Early Childhood Learning Lab

Summer Camp Application 2026

STUDENT INFORMATION

ID#:_____

Date of Birth: _____**Age:** _____**Gender:** _____**Sessions:** _____

Child's Full Name:

_____

Last **First** **Middle** **Nickname**

Child's Physical Address:

_____

Street Address **City** **State** **Zip Code**

5 DAYS A WEEK (Prices are per week)

Half days: 9 am – 12 pm $85.00
Full days: 9 am – 3pm $175.00
Before Care: 7:30 am – 9:00 am $40.00
After Care: 3pm – 5:15 pm $40.00
Before & After Care: $75.00

***** There is a one-time registration fee of $50.00*****

PAYMENTS
Payments will be made via the Florida Southern College portal system. The student will be issued an ID number and the parent will be provided directions on how to use/access the portal system.

FAMILY INFORMATION

CHILD LIVES WITH: _____

***Custody**: MOTHER _____ FATHER _____ BOTH _____ OTHER (specify) _____

Preferred Phone Number to be reached in case of Emergency/Sickness/Concerns _____

Parent/Guardian Name: _____Parent/Guardian Name: _____

Relationship to Child: _____Relationship to Child: _____

Address: _____Address: _____

City/State/Zip: _____City/State/Zip: _____

Cell Phone: _____Cell Phone: _____

Work Phone: _____Work Phone: _____

Email: _____Email: _____

Employer: _____Employer: _____

Occupation: _____Occupation:_____

Does your child have any medical concerns, allergies, behavioral concerns, etc.? **

_____

_____

MEDICAL RELEASE STATEMENT

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency and/or which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. I understand that I am responsible for providing my insurance information and for any fees incurred. I release the CJB Center for Early Childhood Learning and Health leaders and employees from any liability for damages, losses, diseases or injuries incurred which may arise from the activities of this program.

Doctor: _____Address: _____Phone: _____

Dentist: _____Address: _____Phone:_____

Hospital Preference: _____

Allergies (Action Plan MUST be on File**): _____

Medications: _____

*In cases where the child is the subject of a court (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) the FSC – Early Childhood Learning Lab (ECLL) must be provided with a Certified Copy of the most recent order and all amendments. The orders of the court will be strictly followed. Each parent will be responsible for completing an enrollment packet with their information and emergency contacts.

In the absence of the court order on file with the FSC – Early Childhood Learning Lab (ECLL) both parents shall be afforded equal access to their child as stipulated by law. The FSC – Early Childhood Learning Lab (ECLL) cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason.

** IF YOUR CHILD HAS AN ALLERGY THAT REQUIRES A LIFE-SAVING MEDICATION THAT NEEDS TO BE ADMINISTERED TO THE CHILD, A HEALTHCARE PROVIDERS ACTION PLAN, MEDICATION CONSENT FORM, AND A SIGNED TRAINING FORM SHOULD BE ON FILE FOR THE CHILD.

EMERGENCY CONTACTS

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Relationship	Phone Number

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

_____ _____

Signature of Parent/Guardian **Date**