

ADDITIONAL INFORMATION

When it is deemed necessary for the camper's health, the director has the right to have the camper hospitalized or to seek outside medical aid in which case such expense will be paid by the parent or guardian.

Parent/Guardian Signature

Date

The Friends Academy Summer Camp permission to pick up children. Please be advised that the following person(s) have permission to pick up my child(ren).

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Summer camp tuition will be paid Monday for that week of camp.

All accounts must be current in order for your child to attend. A \$25 late fee will be added on Wednesday at 10am if not paid.

The Friends Academy is not responsible for any personal items lost or stolen during camp. All items are the camper's responsibility.

Tennis shoes are suggested. Please bring a bag for wet clothing and sunscreen.



Registration Form

Child's Name _____

Entering Grade: _____ Age: _____

Date of Birth: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

Address: _____

Home Phone: _____

Please Initial Below:

___ Copy of Driver's License

___ Medical Release

___ Financial Agreement

___ Photo Release

___ Meal Form

___ Activities Permission

___ Discipline Policy

Parent Signature

Date

Friends Academy Summer Camp Information

Dates: June 5th – August 4th

Closes at 5pm on Fridays

Registration fee: \$125 per child

Reserves your spot and cover field trips and shirt.

Shirt size: youth sizes: XS S M L XL

Weekly Tuition: \$135

Allergies: _____

Special Notes: _____

Office Use Only

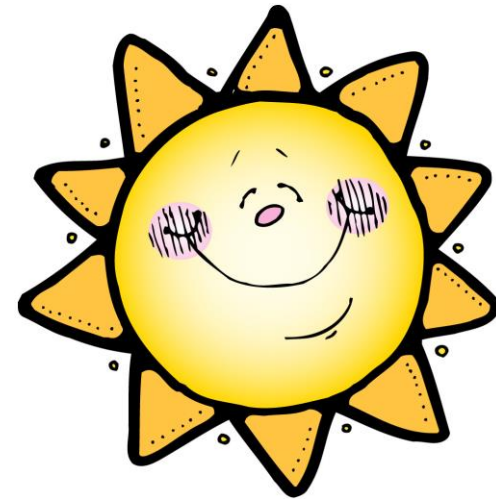
Registration Paid: _____ Date _____

Weekly Tuition Amount: \$135

Administrator: _____

Special Notes: _____

THE FRIENDS ACADEMY SUMMER CAMP



The Friends Academy
FLOCS #4982
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