



SUMMER CAMP

2022 ENROLLMENT

- For ages 2.5-5 years old | Child must be potty trained
- Must have the following when registering: Current Florida Certificate of Immunization DH680 | Health Examination Form DH3040
- One form per child
- Please fill out enrollment form in its entirety. Then email completed form to office@suncountysports.com or drop off at Sun Country Sports.

CHILD INFORMATION:

Child's First Name: _____ Child's Last Name: _____ M F
 Child's Nickname: _____ Child's Date of Birth *: _____ / _____ / _____ Age: _____

* Child must be 2.5-5 years old and fully potty trained. If your child will be 5 by September 1, 2022 and going into kindergarten, please complete and submit a School Age Enrollment form.

FAMILY INFORMATION:

Mother's Name: _____ Father's Name: _____
 Address: _____ Address: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Employer: _____ Employer: _____
 Work Address: _____ Work Address: _____
 Work Phone: _____ Work Phone: _____

Custody: Mother Father Both Other: _____
 Child currently lives with: Mother Father Both Other: _____

MEDICAL INFORMATION:

Doctor: _____ Address: _____ Phone: _____
 Doctor: _____ Address: _____ Phone: _____
 Dentist: _____ Address: _____ Phone: _____
 Hospital Preference: _____

Does your child take any medications: No Yes* If yes, please explain: _____

* For medication to be administered during your child's time at Sun Country, please request and complete separate medication release form

Check any of the following that Sun Country can administer: Anti-Itch Cream Antibiotic Ointment Sunscreen Insect Repellent

Indicate any medical conditions that may affect your child's behavior: _____

Does your child have any allergies: No Yes If yes, please specify the allergy: _____

Does your child have any restrictions to activities: No Yes If yes, please specify: _____

Do you want your child to nap?: No Yes

Is there anything you would like our staff to be aware of: _____

EMERGENCY CONTACT INFORMATION:

The following individuals are authorized to pick up my child from Sun Country: *(Include yourself and/or spouse)*

- | | | | |
|---------------------------|-----------------|----------------|-------------------|
| 1. Parent/Guardian: _____ | Relation: _____ | Address: N/A | Cell Phone: N/A |
| 2. Parent/Guardian: _____ | Relation: _____ | Address: N/A | Cell Phone: N/A |
| 3. Additional: _____ | Relation: _____ | Address: _____ | Cell Phone: _____ |
| 4. Additional: _____ | Relation: _____ | Address: _____ | Cell Phone: _____ |
| 5. Additional: _____ | Relation: _____ | Address: _____ | Cell Phone: _____ |

Our Camp Sunny Junior program is licensed by the Department of Children and Families. Our license number is: C08AL0013



333 SW 140th Terrace • Jonesville, Florida 32669
 Phone: (352) 331-8773 • Fax: (352) 474-2120
 www.suncountysports.com

Turn over for additional information



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CAMPER FULL NAME: _____

Please review the following and initial

Initials: _____ **PRE-REGISTRATION:**
 Pre-registration is recommended. If enrolling after 9:00pm on the pre-registration date you will be considered a walk-in. Add: \$40.00-Daily / \$99.00-Weekly - per child. Limited availability. Space may not be available for walk-ins.

Initials: _____ **AUTOPAY:**
 All families must be on autopay and leave credit or debit card information on file.

Initials: _____ **CANCELLATIONS:**
 I understand that there is a fee of \$75.00 per week - per child for cancelling a week of camp prior to the pre-registration date for that week of camp. Cancellations after the pre-registration date will not be accepted, credited or refunded.

Initials: _____ **SWITCHING DAYS / WEEKS:**
 I understand that there is a fee of \$25.00 per day / week - per child for switching days/weeks. There are no refunds or credits. If space is available.

Initials: _____ **MEDICAL:**
 I hereby grant permission for the staff of this facility to contact the listed medical personnel to obtain emergency medical care if needed.

Initials: _____ **SPECIAL FOOD CONSUMPTION (OPTIONAL):**
 I grant permission for my child to eat snacks beyond what they bring from home during the Summer (i.e. birthday cake for special occasions).

Initials: _____ **DEPARTMENT OF CHILDREN AND FAMILIES (DCF) REQUIRED ACKNOWLEDGMENT:**

I acknowledge the following. This information will be included in your child's email enrollment confirmation:

- I will read and agree to all of the information in the Camp Sunny General Information sheet and Sun Country's Nutrition and Discipline Policy.
- I have received a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) per section 7.3 of the Child Care Facility Handbook.
- I have received a copy of the Child Care Facility Brochure, "The Flu - A Guide for Parents" (CF/PI 175-70) per DCF requirements.
- A written copy of Sun Country's discipline policy is available for review by the parent(s) per section 2.8 of the Child Care Facility Handbook.
- A written copy of the Sun Country program food and nutrition policy is available for review by the parent(s).
- I hereby grant permission for the staff of this facility to have access to my child's records.

Parent / Guardian Signature: _____ Date: _____

	PRE-REGISTRATION DEADLINE	EARLY BIRD RATE AND DEADLINE	RATE
WEEK 1: MAY 31-JUNE 3 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	May 26	209.00 313.50	236.00 357.50
WEEK 2: JUNE 6-10 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	June 2	209.00 313.50	236.00 357.50
WEEK 3: JUNE 13-17 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	June 9	209.00 313.50	236.00 357.50
WEEK 4: JUNE 20-24 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	June 16	209.00 313.50	236.00 357.50
WEEK 5: JUNE 27-JULY 1 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	June 23	209.00 313.50	236.00 357.50
WEEK 6: JULY 5-8 (4 DAY WEEK) <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	June 30	209.00 313.50	236.00 357.50
WEEK 7: JULY 11-15 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	July 7	209.00 313.50	236.00 357.50
WEEK 8: JULY 18-22 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	July 14	209.00 313.50	236.00 357.50
WEEK 9: JULY 25-29 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	July 21	209.00 313.50	236.00 357.50
WEEK 10: AUGUST 1-5 <input type="checkbox"/> 7:30am-12:00pm or <input type="checkbox"/> 1:30pm-6:30pm <input type="checkbox"/> 7:30am-6:30pm	July 28	209.00 313.50	236.00 357.50

FAMILY MEMBERSHIP (REQUIRED):

\$75.00 / Annually

SIBLING DISCOUNT:

Receive a 10% discount when signing a sibling up for Camp Sunny (same week / day only).

FREE GIFT:

Pre-register for 6 or more weeks at once and receive a camper gift (same Camper only).

FREE T-SHIRT:

Every camper will receive one Camp Sunny T-Shirt at registration.

ADDITIONAL CAMP SUNNY JUNIOR DETAILS:

- Enrollment is not guaranteed until you receive confirmation from our office.
- Camp Sunny weeks are subject to change if school dates are adjusted.

FOR OFFICE USE ONLY:

- Current Waiver
- Membership Expiration Date: _____
- First time camper?: Yes No
- Certificate of Immunization
- Health Examination Form
- Received Camp T-Shirt
- Received Camper Gift (if applicable)