival time 7:30am

Pick up time: 5:30PM

Please sign up for Early Care (7:00 am-7:30 am) or After Hrs Care (5:30 pm-6:30 pm) for a \$10/day

PHOTOGRAPHY WAIVER

I hereby give permission to Camp Summit to photograph and/or videotape/record my child _____ (*camper's name*) for educational or promotional purposes.

Parent Name (print): _____

Parent Signature: _____

PARENT STATEMENT

I hereby state that (*camper's name*) _____ is in good mental and physical health to participate in the activities provided by Camp Summit. I understand that Camp Summit is sponsored by West Palm Beach Junior Academy, hereafter referred to as WPBJA, and the First Seventh Day Adventist Church of West Palm Beach. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release WPBJA and First Seventh Day Adventist Church of West Palm Beach, its employee and its staff from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises of WPBJA or First Seventh Day Adventist Church of West Palm Beach, including any event sponsored or sanctioned by WPBJA or First Seventh Day Adventist Church of West Palm Beach and or travel to and from such activities.

I understand that WPBJA and First Seventh Day Adventist Church of West Palm Beach and Camp Summit have the right to deny admittance to any camper not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with Camp Summit or its scheduled program and that Camp Summit has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Name (print): _____

Parent Signature _____ Date _____

CONTACT INFORMATION



For more information, contact Marliano Smith/ Anton "Mr. Tito" Kirindongo at 561-689-9575.

Please complete the entire application, including Medical Consent Form, agreement and submit registration fee. You can email this packet to wpbja@flcoe.org or turn at West Palm Beach Junior Academy.