



**PINE JOG ENVIRONMENTAL
EDUCATION CENTER**
College of Education
Florida Atlantic University

**Pine Jog Summer Camp
Registration Form
(one per child)**

A \$25 fee per child is due at time of student registration

2008-2009 GRADE	STUDENT LEGAL NAME <i>(last, first, middle)</i>			
STUDENT ALSO KNOWN AS	SEX	AGE	DATE OF BIRTH	
LOCAL ADDRESS <i>(house no. & street name, apt. no. city, state, zip code)</i>				

PARENT INFORMATION

PARENT OR LEGAL GUARDIAN <i>(first, middle initial, last)</i>		PLACE OF EMPLOYMENT		
HOME ADDRESS <i>(street number, street, apartment number)</i>				
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	EMAIL ADDRESS <i>(optional)</i>	

PARENT OR LEGAL GUARDIAN <i>(first, middle initial, last)</i>		PLACE OF EMPLOYMENT		
HOME ADDRESS <i>(street number, street, apartment number)</i>				
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	EMAIL ADDRESS <i>(optional)</i>	

1. At which phone number can we best reach you during after school hours? _____

2. Indicate with whom the child lives (check only one)
 Both Parents Mother Father Other _____

3. Person responsible for payment of fees Both Parents Mother Father Other _____

4. IMPORTANT, EVERYONE MUST ANSWER THIS QUESTION

A. Is there a visitation or other Florida court order barring either parent from removing the student during the school day or coming in contact with the student? Yes No If YES, **provide Pine Jog with a copy of the Florida court order.**

B. Parents DO NOT have shared parental responsibility. If checked provide school with a copy of court order.

5. Provide the name(s) of person(s), other than the parent, allowed to pick up the student.

NAME (last, first, middle initial)	RELATIONSHIP TO STUDENT	TELEPHONE	CELL/PAGER NUMBER

6. Provide a password the person allowed to pick up the student will use.

(limited to 10 characters)

--	--	--	--	--	--	--	--	--	--	--

HEALTH INFORMATION

1. Does your child currently have health insurance? Yes No
If yes, check your child's health insurance plan: Medicare Healthy Kids/Kid Car Private
2. Does the student have any allergies? Yes No If yes, please specify allergy:

3. List student's illnesses, behavior issues, medications or physical limitations.

4. Medication(s) student currently takes _____
5. Physician's Name _____ Telephone # _____
6. In case of emergency, I _____, give permission to have my child treated at Wellington Regional Hospital for serious illness or injury.

Parental Consent for Release of Student Photograph Information

I hereby give permission for the school, District, or Pine Jog/FAU, to use my child's photograph, video image, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in publications or in school or District-approved news media interview, articles and photographs. I understand that without my signature, my child's name and photograph can not and will not be included in any publications or presentations, including a school yearbook.

SIGNATURE OF PARENT/GUARDIAN_____
DATE**Health Medical**

I hereby understand and agree that my child's medical records or other medical information that I provide to the school, and treatment records or other medical records created by health care personnel at the school, will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

SIGNATURE OF PARENT/GUARDIAN_____
DATE**School Information**

I understand and agree that the information necessary for the supervision and care of my child provided to the school will be shared with school officials who have a legitimate educational purpose for accessing such medical records and information.

SIGNATURE OF PARENT/GUARDIAN_____
DATE**Verification of Student Registration Information**

I verify that the information given on this student registration is true and accurate to the best of my knowledge. Registration is not valid without a verification signature and date. My signature indicates and agreement to accept policies and procedures established by the Pine Jog After School Program.

SIGNATURE OF PARENT/GUARDIAN_____
DATE**FOR OFFICE USE ONLY**

Teacher's Name _____

Method of Payment:

 Registration Fee Paid Fee Amount _____ Cash Electronic

Enrollment Date _____

 Other _____