



Office Use Only

ProCare: _____ Reg. \$: _____ E/C: _____ SS: _____

Billing: _____ CC: _____ Active: _____ Copy: _____

BSAC'S PASSPORT TO ADVENTURE 2018 SUMMER CAMP REGISTRATION

10% Discount

*Entire Summer Camp tuition must be paid in full at time of registration!

BSAC Summer Camp

LICENSE #CHC430443

10% Military Discount!

REGISTRATION:

\$45.00 per child/maximum \$85.00 per family.

The registration fee includes one camp t-shirt and backpack per camper.

EVENT OPTIONS:

\$150.00/week per child **FULL DAY** 7:00am - 6:30pm

\$90.00/week per child **HALF DAY** 7:00am - 12:30pm OR 1:00pm - 6:30pm (*Select AM or PM option)

\$40.00/day per child **DROP IN** 7:00am - 6:30pm

***** (DROP IN OPPORTUNITY: DROP IN DAYS MUST BE SELECTED AND PAID IN ADVANCE BEFORE SPACE IS RESERVED. DROP IN FEES ARE NON-REFUNDABLE.) *****

SUMMER CAMP WEEKLY THEMES

WEEK 1: WORLD GAMES

MAY 28—JUNE 3 *CLOSED MAY 28*

WEEK 7: THE ISLANDS: SEAS THE DAY

JULY 9—JULY 13

WEEK 2: AFRICA: BEAST MODE

JUNE 4—JUNE 8

WEEK 8: FRANCE: BON APETIT

JULY 16—JULY 20

WEEK 3: ASIA: THE AMAZING RACE

JUNE 11—JUNE 15

WEEK 9: AUSTRALIA: REPTILES, RAYS & ROOS

JULY 23—JULY 27

WEEK 4: ANTARCTICA: ICE, ICE BABY!

JUNE 18—JUNE 22

WEEK 10: SOUTH AMERICA: CARNIVAL OF COLORS

JULY 30—AUGUST 3

WEEK 5: EUROPE: SPORTS OF ALL SORTS

JUNE 24—JUNE 29

WEEK 11: CELEBRATIONS AROUND THE WORLD

AUGUST 6—AUGUST 9 *SCHOOL AUG. 10*

WEEK 6: UNITED STATES: RED, WHITE & BOOM

JULY 2—JULY 6 *CLOSED JULY 4*

CHILD 1 REGISTRATION FORM

Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade Entering in Upcoming Fall: _____ School Attended: _____

T-Shirt Size: _____

Child lives with (Circle one): Mother Father Both Other _____

***CANCELLATION FEE: By selecting each week(s) below, you are reserving your child's spot for that respective week. ANY CANCELLATIONS from the selected week(s) will result in a \$25.00 cancellation fee per child/per week. A cancellation form must be submitted in writing 7 days prior to your cancellation date.**

Please select the week(s) and option your child will be attending:

Week 1: World Games

_____ **May 29—June 1 *CLOSED MAY 28TH***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: T W Th F)

Week 6: United States: Red, White & Boom

_____ **July 2—July 6 *CLOSED JULY 4TH***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T Th F)

Week 2: Africa: Beast Mode

_____ **June 4—June 8**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 7: The Islands: Seas the Day

_____ **July 9—July 13**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 3: Asia: The Amazing Race

_____ **June 11—June 15**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 8: France: Bon Appetit

_____ **July 16—July 20**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 4: Antarctica: Ice, Ice Baby

_____ **June 18—June 22**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 9: Australia: Reptiles, Rays & Roos

_____ **July 23—July 27**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 5: Europe: Sports of All Sorts

_____ **June 25—June 29**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 10: South America: Carnival of Colors

_____ **July 30—August 3**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 11: Celebrations Around the World

_____ **August 6—August 9 *1ST DAY OF SCHOOL AUGUST 10***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th)

CHILD 2 REGISTRATION FORM

Child's First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____ Sex: M F

Grade Entering in Upcoming Fall: _____ School Attended: _____

T-Shirt Size: _____

Child lives with (Circle one): Mother Father Both Other _____

***CANCELLATION FEE: By selecting each week(s) below, you are reserving your child's spot for that respective week. ANY CANCELLATIONS from the selected week(s) will result in a \$25.00 cancellation fee per child/per week. A cancellation form must be submitted in writing 7 days prior to your cancellation date.**

Please select the week(s) and option your child will be attending:

Week 1: World Games

_____ **May 29—June 1 *CLOSED MAY 28TH***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: T W Th F)

Week 6: United States: Red, White & Boom

_____ **July 2—July 6 *CLOSED JULY 4TH***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T Th F)

Week 2: Africa: Beast Mode

_____ **June 4—June 8**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 7: The Islands: Seas the Day

_____ **July 9—July 13**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 3: Asia: The Amazing Race

_____ **June 11—June 15**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 8: France: Bon Appetit

_____ **July 16—July 20**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 4: Antarctica: Ice, Ice Baby

_____ **June 18—June 22**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 9: Australia: Reptiles, Rays & Roos

_____ **July 23—July 27**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 5: Europe: Sports of All Sorts

_____ **June 25—June 29**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 10: South America: Carnival of Colors

_____ **July 30—August 3**

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th F)

Week 11: Celebrations Around the World

_____ **August 6—August 9 *1ST DAY OF SCHOOL AUGUST 10***

- _____ Full Day (7:00am - 6:30pm)
_____ AM Half Day (7:00am - 12:30pm)
_____ PM Half Day (1:00pm - 6:30pm)
_____ Drop-In (Circle: M T W Th)

PARENT INFORMATION

Parent/Guardian First Name: _____ Last Name: _____

Relationship to Child: _____

Employer: _____ Work #: _____

Cell phone #: _____ Authorized to Text?: Yes No Carrier: _____

Email Address: _____@_____ Authorized Pick Up Emergency Contact

Address: _____ City: _____ State: _____ Zip code: _____

Parent/Guardian First Name: _____ Last Name: _____

Relationship to Child: _____

Employer: _____ Work #: _____

Cell phone #: _____ Authorized to Text?: Yes No Carrier: _____

Email Address: _____@_____ Authorized Pick Up Emergency Contact

Address: _____ City: _____ State: _____ Zip code: _____

IF CHILD'S ADDRESS IS DIFFERENT THAN THE PARENTS' ADDRESS, PLEASE RECORD BELOW:

Address: _____ City: _____ State: _____ Zip code: _____

MEDICAL INFORMATION:

Preferred Physician: _____ Phone #: _____

Hospital: _____ Health Insurance: Yes or No

Carrier: _____ Policy #: _____ Group #: _____

Allergies/Medical Conditions: _____

Any Special Needs: _____

Other Medical Information: _____

AUTHORIZED PICK UP AND EMERGENCY CONTACTS

Please complete the following form by providing whomever is authorized to pick up your child/children from BSAC. Remember to inform all listed individuals that they must present valid photo identification before BSAC will release your child (ren). Your child(ren) will be released **ONLY** to those on the list. Please remember to provide written authorization if there is a change in who is picking up your child. **Please be sure to include the parents(s)/guardian(s) names on the emergency card as well.**

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Circle all that apply: Authorized Pick Up Emergency Contact

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Circle all that apply: Authorized Pick Up Emergency Contact

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Circle all that apply: Authorized Pick Up Emergency Contact

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Circle all that apply: Authorized Pick Up Emergency Contact

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Circle all that apply: Authorized Pick Up Emergency Contact

FINANCIAL AGREEMENT

I _____ am entering into a financial agreement with BSAC (BSAC), and understand and agree to all the below terms and conditions;

- TUITION:** I understand that all tuition and fees will be automatically deducted from my financial account on the **Wednesday prior** to the selected week of attendance. If my balance is not paid **IN FULL** by the Wednesday before the selected week of attendance, my child(ren) will not be allowed to attend BSAC Summer Camp or any other BSAC program until it is paid in full and I will **forfeit** my reserved spot.
- REFUNDS:** No refunds will be issued for absence regardless of reason, including: illness, vacation, or other causes.
- CANCELLATIONS:** I understand that **ANY CANCELLATIONS** to my child(ren)'s selected weeks of attendance for BSAC's Summer Camp will result in a \$25.00 cancellation fee per child/per week. **CANCELLATION FORMS** must be submitted in writing **7 days prior** to your cancellation date.
- PICK-UP:** I understand that my child(ren) can only be picked up by people I have given written permission for on my authorized emergency pick-up card. If a last minute change is needed, only written authorization from the parent will be accepted, **NO EXCEPTIONS**. All authorized persons must present a valid photo I.D. Furthermore, I understand that if I am late to pick up my child(ren), I will be charged a fee of **\$1.00 per minute/per child** after the designated pick-up time (12:30pm for morning half day and 6:30pm for afternoon half day/full day).
- RETURNED CHECK FEES:** I understand that a fee of **\$35.00** will be charged on all returned checks.
- DECLINED CREDIT CARD FEES:** I understand that a fee of **\$15.00** will be charged on all declined credit cards.
- If payment is not made in full prior to the week, I understand my child will be placed on a waiting list.**

GENERAL RELEASE & EMERGENCY MEDICAL TREATMENT AGREEMENT

I/We as parent(s) or legal guardian(s) for _____ (name of minor) (hereinafter referred to as "Participant"), hereby give permission for Participant to participate in the BSAC's Summer Camp Program, (hereinafter referred to as "BSAC Summer Camp Program"), and any and all activities associated therewith; to travel with a BSAC Staff Member, Chaperone, Coach, or Volunteer to or from BSAC activities that may involve risk of serious injury, including permanent disability and death. I/We further authorize any BSAC Staff Member, Chaperone, Coach, or Volunteer, in his/her discretion, to obtain medical or emergency treatment for participant.

In consideration for participation in the BSAC Summer Camp Program, I/We further, as parent(s) of Participant (a minor) on behalf of said Participant, as well as on behalf of myself/ourselves, hereby forever release, acquit, discharge and hold harmless BSAC, their officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants (hereinafter collectively referred to as "BSAC") of any and all liability, claims, actions, causes of actions, lawsuits, or rights or claims for damages, including but not limited to, claims for BSAC's own negligent acts or omissions, relating to or in any way arising out of Participant's participation in the BSAC Summer Camp Program.

I/We understand that if my child should become ill or injured at BSAC, that BSAC, will (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should BSAC be unable to reach me and/or the person(s) designated, BSAC is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I/We will accept all responsibility for payment of medical services rendered.

BSAC is a licensed facility through the Department of Child and Family Services. All staff members are mandated reporters of child abuse. A report is to be filed when reasonable cause has been given to suspect a child is being abused or maltreated by a parent, guardian, custodian or other person legally responsible for the child.

I/We have read, understand, and agree to all the above terms and conditions and have entered into the same of my/our own free will and accord.

Parent Signature

Date

BEHAVIOR EXPECTATIONS AND GUIDELINES

We are pleased that you have decided to enroll your child into our Youth Development Program here at the BSAC. We believe that by bringing together children in a large group setting, we can help guide them in making successful behavioral choices, as well as help to develop them to become better individuals.

In our program, we expect our campers to behave in a responsible manner at all times, whether it is at the facility or while we are offsite. We wish to ensure the safety of your child, as well as other campers; and thus, we have developed the following behavioral expectations that we would like you to review with your child/children:

1. Inform an adult IMMEDIATELY if a problem arises. The safety and well being of all campers attending this summer camp is of the utmost importance. For this reason, if at any time during the camp an incident occurs that makes the camper feel threatened or intimidated, he/she should tell a BSAC staff member immediately.
2. Respect the rights and safety of others. Campers that act irresponsibly or endanger the health, safety, or welfare of themselves, or any camper as determined by the BSAC, will be sent home immediately.
3. Respect the property of others. Campers are not to take objects from the BSAC facility or from other campers. We ask that all campers leave the locations cleaner than when they arrived. Campers must take great care not to do any damage to the facilities they use during summer camp. Any camper that breaks or destroys BSAC property will be held financially responsible to replace that item.
4. Use of inappropriate behavior including profanity, disrespect to other campers or staff members, destruction of property or equipment, physical injury to another child, or not following the safety rules and procedures explained in our bus and safety rules will result in immediate disciplinary action as deemed appropriate by BSAC staff.
5. We are an Anti-Bullying facility. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated over time.

The BSAC offers children a variety of age appropriate and fun activities. You have registered for a program in which a large portion of the schedule is spent out of doors, is very physically oriented and helps children to acquire valuable social skills as they interact with many other children daily. By very nature of the camp, it may not be an appropriate fit for every child. If necessary, inappropriate behavior will be addressed by our Youth Development Director using the disciplinary procedures that are in alignment with the policies of the BSAC and the Hillsborough County Ordinance governing Child Care Facilities.

Conduct Van/Bus Safety Reports

A van/bus conduct report is issued and written by the driver when a safety rule has been broken. Please advise your child/children of the following bus/safety rules: use a low voice when speaking, stay seated and buckled at all times, use appropriate language. Campers are to keep their hands and feet to themselves at all times. There will be NO eating, drinking, or chewing gum on the bus/van at any time.

Parent Signature

Date

Camper Signature

Date

FIELD TRIP EXPECTATIONS AND GUIDELINES

Please be advised that when campers are scheduled to attend field trips, the following guidelines must be followed:

1. Campers should arrive 30 minutes prior to field trip departure time. Counselors will be taking roll call to ensure rosters are accurate and will review expectations and assign seating to campers prior to departure. It is imperative that campers are given the opportunity to be part of this group conversation and understand expectations.
2. Transportation departing for field trips will **NOT** be held for campers. All field trips are scheduled within a strict timeline. Transportation will leave the BSAC parking lot at their scheduled time. Again, campers should arrive 30 minutes prior to field trip departure time to ensure campers are able to attend field trip.
3. Campers cannot be dropped off at or picked up from any field trip. In order to ensure the safety of all campers and to allow counselors the opportunity to maintain accurate accounting of campers in groups, we will not allow parents or guardians to bring or pick up a camper off-site.
4. Camp t-shirts must be worn on field trip days. This assists counselors with keeping track of campers when traveling to a large facility. One T-shirt is provided to each camper free of charge for this purpose. Additional t-shirts are available for purchase throughout the summer. In the event that a camper comes to camp without their 2018 camp T-shirt for a field trip, a T-shirt will be provided and \$10 will be charged to the campers account.
5. Campers are strongly discouraged from bringing electronic devices, phones and money on field trips unless otherwise noted on the permission slip. BSAC will not be responsible for lost or stolen personal items.
6. All other BSAC behavior expectations apply.

Conduct Van/Bus Safety Reports

A van/bus conduct report is issued and written by the driver when a safety rule has been broken. Please advise your child/children of the following bus/safety rules: only inside voices should be used, stay seated and buckled at all times, use appropriate language, campers are to keep their hands and feet to themselves at all times. There will be NO eating, drinking, or chewing gum on the bus/van at any time.

BSAC reserves the right to prohibit any child from attendance on a field trip at the discretion of the Youth Development Directors.

Parent Signature

Date

Camper Signature

Date

LOST AND FOUND POLICY

BSAC is not responsible for lost, misplaced, or stolen items. However, we will make every effort to see that your child returns home each day with the same belongings with which he/she arrived. Items that we find each day that resemble clothing, towels, footwear, hats, swimwear, fitness bags, backpacks, and the like will be stored in a plastic bin and held in the room in which they were found and will be placed in a bin for that day. Each respective room will have a lost and found storage bin. At the end of each day, unclaimed items will be stored in our lost and found storage bins by date and will be held for a period of 10 days from the date noted on the bin, after which time they will be donated to charity. Items of value such as cell phones, electronic readers, car keys, jewelry, etc. will be locked inside one of our administrative offices and held for 30 days. Please ask a member services representative about any valuables you or your child may have misplaced.

We want to assure you that we will treat your items with the utmost care. By the same token, you can help us by adhering to the following guidelines:

- *Please label ALL items with both first name, last name and grade.
- *Remind your child(s) to keep their items inside their backpacks and cubbies at all times.
- *Do not bring valuable items to the BSAC facility on any given day.
- *Clean out backpacks each evening in order to better track items.
- ***Best rule of thumb:** if you don't want to lose it, **DON'T BRING IT!**

We want to give you and your child(s) the best possible experience at BSAC and do not want to have that experience tarnished over lost items. Thank you for helping us to ensure this occurs.

Parent Signature

Date

Camper Signature

Date

CODE OF CONDUCT

1. I will not interfere with the teaching and learning of others.
2. I will respect the personal space, rights, and property of others.
3. I will follow directions from BSAC staff, volunteer, coaches, etc.
 4. I will practice good sportsmanship.
 5. I will be respectful of myself and my fellow campers.
 6. I will listen quietly while others are speaking.
 7. I will be polite, courteous, and respectful at all times.
 8. I will keep my hands to myself.
 9. I will be quiet in lines, restrooms, and when passing.
 10. I will practice self control.
11. I promise to use a low speaking voice, remain in my seat, stay buckled, and use appropriate language when being transported in a BSAC vehicle.

I understand that violating this code of conduct will result in taking a timeout/cool-down from a privilege or activity that I have scheduled for that day. If my misbehavior continues, it will be necessary to notify my parents/guardians and schedule a conference to determine a plan of action for me. Misbehavior that may cause injury to myself, other campers, or create safety issues may result in my leaving the program.

Parent Signature

Date

Camper Signature

Date

SUNSCREEN, INSECT REPELLANT & ELECTRONIC DEVICES

I grant permission for BSAC personnel to apply sunscreen on my child and must be provided by the parent/guardian. Sunscreen will only be applied to areas exposed if child was in a one piece bathing suit

Parent Signature

Date

I grant permission for BSAC personnel to use insect repellent on my child,
And must be provided by the parent/guardian.

Parent Signature

Date

My child will **NOT** bring electronic devices such as cell phones, iPod's, tablets, DS's, PSP's, Smart Watches or any other such devices to BSAC.

Parent Signature

Date

DISCIPLINE POLICY

We encourage positive actions through positive reinforcement and close supervision. Our main goal here at BSAC is to keep the children safely involved in activities so that inappropriate behavior is limited. The following steps will be followed if inappropriate behavior occurs, along with a written camper counseling statement:

1. The child is spoken to privately in a firm but gentle manner regarding the unacceptable behavior.
2. If the behavior continues, the child is removed from the activity for a cool down/timeout until both the counselor and the child feel the child is ready to return.
3. If the behavior still continues to occur, the child's parent will be called or spoken with before departing for the day.
4. Further incidents will result in the child having to be picked up from the facility and a parent conference will be held to determine an effective disciplinary plan, which requires the participation of both the program coordinators and the parents. A probationary period may be designated to determine if the program can effectively meet the needs of the particular child, or if the child's needs would be better served in a different program.
5. An Incident Report will be filed when there is evidence of property destruction, injury to an individual or physically touching an individual. Accrual of multiple behavior reports and other inappropriate behavior is grounds for dismissal from camp.

EXPULSION POLICY: BSAC has a **ZERO TOLERANCE** for acts of inappropriate Behavior. Issues that may result in termination of enrollment with or without notice depending on the seriousness of the behavior, include but are not limited to the any of the following actions:

1. Striking another individual
2. Causing harm to another individual requiring medical attention
3. Displaying violent or uncontrollable behavior that puts others or themselves at risk
4. Bullying
5. Disrespect towards other campers or counselors
6. Repeated disregard for our Behavior Expectations and Guidelines

Behavior incidents will never be dealt with in a demoralizing, humiliating or abusive manner. No child shall be subject to abuses of neglect, cruel, unusual, severe, or corporal punishment. This includes but is not limited to: punishments which subject a child to verbal abuse, ridicule, humiliation, denial of food, use of bathroom facilities, punishment for soiling, wetting, or not using the toilet.

Our policies and procedures for discipline are consistent with and are focused on assisting the child to grow both socially and emotionally, and are also within expectations for their specific age level of development.

Parent Signature

Date

Camper Signature

Date

PICK-UP AND DROP-OFF POLICY

Please be advised of the following pick-up and drop-off policies for parents of BSAC students:

1. Parents shall use the designated parking spots for parking, loading, unloading of children at all times. Parking in the through lanes or at the curb is prohibited. Designated handicap spots are for individuals with FDOT handicap sign posted.
2. Parents will refrain from any maneuvers that are unsafe or would obstruct flow of traffic.
3. Under no circumstances shall the parent/guardian do the following while dropping off or picking up their child:
 - a. Honk horn
 - b. Double park
 - c. Leave engine running
 - d. Park in the wrong direction
 - e. Park in handicap designated spots unless a FDOT handicap sign is posted
4. To insure the safety of the children, do not allow your child to run in the parking lot or dart through the cars. Campers must not be left unattended after sign out.

We sincerely request that you strictly follow all conditions listed above without any exception. If you are observed violating any of the conditions state above, we may be forced to tow your vehicle in order to preserve a safe environment for children or adults attending our programs. We appreciate your understanding, cooperation, and help.

Please sign below stating that you have read, understand and agree to follow the BSAC Pick-up & Drop-off Policy.

Parent Signature

Date

KNOW YOUR CHILD'S DAY CARE FACILITY BROCHURE

Hillsborough County Ordinance requires that parents must receive a copy of the "Know Your Child's Day Care Facility Brochure/FDCH Brochure," and the parents are also notified in writing of the 'Disciplinary Practices' used by the child care facility. My signature certifies that I will read and understand the FDCH brochure and discipline policies in its entirety — which is posted on the BSAC website at www.mybsac.org as a PDF document in the After School section titled "Know Your Child's Day Care Facility Brochure." Furthermore, should I have any questions regarding the FDCH "Know Your Child's Day Care Facility" brochure, I will ask a member of BSAC's Youth Development staff.

Parent Signature: _____ Date: _____

BSAC POLICIES AND PROCEDURES

- *Financial Agreement
- *Hold Harmless and Emergency Medical Treatment Agreement
- *Lost and Found Policy
- *Behavior Expectations and Guidelines
- *Code of Conduct, Sunscreen, Insect Repellent, and Electronic Devices Policy
- *Discipline Policy
- *Pick Up and Drop Off Policy

I have read and agree to all BSAC policies and procedures.

Parent Signature

Date

I hereby give BSAC permission to photograph my child(ren) for publication in connection with all public relations and marketing purposes. I also understand BSAC may use the photos indefinitely.

Parent Signature

Date

How did you hear about BSAC? _____

Are you interested in signing up for one of our BSAC activities? (Circle all that apply)

Swim Lessons

Team Colwill Diving

Blue Wave Swim Team

Tennis Lessons

Volleyball

Soccer

Water Polo

After-School



GET TO KNOW MY CHILD

NAME:

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT:

MY CHILD'S STRENGTHS ARE:

MY CHILD NEEDS EXTRA GUIDANCE WITH:

MY CHILD LEARNS BEST BY:

HOW BSAC CAN HELP MY CHILD:



For office use:
Payment start date: _____
Program: _____
Amount: \$ _____

AUTOMATIC PAYMENT AUTHORIZATION

By signing below, I authorize BSAC to automatically charge my Credit/Debit Card or Financial Banking Account for the weekly tuition. **WITHDRAWAL FORMS MUST** be submitted **IN WRITING** to the Youth Development Director **15 days prior** to your withdrawal date. **CANCELLATION FORMS** must be submitted in writing **7 days prior** to your cancellation date. **REMINDER: There will be a \$15 fee for declined credit cards and a \$35 fee for returned checks.**

Please circle: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name: _____

Cell Phone: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Payment Information:

Credit/Debit Card #: _____

Exp. Date: _____ CVV Code: _____

I agree to all terms and conditions _____
Signature Date

Notes: _____

