

GUARDIAN'S NAME	BEST PHONE
NAME/S (CHILDREN)	
ENTERED BY	VERIFIED BY



*Character *Creativity *Camps *Care *Community

FORT PIERCE SUMMER CAMP

3731 OLEANDER AVE, FORT PIERCE 34982

GREEN ZONE

(YOU CAN REGISTER UP TO 3 CHILDREN WITH THIS APPLICATION)

- KIDS K-1 Grade
 KIDS 2-3 Grade
 KIDS 4-5 Grade
 TEENS 6-8 Grade

www.clubpure.org 772-429-0031

Parent Information / Main Contact

Name: _____ MI: _____ Last Name _____

Address: _____

APT # _____ City _____ State _____ Zip _____

Employer: _____ Company Name: _____

Work Phone: [____] _____ Ext: _____ Home Phone [____] _____

Cellular Phone: [____] _____ Other Phone: [____] _____

E-mail address _____

iCare PassCode _____ (4-6 Digits) You will use this number to check your child in/out

Who does the child reside with? Mom & Dad Mom Dad Other _____

Family Medical

Preferred Doctor: _____ Phone: [____] _____

Preferred Hospital: _____

Insurance Company: _____ Policy# _____

Emergency Contact Information

Your child will be released to yourself and the persons listed below. The following people can be contacted and are authorized to pickup from the facility in case of illness, accident or emergency, if you cannot be reached.

Name: _____ Relationship: _____ Phone [____] _____ Code: _____

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Name: _____ Relationship: _____ Phone [____] _____ Code: _____

Please notify the above mentioned contacts that they will have to present their drivers license at pickup.

Please notify the office in writing if someone else other than mentioned above will be picking up.

Each person picking up needs a separate check out (4-6 digit) code.

INITIALS

Student Information

Child 1: _____ MI: _____ Last Name _____

DOB: ____/____/____ Age: ____ years old Boy Girl T-Shirt Size _____

School: _____ Grade _____ Race: White Black Hispanic _____

List Allergies: _____

Prescribed Medication: _____

Dietary Needs: _____

Child 2: _____ MI: _____ Last Name _____
DOB: ____/____/____ Age: ____ years old Boy Girl T-Shirt Size _____
School: _____ Grade _____ Race: White Black Hispanic _____
List Allergies: _____
Prescribed Medication: _____
Dietary Needs: _____

Child 3: _____ MI: _____ Last Name _____
DOB: ____/____/____ Age: ____ years old Boy Girl T-Shirt Size _____
School: _____ Grade _____ Race: White Black Hispanic _____
List Allergies: _____
Prescribed Medication: _____
Dietary Needs: _____

Facility Rules, Behavioral Regulations & Consequences

Rule Summary: Treat others they way you want to be treated. If someone is not treating you right do not take matters into your own hands, tell your group counselor or site director.

General Rules

No running or rough playing in the facility. Teasing, belittling, and mocking is not permitted. No inappropriate gestures and profanity allowed. Students who vandalize property will be required to pay for damages. Any behavior that puts others at risk of harm is not permitted; hitting, kicking, spitting, biting etc. Reptiles, bugs, animals and marine life (dead or alive) are not permitted onsite without permission. No smoking, alcohol products or mood altering substances allowed onsite.

Results for above behavior:

Verbal and written warnings. 3 written warnings will result in a review of behavior by executive staff. A parent/student meeting will be called. Possible 1-3 day suspension from the program.

Zero Tolerance

Students who steal from others.
Students who falsely accuse staff or other students.
Students who cannot control themselves; violent outbursts of anger, hitting staff, runners.
Students who act perverse; bringing sexual related images or video's onsite (digital or print)
Students who touch other students inappropriately, or hurt others to the point of bruising or drawing blood.

Zero Tolerance Immediate Expulsion from the program with no refunds.

Digital Policy

All electronics brought onsite are at members own risk. If any devices are used improperly they will be removed and returned to the parent at pick up.

Lending Policy

We do not take responsibility for members lending personal items, money, devices, games etc. to one another. If a problem arises, Club Pure staff will not mediate (act as a go between) to resolve the issue.

- I have read and understand the facility rules, behavioral policy and consequences.
 I will communicate these facility rules and policies to my child.
 I have received a copy.

Signed _____ Date: _____

FORT PIERCE / GREEN ZONE

KIDS CAMP

PICK-N-CHOOSE PACKAGE (PNC)

Summer Rates

Registration Fee \$30.00
 Weekly Tuition (Includes Field Trips) \$100.00
 Deposit *See note below _____

Select your Weeks

- | | |
|--|--|
| <input type="checkbox"/> June 04-June 08 | <input type="checkbox"/> July 09-July 13 |
| <input type="checkbox"/> June 11-June 15 | <input type="checkbox"/> July 18-July 20 |
| <input type="checkbox"/> June 18-June 22 | <input type="checkbox"/> July 23-July 27 |
| <input type="checkbox"/> June 25-June 29 | <input type="checkbox"/> July 30-Aug 03 |
| <input type="checkbox"/> July 02 - July 06 | <input type="checkbox"/> Aug 06-Aug 10 |

Membership Terms:

PNC membership agreement secures a place for your child in the summer program for the weeks selected above.

Deposit: There is a \$25 non-refundable deposit required upfront per child per week for this summer package.

Weeks cannot be swapped or transferred once selected. You will be responsible for the tuition if your child attends or not. (for any reason)

Prices are per child and there are no additional discounts. Registration fee includes 2 T-shirts and is non-refundable.

By signing below you agree to the above terms

Sign: _____ Date: _____

FULL SUMMER PACKAGE (FSP)

Summer Rates

Registration Fee \$30.00
 Weekly Tuition (Includes Field Trips) \$90.00
 No deposit for this package

Select your Weeks

- | | |
|---|---|
| <input checked="" type="checkbox"/> June 04-June 08 | <input checked="" type="checkbox"/> July 09-July 13 |
| <input checked="" type="checkbox"/> June 11-June 15 | <input checked="" type="checkbox"/> July 18-July 20 |
| <input checked="" type="checkbox"/> June 18-June 22 | <input checked="" type="checkbox"/> July 23-July 27 |
| <input checked="" type="checkbox"/> June 25-June 29 | <input checked="" type="checkbox"/> July 30-Aug 03 |
| <input checked="" type="checkbox"/> July 02 - July 06 | <input checked="" type="checkbox"/> Aug 06-Aug 10 |

Membership Terms:

FSP membership agreement secures a place for your child in the summer program for the weeks selected above.

You will be responsible for the tuition if your child attends or not (for any reason).

Prices are per child and there are no additional discounts. Registration fee includes 2 T-shirts and is non-refundable. There is no vacation voucher for this package. There is a \$100.00 cancellation fee for any reason.

By signing below you agree to the above terms

Sign: _____ Date: _____

Promotional Release

Club Pure Inc. captures video and takes pictures of the students involved in our camp program we therefore require a promotional release signed by each parent.

By signing this promotional release you give Club Pure Inc. the right to use promotional pictures and video of your child to promote it's programs in any form of media, which includes, but is not limited to; website, print materials, videos, social media sites etc.

By signing below you understand that there will be no financial contribution made to the student enrolled or their family unless a specific contract is signed stating so. You also agree that all media captured is the sole property of Club Pure Inc. You hereby release Club Pure Inc., to use all captured material of your child for promotional purposes.

Parent Name: _____ (Applies to all students listed in this summer contract)

Parent Signature: _____ Date: _____

YOUR PLACE IS NOT SECURE IN CLUB PURE'S SUMMER PROGRAM UNTIL YOU SUBMIT A COMPLETED APPLICATION, AND PAY YOUR DEPOSIT / REGISTRATION FEE.

PICK-N-CHOOSE PACKAGE (PNC)

Summer Rates

Registration Fee (Includes \$100 Rapids Pass) \$130.00

Weekly Tuition (Includes Field Trips) \$145.00

Deposit *See note below _____

Select your Weeks

- June 04-June 08
- June 11-June 15
- June 18-June 22
- June 25-June 29
- July 02 - July 06
- July 09-July 13
- July 18-July 20
- July 23-July 27
- July 30-Aug 03
- Aug 06-Aug 10

Membership Terms:

PNC membership agreement secures a place for your child in the summer program for the weeks selected above.

Deposit: There is a \$25 non-refundable deposit required upfront per child per week for this summer package.

Weeks cannot be swapped or transferred once selected. You will be responsible for the tuition if your child attends or not. (for any reason)

Prices are per child and there are no additional discounts. Registration fee includes 2 T-shirts and is non-refundable.

By signing below you agree to the above terms

Sign: _____ Date: _____

FULL SUMMER PACKAGE (FSP)

Summer Rates

Registration Fee (Includes \$100 Rapids Pass) \$130.00

Weekly Tuition (Includes Field Trips) \$135.00

No deposit for this package

Select your Weeks

- June 04-June 08
- June 11-June 15
- June 18-June 22
- June 25-June 29
- July 02 - July 06
- July 09-July 13
- July 18-July 20
- July 23-July 27
- July 30-Aug 03
- Aug 06-Aug 10

Membership Terms:

FSP membership agreement secures a place for your child in the summer program for the weeks selected above.

You will be responsible for the tuition if your child attends or not (for any reason).

Prices are per child and there is a \$5.00 discount for each additional child enrolled. Registration fee includes 2 T-shirts and is non-refundable. There is no vacation voucher for this package. There is a \$100.00 cancellation fee for any reason.

By signing below you agree to the above terms

Sign: _____ Date: _____

Promotional Release

Club Pure Inc. captures video and takes pictures of the students involved in our camp program we therefore require a promotional release signed by each parent.

By signing this promotional release you give Club Pure Inc. the right to use promotional pictures and video of your child to promote it's programs in any form of media, which includes, but is not limited to; website, print materials, videos, social media sites etc.

By signing below you understand that there will be no financial contribution made to the student enrolled or their family unless a specific contract is signed stating so. You also agree that all media captured is the sole property of Club Pure Inc. You hereby release Club Pure Inc., to use all captured material of your child for promotional purposes.

Parent Name: _____ (Applies to all students listed in this summer contract)

Parent Signature: _____ Date: _____

Summer Financial Agreement (Financial Policies are subject to change with reasonable notice)

INITIAL

The **Main Contact** is responsible to assure the account is paid on time. Payment is due on Friday for the upcoming Monday.

Your account will be debited on Friday with the information provided on the Debit Authorization form. We do not accept cash or checks.

Parents who have unpaid accounts on Monday will have to make payment before dropping off.

Partial or unpaid accounts will be assigned a \$10.00 late fee per child, per week for **any type** of balance, including registration, field trips, tuition and t-shirts. Late fees will continue to accumulate weekly until balance is paid in full, whether you have an active or inactive membership.

There is a 2% convenience fee associated with processing credit or debit card payments. There are no processing fees associated with (ACH) direct debit program.

If payments are returned unpaid due to non-sufficient funds (NSF), stop payment or incorrect account information, there will be a \$35.00 return fee applied per occurrence to your account. *If a stop payment occurs on (ACH), your bank will no longer allow debits through (ACH). **Money orders will then be the only form of payment we will receive** and must be in the payment box by close of business Thursday.

There are no reimbursements for registration, tuition or field trip fees even if you do not attend or if you are asked to pick up your child for behavioral issues. (See facility rules and consequences) Paying in advance is a risk to you and will not be reimbursed.

When you select a package you enroll in a membership agreement for the duration of the package. We have the right to dismiss your child at any time as you have the right to terminate services at anytime during the contract period. If services are terminated for any reason before the end of the contract period you will be charged a cancellation fee. (See membership terms)

Agency Reimbursement: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

Emergency closing and severe weather: I understand that it is the company's intention to be open and provide child care services every week day of the year, excluding holidays, but that severe weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during severe weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments in accordance to the membership terms.

Our centers open at 6:30am and close at 6:00pm for Summer Camp. Please ensure you check out your child from the iCare Lobby on time with your private password as late pick up charges will be applied automatically to each child's account at the rate of \$5.00 per 15 minutes. (First late charge applies at 6:01pm)

It is important for your child to stay hydrated during summer camp. Camp members are responsible to bring a water bottle everyday. During roll call members who did not bring a water bottle will be given one. All water bottles are kept in a cooler for the group; if a member loses, damages, or throws away their water bottle they will be given a new one. Your account will be charged \$1.00 for each water bottle given to your child. Please inform your child that they are responsible to keep track of their water bottles throughout the day.

For your child's safety it is required for members to wear their Club Pure Summer Camp t-shirt on field trip days. Field trip days are different for each location. During roll call if members did not bring their Club Pure t-shirt they will be given a new one and your account will be charged \$10.00.

Group counselors, CIT's and volunteers do not take payments nor do they have access to your private account information. Please direct all financial concerns and payment questions to the site director or the accounting department by calling 772-429-0031 x105. You can also text the accounting department at 772-353-7433

Site directors do not have permission to void charges or make financial decisions that are against corporate policy.

Parents can view and print statements for tax purposes directly from their Parent Portal. Parents will still have access to their Parent Portal accounts even if they are inactive and are no longer attending our program, however if there are any outstanding fees parents will not have access to their account.

I have read and understand the financial agreement.

I have received a copy.

Signed _____ Date: _____

Direct Debit (ACH) Authorization form

Updated March 14, 2018

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. You can sign into your Parent Portal to view or print your account history. The charge will appear on your bank statement as an "ACH Debit."

Child's Name(s) _____

I _____ authorize Club Pure to charge my bank account according to the attached membership terms and signed financial agreement.

REG: (\$) DEPOSIT: (\$) TOTAL: (\$) ACH DATE: ()
TUTION: (\$) () Initial

Billing Address: _____

City / State / Zip: _____ Phone: _____

Email Address : _____

Check Information

Account Type: Checking
Name on Acct: _____
Bank Name : _____
Account # _____
Bank Routing # _____
Bank City/State: _____

Debit/Credit Card Information

Card Type: VISA MASTER _____

Exp. () () () () 3-Digit Code: () () ()
Month / Year Found on the back of your card

I verify that my information is correct () Initial

Please provide a voided check.
Payments will be charged to your account on Friday, for the following weeks tuition.

I understand that this authorization will remain in effect until the last payment of the package agreement, and I agree to notify Club Pure in writing of any changes in my account information prior to the next billing date. There is a two weeks written notice required to cancel this recurring debit authorization. If the above noted periodic payment date falls on a holiday, I understand that the payment may be executed on the previous / following business day.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the above noted periodic transaction date. In the case of an ACH / Debit Transaction being rejected for Non-Sufficient Funds (NSF) or Stop Payment, I understand that Club Pure may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

I understand that accounts that are 90 days past due will be reported to Equifax, Experian and TransUnion.

I the undersigned have read, agree to, and understand the terms of this authorization form.

Signature of Parent / Legal Guardian: _____ Date: _____

Liability Release/Waiver

I (Parent) _____ for myself, any other parent and participant, in connection with my son/daughter namely; _____ attending and participating in the daily activities of our program and events hereby agree as follows;

Acknowledgement of Risks

The undersigned understands that there are certain dangers, hazards and risks (foreseen and unforeseen) inherent in attending and participating in the mentioned program activities, including, without limitation, risks related to use of equipment, facilities, and transportation, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

Express Assumption of Risk and Responsibility

In recognition of the hazards, dangers and risks (foreseen and unforeseen) associated with attending and participating in our program activities, the undersigned confirms that the participant is physically and mentally capable of attending and participating in all activities and use of equipment associated with our programs. The participant is willingly and voluntarily attending and participating and the undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participants attendance and participation in the program and activities.

Participant Responsibilities

The undersigned and participant agree to the following : Acceptable Conduct by Participant. During attendance and participation in the program activities, which may include travel to and from Club Pure Inc. facilities, the participant will act in a responsible manner and will abide by the instructions of any Club Pure Inc. personnel, and will comply and follow the rules and regulations of Club Pure Inc.

Participants Health (Health Insurance Coverage)

In anticipation of the participant's enrollment in the program, the undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which could cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the program activities and has submitted the required health insurance information.

Waiver of Club Pure Inc. (Liability Release and Hold Harmless)

In consideration of the attendance and participation in the program activities and knowing the dangers, hazards and risks (foreseen and unforeseen) of attending and participating in the program activities, the undersigned, for them selves, any other parent and the participants, understands and agrees to RELEASE AND HOLD HARMLESS Club Pure Inc. and it's current, former officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from participant's attendance and participation in the program activities.

Acknowledgement

The above named participants has my permission to participate in the program above. If contact is unsuccessful, I give my permission to the attending director or group overseer to render medical treatment to the participant(s) including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

Acknowledgement

It is the express intent of the undersigned that this agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or agents. The under signed acknowledges that they have read and understood this document and the RELEASE AND HOLD HARMLESS provisions.

I have read and understand the liability waiver.

I have received a copy.

Signed _____ Date: _____