

- FUNrichment After-School Camp Sunny
- For rising Kindergarteners through rising 6th Graders
- One form per child
- Please fill out enrollment form in its entirety. Then email completed form to office@sun countrysports.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's School: _____ Child's Grade for Fall 2022: _____ Child's Teacher: _____

* Child must be 5 years old by September 1, 2022 and going into kindergarten.
 * If your child will not be 5 by September 1, 2022 and not going into kindergarten, please complete Sunny's Pre-School / Camp Sunny Junior 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: _____
 Children occasionally go to the pool, does your child need a life jacket while in the pool?: 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: _____

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

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 2022-2023 (i.e. birthday cake for special occasions).

FOR OFFICE USE ONLY:

- Current Waiver
- Membership Expiration Date: _____
- Credit / Debit Card on File



- Please initial all appropriate areas
- Enrollment is not guaranteed until you receive confirmation from our office.

FAMILY MEMBERSHIP (REQUIRED):

\$75.00 / Annually

SIBLING DISCOUNT:

Receive a **10% discount** when signing a sibling up for FUNrichment After-School.

ALACHUA COUNTY SCHOOL BOARD EMPLOYEES:

Receive **25% Off Monthly Tuition Rate** when signing up for FUNrichment After-School.

Initials: _____

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

I acknowledge the following:

- 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.

Initials: _____

TRANSPORTATION:

I grant permission for my child to be transported by Sun Country Sports for purposes of the after-school program.

Initials: _____

FIELD TRIPS (OPTIONAL):

I grant permission for my child to go on field trips and be transported by Sun Country Sports during the 2022-2023 school year. Field trip sign-ups will be available through the Monday of the field trip week.

- One (1) Free After-School Shirt, per student, per school year is provided. Please list your child's shirt size: _____

Parent / Guardian Signature: _____ Date: _____

MONTHLY:

Drop-Off or Transportation: \$516.00 / Month (Fall 2022 Rate)

DEPOSIT (REQUIRED):

A required deposit of **\$300.00** is due at the time of registration. Deposits will be applied to first months tuition. Deposit is non-refundable.

TIME:

- M/T/R/F: 2:15pm - 6:30pm
- W: 1:15pm - 6:30pm

- Please note dates when FUNrichment After-School is closed.
To join us on those dates, please sign up for Camp Sunny.