

TALKKids, Inc. The world of languages for children
"ESPAÑOL" SUMMER CAMP 2011
Application for Admission

1. CAMPER INFORMATION

Family Name _____ First Name _____

Mother's Name _____ Mobile _____

Father's Name _____ Mobile _____

Address (Home) _____ City/State _____ Zip _____

Tel (Home) _____ Email _____ Fax _____

Sex Male / Female Date of Birth _____ Age _____ Native Language _____

Person responsible for enrollment: _____ Relationship to Camper: _____

Signature of person responsible for enrollment: _____

WHO HAS LEGAL CUSTODY OF CAMPER DURING THE PERIOD OF ENROLLED IN CAMP: _____

IF CUSTODY PROBLEM IS INVOLVED, PLEASE ATTACH A COPY OF THE APPROPRIATE LEGAL PAPERS

2. REGISTRATION DETAILS AND DATES

A nonrefundable Registration Fee is required for camper or family \$ 50

Session 1 (June 6 – July 1) \$ 840 (4 weeks) \$ _____

Session 2 (July 5 – July 29) \$ 840 (4 weeks) \$ _____

Full Summer Camp (2 sessions) \$ 1,428 (8 weeks) \$ _____

1 week (Date you wish to begin your studies _____) \$ 250 (1 week) \$ _____

AM Extended Care (7:30 a.m. – 9:00 a.m.) \$ 50 / week x _____ week (s) \$ _____

PM Extended Care (3:30 p.m. – 5:30 p.m.) \$ 60 / week x _____ week (s) \$ _____

BOTH: AM & PM Extended Care \$ 90 / week x _____ week (s) \$ _____

How many "Español" T-shirts would you like to buy? _____ x \$ 12 each \$ _____

GRAND TOTAL \$ _____

NOTE: THERE IS NO CAMP ON MONDAY, 4th OF JULY 2011

3. TUITION FEES & PAYMENT

Payment may be made by Check (payable to TalkKids Inc.) or Credit Card. Please circle one:

Credit Card Visa Mastercard American Express Diner's Club Discover

I authorize TALK to charge \$ _____ to my Credit Card # _____

In the Name of _____ with Expiration Date _____

Signature of Cardholder _____ Check # _____ Amount _____

4. MEDICAL INFORMATION

Does the camper have allergies, food allergies or a medical condition? Yes No

If YES, please describe them all _____

Dietary restrictions _____ Recent Operation _____

Current Medication (Must be supplied to us in original container with physician prescription) _____

EMERGENCY In an emergency, who should we contact?

Name _____

Name _____

Telephone _____ Cell _____

Telephone _____ Cell _____

Relationship _____

Relationship _____

Physician's Name _____

Physician's Name _____

Do you carry family medical hospital insurance? NO YES

CARRIER: _____ Policy #: _____

Acetaminophen can be given for a temperature above 100 degrees, earache or headache? YES NO

Benadryl can be given for insect bites/rashes/itching? YES NO OFF can be given to avoid insect bites? YES NO

IMPORTANT: If camper is under 6 years of age, Broward County Department of Health requires us to have a physician-signed copy of current Certificate of Good Health (HRS Form 3040) and a Florida Certificate of Immunization (HRS Form 680).

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities as noted. AUTHORIZATION FOR TREATMENT: I hereby give my permission to the medical personnel selected by the camp Director to order X-rays, treatments and release of any records necessary for insurance purposes and to provide or arrange any transportation for my child (camper) in the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the camp Director to secure and administer treatment including hospitalization for the above named person.

5. POLICY STATEMENT

I, the parent of _____ understand that TalkKids Espaniño Summer Camp has a NON-REFUND policy on all camp fees. Only in extreme cases of medical emergencies will the directors review this policy and in that case, **you will need to show a proof.** Only for an extended absence (a full camp week) due to illness or family emergency will a CREDIT be applicable to future camp sessions or "Espaniño" sessions throughout the year 2006. I understand that I will not be issued a refund if my child is dismissed from camp due to disciplinary action based on his/her behavior or misconduct. *THERE WILL BE NO CASH REFUNDS.* I also understand that in the event of Acts of God (hurricanes, tornadoes, and severe tropical storms) refunds will not be issued either. The camp directors reserve the right to cancel the program for the duration of the inclement weather.

I understand that all the precautions are taken to ensure that all the activities and programs at the "Espaniño" Summer Camp are conducted by qualified personnel in a responsible and sensible manner. However, I do understand that because of the nature of some of the camp activities, there is a possibility of accidental injury. I am aware of these risks and I do allow my child to participate in the program. I agree to assume these risks and release and hold TalkKids, their officers, directors and employees harmless from and waive any claim against TalkKids and its "Espaniño Summer Camp" as to any injury that may occur to our child while attending this summer program.

I am responsible for the payment of all program fees according to the selections I have made and the dates that these payments are due. In cases where more than one party will share the expense of the camp fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned dates.

TalkKids is hereby granted permission to use any individual or group photographs and video taken at camp featuring the children participating in camp activities for their use in publicity or camp brochures.

6. AGREEMENT (PARENT or GUARDIAN)

I understand and accept the information contained in this Application for Admission and Policy Statement.

SIGNATURE OF APPLICANT/GUARDIAN _____ DATE _____