

Astoria Park Elementary School

EDEP Summer Camp 2025

STEP
RIGHT
UP
21ST
CENTURY
1PM-6PM

ASTORIA PARK PRESENTS
CIRCUS
The Greatest EDEP Show

JUNE 2ND-
JULY 18TH

\$135.00
PER WEEK
7A-6P

ELC
ACCEPTED

COME ONE,
COME ALL
SIBLING 10% DISCOUNT

RINGMASTER: MS. EVERHEART 850-488-3481

SUMMER CAMP PROGRAM POLICIES AND PROCEDURES

REGISTRATION: There is a one-time fee of \$50.00 for the first child and \$35.00 for additional siblings. This fee is **non-refundable** and is required at the time you submit your registration forms. The registration fee includes 1 camp shirt and 1 camp bag.

- Early Learning Coalition participants, please see the Director for camp fees.

ENROLLMENT ELIGIBILITY: Summer camp participants must be school- age and meet the basic entry-level criteria in the areas of self-care, communication, mobility and social-emotional development. All participants must complete the summer camp registration form prior to participation. Students who are enrolled in a non-Leon County School may participate in the EDEP summer program with consent from the school Principal and EDEP Manager. A current copy of the child's immunization records will be required at the time of registration.

ARRIVAL & DEPARTURE: For the safety and well-being of participants, each child **MUST** be signed in and out either by a parent/guardian, or another adult authorized in writing by the custodial parent. Parents who have legal documentation limiting the rights of one parent's access to the child must provide these documents to the EDEP program. Parent access to a child will not be denied without a copy of a court order. If there are concerns in which we need to be aware, please arrange to meet privately with the EDEP program manager.

SUMMER CAMP FEE DUE DATES:

THERE IS NO CAMP ON JUNE 19th AND THE WEEK OF JULY 4th

WEEKs	Full Time 7:00-6:00	Part-Time M-TH 1:00-6:00	Part-Time M-F 1:00-6:00	Due Dates Weekly
Week 1: June 2-June 6	\$135.00	\$85.00	\$100.00	Due Monday, 5/19/2025
Week 2: June 9- June 13	\$135.00	\$85.00	\$100.00	Due Tuesday, 6/3/2025
Week 3: June 16- June 20	\$115.00	\$85.00	\$85.00	Due Tuesday, 6/10/2024
Week 4: June 23- June 27	\$135.00	\$85.00	\$100.00	Due Tuesday, 6/17/2024
Week 5: July 7- July 11	\$135.00	\$100.00	\$100.00	Due Tuesday, 6/24/2024
Week 6: July14 – July 18	\$135.00	\$85.00	\$100.00	Due Tuesday, 7/8/2024

- **A late fee of \$10.00** will be assessed for fees not paid by the due date. Camp fees can be paid online by debit, credit card, or money order. Make money orders payable to Leon County Schools.
- Money Orders: Are to be written out to LEON COUNTY SCHOOLS. They must be signed and include your child's name.
- Refunds: No refunds are to be permitted, except for documented cases of prolonged illness (2 weeks or more) or family relocation. Absolutely no refunds will be given on registration fees. Refunds must be requested in writing.

LATE PICK-UP FEES

Your child must be picked up by 6:00 pm at the LATEST. Otherwise, a late fee of **\$1 per minute** will be assessed. Late fees are due when the child is picked up, and will be strictly enforced. If a child has not been picked up by 7:00pm, LCS Safety and Security office or the school's resource officer will be contacted for assistance. After two non-emergency late fees, the director will notify the parents that a third non-emergency late fee will result in dismissal from the program.

BREAKFAST & LUNCH: Leon County Schools Breakfast and Lunch will be provided.

DISCIPLINE POLICIES AND PROCEDURES

To achieve the goal of providing quality enrichment activities for children in an environment of cooperation and respect, positive discipline practices are utilized by all members of the Extended Day staff. These policies and practices are consistent with and conform to the school's discipline policy. If normal discipline practices such as non-punitive interaction, redirection and time-out do not facilitate the appropriate behavior, parents of students requiring special attention will be asked to join us in a conference to discuss and assist in implementing measures to assure appropriate behavior and allow continued program participation. If a student chooses not to, or cannot, demonstrate appropriate behavior within the program, the behavior will be interpreted to mean that the student does not have either the faculty or desire to participate in the program. At such time, the student will leave the program at the request of the Extended Day Enrichment Program Manager. Should it be deemed that the participant is capable, but chooses not to behave in an appropriate manner, no refund will be given.

Astoria Park Elementary				Astoria Park Elementary												
EDEP Behavior Alert				EDEP Behavior Alert												
Yellow Alert				RED ALERT												
Student Name: _____ Date: _____				Student Name: _____ Date: _____												
I have repeatedly not followed some rules in EDEP today. I will do better next time.				This Behavior Alert signifies that the above student has demonstrated behavior that is not tolerate in the EDEP. A conference will be requested by the Program Director to discuss further actions.												
Unacceptable language Not following directions Disturbing the class/activity Not keeping my hands to myself Disrespect to other students Disrespect to staff Other: _____				Previous Warnings:												
Consequences: _____				<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Warning#</th><th style="width: 25%;">Date</th><th style="width: 50%;">Notes</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>				Warning#	Date	Notes						
Warning#	Date	Notes														
Verbal warning Chill Out zone Unable to participate in activity Conference with Director				Details of Incident: _____												
Comments: _____				Consequence: _____												
Warnings: #1 #2 #3				Parent Signature: _____ Date: _____												
Parent Signature: _____				Director Signature: _____ Date: _____												
Director Signature: _____																

ASTORIA PARK 2025

SUMMER CAMP REGISTRATION FORM

Student Name: _____ Age _____

Grade for the 25-26 School Year: _____ T-Shirt Size _____

Parent/Guardian: _____ Relationship _____

Address: _____ Zip Code: _____

Work#: _____ Cell #: _____

Parent/Guardian: _____ Relationship _____

Address: _____ Zip Code: _____

Work#: _____ Cell #: _____

Is either parent/guardian working as an LCS employee over the 2025 summer? _____

Any custody issues we should be aware of? _____

In addition to the parent's name provided above, the following individuals **CAN** pick up my child:

Name: _____ Primary #: _____ Relationship: _____

Name: _____ Primary #: _____ Relationship: _____

Name: _____ Primary #: _____ Relationship: _____

Name: _____ Primary #: _____ Relationship: _____

List any medications, allergies or needs/ limitations requiring special attention:

ASTORIA PARK 2025

SUMMER CAMP REGISTRATION FORM

Check all that apply:

_____ My child attends or is registered for public school next year (2025-2026).

_____ My child attends private school, and I have provided the Summer Camp with a copy of my child's immunization records.

_____ My child lives outside of Tallahassee during the school year. I have provided a copy of my child's immunization records for the Summer Camp.

_____ My child is currently taking medication that needs administering during the time he/she is in the summer camp program. Please list all medications, times for medication, and dosage amount (if needed during summer camp hours):

Insurance Provider: _____ Policy Number: _____

Doctor/Physician Name: _____ Office #: _____

Preferred Hospital: _____

Please check the requested camp:

EDEP "Full Time": _____

21st Century or Reading Academy "Part Time": _____

****Please check the weeks your child will attend camp****

_____ *Week 1 (June 2-6)* _____ *Week 4 (June 23- 27)*

_____ *Week 2 (June 9-13)* _____ *Week 5 (July 7-11)*

_____ *Week 3 (June 16-20)* _____ *Week 6 (July 14-18)*

ASTORIA SUMMER PARENT PERMISSION FORM 2025

Student Name: _____

MOVIE PERMISSION:

My child has permission to view any G or PG-rated movies shown during the Summer Camp Program. Yes ☐ No ☐ (Please Check)

Parent/ Guardian Signature _____ Date: _____

WATER/POOL ACTIVITIES PERMISSION

My child has permission to participate in water activities and swim at local pools as part of the Summer Camp Program. Yes ☐ No ☐ (Please Check)

☐ My child **can** swim

☐ My child **cannot** swim

Parent/ Guardian Signature _____ Date: _____

PHOTO RELEASE

I will allow my child to be photographed for displays, promotions, Astoria Park social media and video productions that will only be used by Astoria Park Summer Camp / Extended Day Enrichment Program. Yes ☐ No ☐ (Please Check)

Parent/ Guardian Signature _____ Date: _____

COMPUTER PERMISSION

My child has permission to use computers and get on the internet during the summer camp program. Yes ☐ No ☐ (Please Check)

Parent/ Guardian Signature _____ Date: _____

TRANSPORTATION

I understand that all field trips during summer camp hours are taken on Leon County School buses or charter buses. My child has my permission to ride a Leon County School bus or 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.

Yes ☐ No ☐ (Please Check)

Parent/ Guardian Signature _____ Date: _____

POLICY ACKNOWLEDGEMENT

I have read and fully understand the policies outlined in the Policy Statement of the Summer Camp Program.

Parent/ Guardian Signature _____ Date: _____

By completing registration for my child, I understand and agree that:

- I understand the registration fee is non-refundable. A registration fee of \$50.00 is due at the time of registration to reserve your child's spot.
- I understand there is a \$10 late fee for payments received after the due date.
- I understand that I will be assessed a late fee of \$1.00 per minute beginning at 6:01 p.m.
- I understand if I am late picking up my child **three times**, barring an emergency, my child will be dismissed from summer camp.
- I understand the method of payment is debit/credit card or money order. **No cash.**

I have read and understand the above payment contract, and I agree.

Parent/ Guardian Signature: _____ Date: _____

INDIVIDUAL RESPONSIBLE FOR MAKING PAYMENT:

Print Name _____ Signature: _____ Date: _____