

## 2025 Raa Middle School Summer Camp Registration

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_ Male \_\_ Female Grade Entering 2025-2026: \_\_\_\_\_ School's Name: \_\_\_\_\_

Mother's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Father's or Guardian's Name: \_\_\_\_\_

☐ Address is same as above

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**Please write the name of the person(s) authorized to be an emergency contact or to pick-up your child.**

Last Name	First Name	Relation To Student	Number

**Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings**

Medication:	Allergies:

Does your child have any special needs that we should be aware of? YES ☐ NO ☐

If yes, please state the need or condition \_\_\_\_\_

My child may be in photographs or video for articles and promotion YES ☐ NO ☐

My child may watch G & PG rated movies: YES ☐ NO ☐

My child may participate in water play: Yes ☐ NO ☐ **\*(Please see water safety page for more information)**

My child has my permission to ride a bus when I have been informed of the scheduled trips. Yes ☐ NO ☐

**\*If yes, I also understand that in order for my child to participate in field trips they must be on time according to the itinerary and wear camp shirts.**

I understand that I must pick up my child if they have a fever of 100 degrees or more YES ☐

I understand my child may not return until 48 hours after their fever has been reduced YES ☐

Are you an LCS employee working during the 2024 summer? YES ☐ No ☐

I understand that if I need to cancel any of the weeks marked above, I must notify the camp director by **Friday, May 23, 2025**. If I cancel any of the weeks I registered for after **Friday, May 23, 2025**, I will forfeit my registration fee and have to re-register in order to return to the camp for any weeks I've committed to and plan on attending. This is non-negotiable.

**By signing below, I have fully read and understand the policies and information outlined in the summer camp parent handbook.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information on Water Activities and Safety

This summer Raa EDEP summer camp will have water activities every week. We will be visiting Levy Pool, Trousdell Aquatics Center, and Shipwreck Island (Panama City). *Pool rules for Levy, Trousdell and Shipwreck Island will be available upon request and are on the EDEP website.*

My child has permission to participate in water play at Levy pool and Trousdell Aquatic Center Yes ☐ No ☐

My child has permission to go participate in water rides/slides at Shipwreck Island Yes ☐ No ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check the appropriate answer regarding your students swimming abilities.

My child is a \_\_\_\_\_ Non swimmer  
\_\_\_\_\_ Has some swimming abilities  
\_\_\_\_\_ Is a proficient swimmer

Comments:

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Listed below are water games that the camper may participate in during the six weeks. Campers will be given specific rules for our water games. We want to make sure that everyone is being safe while having an enjoyable time. Campers will be closely supervised, as we want to also ensure that they are being safe and also staying hydrated. Please note that failure to follow rules will result in the loss of participation in water activities.

Cup by Cup

Air Raid Water Game

Water Balloon Toss

Wet and Wild Kickball

Water Bucket Race

Water Limbo

Sprinkler Limbo

Water Balloon Baseball

Water Balloon Battleship

## Raa Middle Mystery Summer Camp 2025

**Camper's Name:** \_\_\_\_\_

Spaces are limited. Only select the weeks you plan on having your student attend. Please remember you will be responsible for weeks you have selected. In the event we have reached capacity for any particular week at the time of registration then you will be placed on a waiting list.

Part time participants, please **CIRCLE** your preferred time; morning 7:30 am - 12:30 pm or afternoon 12:30 – 6:00 pm.

### Weeks & Dates: Only Mark Off the Intended Attendance Dates

\*For Drop- Ins During any given week please indicate the dates on the week.

**\*T-Shirt Sizes:** Youth Large \_\_\_\_ Adult- S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2X \_\_\_\_

**We will do our best to accommodate the size. No guarantee that the size will be available.**

<p>____ <b>Week 1:</b> Full Time: June 2 - 5, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Fun Station Field Trip Activity Fee ____ \$15</p>	<p>____ \$125.00</p> <p>Sibling: ____ \$112.50</p> <p>____ \$67.00</p> <p><b>Optional Lunch ____ \$10.00 (Canes)</b></p> <p>Total _____</p>
<p>____ <b>Week 2:</b> Full Time: June 9 - 12, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Killearn Lakes Nerf Wars Field Trip Activity Fee ____ \$15</p>	<p>____ \$125.00</p> <p>Sibling: ____ \$112.50</p> <p>____ \$67.00</p> <p><b>Optional Lunch ____ \$10.00 (Firehouse Subs)</b></p> <p>Total _____</p>
<p>____ <b>Week 3:</b> Full Time: June 16 - 18, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Flippin Great Pinball Activity Fee ____ \$15.00</p>	<p>____ \$95.00</p> <p>Sibling: ____ \$85.50</p> <p>____ \$50.00</p> <p><b>Optional Lunch ____ \$10.00 (Moe's)</b></p> <p>Total _____</p>
<p>____ <b>Week 4:</b> Full Time: June 23 - 26, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Skate World Activity Fee ____ \$15</p>	<p>____ \$125.00</p> <p>Sibling: ____ \$112.50</p> <p>____ \$67.00</p> <p>Total _____</p>
<p>____ <b>Week 5:</b> Full Time: July 7 - 10, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Shipwreck Island Activity Fee ____ \$15</p>	<p>____ \$125.00</p> <p>Sibling: ____ \$112.50</p> <p>____ \$67.00</p> <p>Total _____</p>
<p>____ <b>Week 6:</b> Full Time: July 14 - 17, 2025</p> <p style="text-align: right;">* Part time: 7:30 – 12:30 or 12:30 – 6:00 pm</p> <p style="text-align: right;">Mystery Field Trip Activity Fee ____ \$15</p> <p style="text-align: right;"><b>*(Clues will be given out throughout the week)</b></p>	<p>____ \$125.00</p> <p>Sibling: ____ \$112.50</p> <p>____ \$67.00</p> <p>Total _____</p>

**20% discount for Leon County Schools employees who are working this summer.**

## RAA MIDDLE SCHOOL SUMMER CAMP 2025

### PAYMENT CONTRACT

The charges for our camp are designed to cover the cost for staffing, materials, supplies, meals, t-shirts, and the use of school facilities. In completing the registration for my child(ren) I understand and agree that:

1. The registration and weekly fees are non-refundable.
2. The registration fee of \$50.00, per child must be paid at the time of the registration to guarantee a slot.
3. I will be responsible for payment of the weekly camp fee on or before MONDAY mornings, prior to my child attending.
4. I understand there is a \$10.00 late fee if payment isn't made on Monday, regardless of my child's attendance. I am required to pay tuition in order for my student to return to camp.
5. I will be responsible for late fees anytime I am late picking up my child from camp as outlined in the policy packet.
6. I understand that if I am late picking my child up a third time without it being an emergency, my child may be dismissed from the camp.
7. I understand that if a check is returned for non-sufficient funds, etc. that I will be required to pay by money order or credit card online thereafter.
8. No refund will be given for dismissal from the program from the program.

**\*I have read the above payment contract and agree to all the payment requirements for the summer camp program.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Responsible for payments: \_\_\_\_\_