

# 2025 KATE SULLIVAN ELEMENTARY SCHOOL'S SULLYWOOD SUMMER CAMP REGISTRATION FORM

## CAMPER'S GENERAL

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF  
BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ RACE: \_\_\_\_ SHIRT SIZE: \_\_\_\_ GENDER: \_\_ MALE \_\_ FEMALE  
GRADE ENTERING 2025-2026: \_\_\_\_ SCHOOL'S NAME: ☐ KATE SULLIVAN ☐ OTHER: \_\_\_\_\_

PRIMARY GUARDIAN'S NAME: \_\_\_\_\_  
RELATION TO STUDENT: MOTHER | FATHER | STEP-MOTHER | STEP FATHER | OTHER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

SECONDARY GUARDIAN'S NAME: \_\_\_\_\_  
RELATION TO STUDENT: MOTHER | FATHER | STEP-MOTHER | STEP FATHER | OTHER: \_\_\_\_\_  
☐ SAME AS ABOVE ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

IS THIS A SPLIT HOUSE HOLD: ☐ YES ☐ NO

ARE THERE ANY CUSTODY ISSUES WE SHOULD BE AWARE OF? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_ (PLEASE INCLUDE COURT DOCUMENTS)

PLEASE LIST THE NAME/ OF THE PERSON(S) AUTHORIZED TO BE AN EMERGENCY CONTACT OR TO PICK-UP YOUR CHILD.

THE FOLLOWING INDIVIDUALS ARE ALLOWED TO PICK UP MY STUDENT. THESE INDIVIDUALS MAY BE CALLED IN THE EVENT OF AN EMERGENCY.

LAST NAME:	FIRST NAME:	RELATION TO STUDENT:	NUMBER:

PLEASE LIST ALL MEDICATION, ALLERGIES OR LIMITATIONS REQUIRING SPECIAL ATTENTION I.E. RITALIN, FOOD ALLERGIES, ANT/BEE STINGS

MEDICATION:		ALLERGIES:	
MEDICATION NAME:	PURPOSE:	ALLERGY:	REACTION:

PLEASE READ THE FOLLOWING PAGES CAREFULLY!

**By signing below, I have fully read and understand the policies and information outlined in the program packet.** I understand that it is my responsibility to read and review the 2025 summer camp registration booklet, located online at <https://www.leonschools.net/site/Default.aspx?PageID=4059> . I acknowledge that I am required to sign up for the 2025 Summer REMIND app in order to receive important updates, reminders and communication.

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

## **ACKNOWLEDGMENT, PERMISSIONS & MEDICATION**

---

**MOVIE PERMISSION FORM:** My child has permission to view G or PG rated movies at Summer Camp. I understand that if I decide not to give permission for my child to view any of the movies, then I will need to make arrangements for his/her care during the time of the field trip and/or watching of the movie. I also understand that he/she can meet the camp at the next event following the movie.

**TRANSPORTATION PERMISSION:** I understand that all field trips during summer camp hours are taken on Leon County School's approved bus vendor or charter bus. My child has my permission to ride the School District Services or Astro charter bus when I have been informed of the scheduled trips. I also understand that in order for my child to participate in field trips they must be on time according to the itinerary.

**SWIMMING PERMISSION:** I hereby authorize a certified representative of Jack McLean or Kate Sullivan Administrative Staff to administer appropriate emergency care and/or have my child treated in the event of a medical emergency during his/her participation in the swimming program. In addition, I agree not to hold Kate Sullivan Elementary School, it's Extended Day Program, Jack McLean, its owners and/or authorized representative responsible or liable for any accident or mishaps.

**MEDICATION:** Doctors prescribed medication will be administered according to the label. Students are not allowed to transport medication. Should your child need to have medication administered during the time they are in the Summer Camp Program, a medication form must be completed and submitted to the Director. Medication must come in its original container with your student's name on it.

- ☐ My student will need to take medication daily (Please complete the medication form along with registration)

**EMERGENCY MEDICAL RELEASE:** If emergency medical care is necessary and I cannot be reached, I authorize Kate Sullivan Elementary School's Extended Day to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment. \_\_\_\_\_

**SCHOOL ENROLLMENT & IMMUNIZATION RECORDS** Select all that apply:

- ☐ My child is registered for public school for the upcoming school year.
- ☐ My child attends a private school, and I have provided the summer camp with a copy of their current immunization records.
- ☐ My child does not live in Tallahassee during the school year, and I have provided the summer camp with a copy of their current immunization records.

**EXCEPTIONAL STUDENT & SPECIAL NEEDS** Select all that apply:

- ☐ My child is enrolled in an Exceptional Student Program (ESE).  
If yes, list the exceptionality: \_\_\_\_\_
- ☐ My child has special needs or medical conditions that the camp should be aware of.  
If yes, please provide details: \_\_\_\_\_

## HEALTH & SAFETY ACKNOWLEDGMENT

I understand that if my child has a fever of 100°F or higher, I must pick them up promptly.

I understand that my child may not return to camp until at least 48 hours after their fever has been reduced without medication.

I understand that if my student vomits twice in one day, I am required to pick them up.

My child has an IEP and/or 504 Plan. (I acknowledge that these accommodations do not automatically carry over into the camp program.)

Initial: \_\_\_\_\_

## LATE PICK-UP ACKNOWLEDGMENT

I understand that the camp operates on a strict pick-up schedule and that it is my responsibility to ensure my child is picked up on time each day by 6:00 p.m.

I acknowledge that repeated late pick-ups will result in late fees or further action. I understand that:

- A late fee of **\$1.00 per minute** will be charged for any pick-up after **6:00 PM**.
- Excessive late pick-ups (**3 or more occurrences**) may result in my child's dismissal from the program.
- If I am running late, I must notify the camp staff as soon as possible.

By signing below, I agree to adhere to the program's pick-up policy and understand the consequences of repeated late pick-ups. Initial \_\_\_\_\_.

## PARENTAL CONSENT – PLEASE INITIAL NEXT TO EACH STATEMENT:

\_\_\_\_\_ My child has permission to ride a school bus or charter bus for camp-related transportation.

\_\_\_\_\_ My child has permission to participate in swimming activities, including the lazy river.

\_\_\_\_\_ My child has permission to participate in camp-approved rides and field trips.

\_\_\_\_\_ My child may have sunscreen applied to their face and body.

\_\_\_\_\_ I grant my student permission to get their face painted.

\_\_\_\_\_ I grant my student permission to wear nail polish during spa activities.

\_\_\_\_\_ My child is permitted to watch G/PG-rated movies.

\_\_\_\_\_ I give authorization for my child to access to the internet in a supervised area with restrictions

\_\_\_\_\_ I give permission for my child to be photographed or recorded for camp-related articles, promotions, and social media.

## (For LCS Employees Only)

\_\_\_\_\_ I am an LCS employee working during the 2025 summer. (I will provide a copy of my employee ID for the discount and have my principal provide proof of employment for the summer.)

**KATE SULLIVAN ELEMENTARY SCHOOL'S 2025 SUMMER CAMP DISCIPLINE POLICY & BEHAVIORAL CONTRACT**  
(SIGNATURE REQUIRED ON BACK)

Students are expected to exhibit exceptional behavior while in the extended day program. Failure to do so may result in a referral with 1-3 day suspension and or require a chaperone on field trips. Consequences to behaviors are at the discretion of the director and assistant manager. Consequences may be increased in cases of repeat offenses.

Some examples of prohibited behaviors are, but not limited to the following:

- Inappropriate touching
- Inappropriate language/ profanity
- Violation of privacy towards another student
- Refusal to follow instructions
- Disrespecting an authoritative figure, including staff, manager, director, bus driver, etc.
- Violating cell phone policy including the following:
- No social media usage, such as TikTok, Facebook, Instagram, Snap chat etc.
- No chat rooms (including games that have chat room access, i.e. Roblox and Mine Craft)
- No texting (this includes parents, unless given permission by a staff member)
- No phone calls (this includes parents, unless given permission by a staff member)
- Cell phones/ mobile devices are not allowed outside of designated class times.

We ask that if there is an emergency on your end and you are trying to contact your student, that you contact the extended day program via, remind app, or phone call at 850.488.1834. Please do not call or text your student during extended day hours. Failure to do so may result in suspension or termination from the program.

- Violent/inappropriate games
- Cell phones and electronic devices may not be used on the playground.
- Students may not take a photo or video of other students (due to student privacy laws).
- Fighting/Hitting other students and or staff
- Program disruption
- Vandalism
- Petty Theft
- Teasing, taunting or harassing
- False information/ Dishonesty
- Written or verbal threats
- Possession of a weapon
- Leaving the designated area without permission/ Eloping
- Keeping all bodily fluids to themselves
- Exposure of self / others in an inappropriate manner

Please sign the following page

**POSSIBLE CONSEQUENCES FOR BEHAVIORAL OFFENSES:**

(MINOR OFFENSES HANDLED BY STAFF & SUPPORTED BY DIRECTOR AND MANAGER).

- Warning
- Student to give a verbal apology
- Sitting out/ reflection
- Assist in cleaning ( i.e. sweep, wipe tables, trash duty etc.)
- Staff/director contacts parent
- Written documentation regarding behavior
- Staff/student conference
- Conference with parents
- Referral (three strikes max before expulsion)
- Removal from activities/field trips
- Chaperone required to attend field trips
- Suspension
- Writing activities, such as an apology letter, writing lines, etc.
- Expulsion (At the discretion of director. Based on severity may result in immediate expulsion.)

**PARENT/GUARDIAN SECTION:**

I have received a copy of the Discipline Policy and understand the behavior that is required of my child. I understand that my participation in my child's behavior will help him/her be successful during camp. I have read this agreement and I will carry out the following responsibilities to the best of my ability.

- Encourage my child to be a respectful and peaceful member of the school community.
- Discuss the Discipline Policy with my child.
- Participate in parent conferences
- Assist in communicating any special needs my student may have
- Assisting in coming up with a behavioral plan if necessary

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT SECTION:**

I have read or have been read the discipline policy and understand the behavior that is required of me, and understand the possible consequences that may occur based on my behavior.

**PRINT NAME OF STUDENT:** \_\_\_\_\_

**STUDENT SIGNATURE/INITIAL:** \_\_\_\_\_

## 2025 KATE SULLIVAN ELEMENTARY SCHOOL'S SULLYWOOD SUMMER CAMP

### "WHERE EVERYONE IS A STAR"

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

WEEKS & DATES: PLEASE ONLY MARK OFF THE INTENDED ATTENDANCE DATES *CLOSED THE WEEK OF JUNE 30-JULY4, 2025	TUITION
<input type="checkbox"/> WEEK 1   JUNE 2-6, 2025	\$185.00
<input type="checkbox"/> WEEK 2   JUNE 9-13, 2025	\$185.00
<input type="checkbox"/> WEEK 3   JUNE 16-20, 2025 *CLOSED THURSDAY & FRIDAY JUNE 19 <sup>TH</sup> FOR JUNETEENTH	\$111.00
<input type="checkbox"/> WEEK 4   JUNE 23-27, 2025	\$185.00
<input type="checkbox"/> WEEK 5   JULY 7-11, 2025	\$185.00
<input type="checkbox"/> WEEK 6   JULY 14-18, 2024	\$185.00
<input type="checkbox"/> WEEK 7   JULY 21-25, 2025 *CLOSED FRIDAY JULY 25, 2025	\$148.00

#### **PLEASE READ BEFORE COMMITTING:**

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.

#### **CHAPERONS:**

Chaperones are more than welcome to attend trips. Please inform the

director if you intend on attending any trips. All chaperons are required to complete an LCS volunteer at least one week prior to a field trip. <https://volunteers.leonschools.net/> Chaperones are required to pay for their entry to all trips. Due to limited seating on the buses ALL chaperones must follow or meet the buses at the destination.

### KATE SULLIVAN 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, I understand and agree that:

1. The registration and weekly fees are **non-refundable**.
2. The registration fee of \$65.00, 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 having excessive late pick-ups may result in dismissal from the program, 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 and that a NSF will incur. .
8. No refund will be given for dismissal from the program or removal 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:** \_\_\_\_\_

**POLICY ACKNOWLEDGEMENT:** I have read and fully understand the policies outlined in the policy statement of the Kate Sullivan Elementary School Summer Camp Program.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_