











Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Story Time	Little Chefs	Water Fun	Art	Fun in the dark



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_ Double fun

tangerine

Spanish program

Please select your session

Session 1 (4 weeks)

June 8thth / Creepy crawlers June 15th/ Magical creatures June 22nd / Shark week June 29th / Our body

* Half Day / 8.30 am - 12.00 pm

..... \$660 (material fee included)

* Regular Day / 8.30 am - 2.30 pm

..... \$1.130 (material fee included)

* **Extended Day** / 8.30 am - 5.30 pm

Minimum of 3 children in order to open this program

..... \$1.360 (material fee included)

* Weekly programs available (please contact us for more info)

Session 2 (4 weeks)

July 6th / Around the world July 13th / Little artists July 20th / Hawaiian Luau July 27th / Pirate Invasion

* Half Day / 8.30 am - 12.00 pm

..... \$660 (material fee included)

* Regular Day / 8.30 am - 2.30 pm

..... \$1.130 (material fee included)

* Extended Day / 8.30 am - 5.30 pm

Minimum of 3 children in order to open this program

..... \$1.360 (material fee included)

* Weekly programs available (please contact us for more info)

We will be asking for a \$100 deposit in order to save your spot (this amount will be then credited to your next payment).

I understand and agree that once the agreement has been signed, I am liable for the payment of the ENTIRE summer program session. Voluntary or involuntary absence from Camp for any reason, including change of residence, withdrawal, or expulsion will not affect financial responsibility. Payment will be automatically charged on credit card on file.

Payment need to be done before the first day of camp

I have read and agree to the above Fees and Tuition Agreement. I understand that this Agreement must be returned to the school along with all requirements.

Name:	
Signature:	
Date:	
Payment	
Please select a p	ayment option
Credit card:	(3.5 % cc fee will be applied /please find form on page 3)
Cash:	
Check:	

Requirements:

- Summer camp will open with a minimum of 5 children / Extended day will open with a minimum of 3 children
- Enrollment forms filled and signed (attached)
- Immunization and health forms
- Payment

<u>First day of Camp:</u> It is normal for your child to have some fears and misgivings about being away from you. Just like adults children need time to get used to new situations. Try to prepare your child for the changes, talk about some of the new people your child will meet and the new things he/she will do.

If it is the first time your child has been separated from you, it is natural for your child to be hesitant. A cheerful good-bye kiss from you, a smile and a reassuring word is all you need to do. Our caring staff will take care from there. Usually, the child settles down shortly after parent leaves, and if not, we will notify the parent.

We are going to have different activities during the week

Wednesdays = Water Day! Please help us make this day as fun as possible;

- Bring your child to school wearing a bathing suit + her/his cloth over it + sunblock.
- Please make sure that your child wears shoes that can get wet (crocks).
- In a plastic bag please bring a towel & an extra change of cloth.
- If your child wears diapers, please make sure she/he is wearing a "pool diaper".

If you prefer your child not to participate, please let us know in advance so we can

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Fridays = Fun in the dark: Please send your child with a flashlight since we are going



Credit Card Authorization Form

If your credit card information changes, we would appreciate if you could send us the new info as soon as possible. If paying with credit card a 3.5% will be added

	hereby authorized <u>ta</u>	ngerine learnir	ng center LLC to charge my cre	dit card
account in the amount of	as paym	ent for		
Credit Card Account #				
(VISA)	(MASTER CARD)		(DISCOVER)	
Expiration Date:				
V-Code:				
Name (Exactly as it appears on	the credit card):			
Billing Address:				
City:	State:		Zip-Code:	
Tel. Number:				
Cardholder Signature:		Date:		
		Signatu	ure	

Application Form

Summer Camp 2	2020		
Child's Name:		Date of Birth:	
Age:	Date of enrollment:	Sex: Girl ☐ Boy ☐	
Home address:			
Mother's Information			
Name:	Home phone:	Cell phone:	
Home Address:			
E-mail:			
Father's Information			
Name:	Home phone:	Cell phone:	
Home Address:			
E-mail:			
Guardian's Information	ı (if applicable)		
Name:	Home phone:	Cell phone:	
Work Phone:			
• •	I() Separated() Divorced() Single :her() Father() Both Parents() Othe	r	
Emergency contact #1	(other than parent or Guardian)		
		rized to pick up child: Yes No	
	Work phone:		
	(other than parent or Guardian)		
		rized to pick up child: Yes No	
	Work phone:	· · · · · · · · · · · · · · · · · · ·	









- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

I agree to the required school rules and policies as stated in all tangerine learning center documents (including Parent Handbook). I understand that I must submit all documentation for my child. All required information must be provided to tangerine learning center LLC in order for my child to be considered enrolled.

Your signature below indicates that the in	nformation on	this enrollment f	form is comp	lete and accura	te.
Parent signature: Print Name:					
Emergency Informat					
Summer Camp 2020					
Medical contact: I hereby grant permission for the staff of medical care if warranted.	this facility to o	contact the follow	wing medical	personnel to o	btain emergency
Child's Name:					
Doctor: Address:					
Specialist: Address:					
Dentist: Address:					
Hospital Preference:					
Father: Name: Mother: Name:					

Blood Type:



Yes If yes please describe: No Allergies Diabetic **Asthmatic Epileptic** Other Action to be taken: Medicine: of an emergency. **Pick-up Authorization Summer Camp 2020** Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. If a child is to be picked up from school by a person not listed on the child's pick-up authorization form, written notification must be given to the staff member in charge. Identification will be required before a child is released. Verbal approvals are **NOT acceptable**. Name: Relationship: Work phone: Cell phone: Address: Name: Relationship: Work phone: Cell phone: Name: Relationship: Work phone: Cell phone: Name: Relationship: Work phone: Cell phone:

Please list Allergies, special medical or dietary, or other areas of concerns:









Arrival & Pick-up	
Summer Camp 2020	
Arrival:	
Arrival begins at 8.30 am	
Pick-up:	
Regular Day: Pick-up begins at 2.30 pm and ends at 2:45 After 2.45 pm a late fee of \$15 will be assessed for every Extended Day: Pick up is at 5.15 pm and ends at 5.30 pm After 5.30 pm a late fee of \$15 will be assessed for every	y 15 minutes you are late (in 15 minutes blocks)
authorization form. If a child is to be picked up from sc	one other than the child's parent or persons listed on the pick-up chool by a person not listed on the child's pick-up authorization ff member in charge. Identification will be required before a child
I have received and read tangerine learning center's Arri Name and Signature:	
Photography / Video Permis Summer Camp 2020 Release form	ssion
	er" or any school approved media to photography/video tape my me he/she is enrolled at tangerine learning center.
The photographs, video and or children's work will be us support of "tangerine learning center".	sed for documentation, news, and promotional footage used in
Parent signature:	Date:
I DO NOT GIVE PERMISSION	

