

PINNACLE ACADEMY

SUMMER PROGRAM REGISTRATION FORM

Child's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone Numbers: (H): _____ (C): _____

Email Addresses: _____

Emergency Name/Phone: _____

Physical/Dietary Restrictions: _____

Allergies: _____

Current School: _____ Circle Entering Grade: _____

How we heard about the program:

___ friend ___ magazine ad ___ website ___ newspaper ___ flyer ___ facebook ___ other

Child's T-Shirt Size:

- Youth Small
- Youth Medium
- Youth Large
- Youth XLarge
- Adult Small
- Adult Medium
- Adult Large
- Adult XLarge

My child is registering for the following program(s):

Reading Camp

- June 24-June 28: 9:00am-12:00 pm: Incoming 2nd -3rd graders: Cost: \$225.00
- July 8 -July12: 9:00am-12:00 pm: Incoming 4th -5th graders: Cost: \$225.00

STEM Camp

- May 27- May 31: 9:00am-2:00 pm: Incoming 7th-9th graders: Cost: \$300.00
- June 3 - June 7: 9:00am-2:00 pm: Incoming 4th- 6th graders: Cost: \$350.00

Farm Camp

- June 24-June 28: 9:00am-1:00 pm: Incoming 4th -5th graders: Cost: \$250.00
- July 15-July 19: 9:00am-1:00 pm: Incoming 6th-8th graders: Cost: \$250.00

BLAST Camp (Pinnacle Academy Students ONLY)

- May 27-May 31: 9:00am-3:00 pm: Incoming 2nd -4th graders: Cost: \$350.00
- June 10-June 14: 9:00am-3:00 pm: Incoming 5th -8th graders: Cost: \$350.00

Please note the following procedures and policies:

- 1) Registration forms will be considered on a first come/first serve policy.
- 2) Full payment is required to reserve a space in this program. Payment can be provided via check made payable to Pinnacle Academy. Payment may be submitted with this registration form. If your child does not qualify for enrollment in the program for any reason (determined by the Program Director), payment will be returned in full. If a space is held for your child and s/he does not attend, payment will not be returned. Refunds and discounts will **not** be provided for illness, vacation, etc.
- 3) Due to the intensive provision of program curriculum, participant attendance is important for all sessions. Absences are discouraged if avoidable.
- 4) The school reserves the right to cancel the program if there is insufficient enrollment. **It is recommended to provide a separate check for each camp enrollment in case refund is necessary.**
- 5) Entrance to camps is at the discretion of the program director. Due to ratios, not all camps are appropriate for all children.

Pick Up and Drop Off

The programs will be held at 6215 Lorraine Road, Lakewood Ranch. Participants should enter into the Administration Building and will be met by an Instructor. Please be prepared to drop your child(ren) off on time and pick them up promptly at the end of the session. Pick up that occurs more than 5 minutes late will receive a late notice on the first occurrence. Second occurrence will result in a late fee of \$1/minute past end of session. Third occurrence will result in dismissal from camp without reimbursement.

The following adults are authorized to pick my child up from the program:

The following people may be contacted in case of an emergency:

Name _____ Phone # _____

Name _____ Phone # _____

EMERGENCY MEDICAL RELEASE (Please initial):

_____ In the event of any injury or serious illness, I give permission for the Pinnacle Academy staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility this decision will be made by the emergency responder team.

LIABILITY RELEASE

_____ I agree the Pinnacle Academy assumes no liability for injury or damages arising from the result of participation in the activities unless due to willful fault or gross negligence on the part of the program.

_____ I recognize that the Pinnacle Academy is an instructional facility where training and research may be conducted to support the implementation of best practice models. Interns may be present during a session for educational purposes.

_____ I recognize that participation in a group setting will not allow for caregiver observation to protect the confidentiality of participants.

_____ I hereby give my permission for photography/videotapes to be taken of my child for educational and professional training purposes. These photographs/videotapes will become property of the Pinnacle Academy and may be used in the future without further consent.

PARTICIPATION AUTHORIZATION

I hereby give permission for my child _____ to participate in the Pinnacle Academy Summer program. My signature confirms that the information provided is accurate, that I have read and understand the Policies and Procedures of the program, and that it is my responsibility to keep my child’s information current. I understand that participation in the entirety of program sessions are required.

Signature of Parent/Guardian

Date

This form must be completed in full to register the child(ren) for this program.

Please return forms and payment to: Pinnacle Academy
6215 Lorraine Road
Bradenton, FL 34202