



2011 SUMMER CAMP APPLICATION

Date _____ Explorers (4-7) Adventurers (8-12) Counselor-in-Training
 Part Time (Tu-W-Th) Full Time (5 days)

Student Name _____ Date of Birth _____
Student SSN _____ Gender Male Female
Home Address _____
Current School _____

FATHER/GUARDIAN:

Full Name _____
SSN _____
E-mail _____
Place of Employment _____
Wk # _____
Cell # _____

MOTHER/GUARDIAN:

Full Name _____
SSN _____
E-mail _____
Place of Employment _____
Wk # _____
Cell # _____

Marital Status of Parents: Married Separated Divorced Single Widowed
Student Resides with: Mother Father Legal Guardian Other

EMERGENCY INFORMATION:

Insurance Carrier _____ Phone # _____
Carrier Address _____
Policy # _____ Member # _____ Group # _____
Student Doctor & Phone # _____
Prescription Medications _____
Student Allergies _____

List persons to contact in the event parent is unavailable. I understand that in addition to parent(s)/guardian(s) listed above, only those persons listed below will be allowed to pick up my/our child(ren). This is in accordance with state law.

Name _____ Ph _____ Alt Ph _____
Name _____ Ph _____ Alt Ph _____
Name _____ Ph _____ Alt Ph _____



Preschool through
Eighth Grade

Cesare Reno Boffice
Principal

125 S. Pennock Lane
Jupiter, FL 33458

Office 561 747 1003
Fax 561 747 8480

In this statement of cooperation and contract between Jupiter Academy and _____

(Parent or Guardian)

the parent(s)/guardian(s) agree to enroll _____

(Student Name)

with Jupiter Academy for

Summer Camp 2011. We understand that by signing this contract, we agree with the terms and conditions set

forth in this contract and will execute all financial obligations to Jupiter Academy.

Statement of Cooperation and Contract
(Please read carefully)

Explorers (4-7):

3 days (Tu-W-Th): \$150.00

5 days \$175.00

Adventurers (8-12):

3 days (Tu-W-Th): \$175.00

5 days \$200.00

- We understand that the \$75.00 Registration Fee and 1st weeks' tuition must accompany the application, and is non-refundable, non-transferable if cancelled by the applicant.
- We understand that the tuition is due on the Friday before each week of camp attended.
- A minimum of two weeks of camp must be attended. Please choose below the weeks that your student will be attending.

June 06-10

July 4-8

Aug 1-5

T-Shirt Size, Circle One:

June 13-17

July 11-15

YS AS

June 20-24

July 18-22

YM AM

June 27-July 1

July 25-29

YL AL

- We understand that tuition payment is due on the Friday before the current week of camp. A late fee of \$25.00 will be automatically assessed to your account if payment is not been received by Thursday of the current week of camp.
There will be a \$35.00 fee assessed to our account for any check returned by the bank to the school.
- We understand that our account must remain current. If there is an outstanding balance and Jupiter Academy needs to seek legal counsel, we understand that we will be responsible for all fees incurred.
- We further understand that our student's records are the property of Jupiter Academy and will not be released until our account is paid in full.
- We understand that the school reserves the right to dismiss any student who does not cooperate, or whose parents do not cooperate with the educational process or policies of the school.
- We understand that our student will be traveling off campus frequently during camp and will be transported using the Jupiter Academy School Bus, Van, or other authorized vehicle.

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I request the school to contact me. If the school is unable to contact my physician or any of the emergency numbers listed, we authorize the school administration to make whatever arrangements are necessary for the well being of my child.

Signed _____

(Mother/Guardian)

(Date)

Signed _____

(Father/Guardian)

(Date)

Signed _____

(Administrator)

(Date)

Office Use Only: Student # _____ Pymnt Type _____ Pymnt Amt _____



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