

# Cape Academy Summer Camp

701 Mohawk Parkway, Cape Coral, FL 33914

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## Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (Fall 2023): \_\_\_\_\_

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## Parent/Guardian 1 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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## Parent/Guardian 2 Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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## Dates and Rates

Please check desired week(s):

\_\_\_\_ Week 1: July 3<sup>rd</sup> – 7<sup>th</sup>      \_\_\_\_ Week 2: July 10<sup>th</sup> – 14<sup>th</sup>      \_\_\_\_ Week 3: July 17<sup>th</sup> – 21<sup>st</sup>

\_\_\_\_ Week 4: July 24<sup>th</sup> – 28<sup>th</sup>      \_\_\_\_ Week 5: July 31<sup>st</sup> – Aug 4<sup>th</sup>      \_\_\_\_ Week 6: Aug 7<sup>th</sup> – 11<sup>th</sup>

\_\_\_\_ Week 7: Aug 14<sup>th</sup> – 18<sup>th</sup>

- Weekly Rate: \$150 (This is the flat rate for the week/there are no reduced rates)
- Full-day program runs 8:00am – 3:00pm (no ½-day options available)
- Early drop-off (available for a weekly \$25 added fee) – Early drop-off is from 7:00am – 8:00am
- A late fee of \$25 will be applied if a child is picked up 15 minutes late. Dismissal from camp without a refund if lateness is persistent.
- Enrollment will be on a first come, first served basis – Must pay registration fee of \$25 to reserve a spot (spots fill up quick)

**Maintenance during Summer Camp may result in camp location changes. Camp directors will reach out about these changes.**

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## Payment Information & Refund Policy

- Payment must be paid in full prior to bringing in child for the week they are to attend
  - Payment can be made out to Mr. Ron or Ms. V
    - Cash Payment (Change may not be available)
  - If none of these options work, please contact Mr. Ron at [carsonre04@gmail.com](mailto:carsonre04@gmail.com)
  - If for any reason Cape Academy Summer Camp is unable to run, you will receive a full refund for the selected week
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## Dismissal Information

Check all that apply:

My child (name) \_\_\_\_\_ will be picked up (promptly) each day by:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Emergency Contact Information

In case of emergency, and the camper's parent cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Additional Information

Medical: \_\_\_\_\_

Behaviors: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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## Medical Disclaimer

Cape Academy Summer Camp will not have medical personnel on staff this coming summer. We will be adhering to any protocols and best practices in accordance with the guidelines for camps to ensure the ongoing safety of all campers and staff.

- o Unfortunately, once payment is made, we will not be able to refund (arrangements can be made to fulfill days missed)

In the event a camper complains of feeling ill, or displays symptoms of illness, the parent/guardian or emergency contact will be called to pick up their child as soon as possible from the camp. We are also entrusting the parent/guardian that if your child is displaying signs of illness, you do not send your child to camp until it is safe to do so.

In the event of a minor cut or injury, a member of our staff will apply ointment, Band-Aids, or an ice pack. In the event of a severe injury or medical emergency, a staff member will call 911 immediately and a parent/guardian will also be notified immediately. Cape Academy Summer Camp **will not** administer any medication to our campers.

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## Permissions

(Please initial) \_\_\_\_\_ I hereby give permission for my child to participate in all camp activities.

(Please initial) \_\_\_\_\_ I hereby give permission for photographs and videos to be taken of child. Cape Academy Summer Camp has the right to utilize these in camp brochures and displays as well as other mediums including, but not limited to electronic, video, and print.

I have read and agree to all terms, conditions, and permissions on the enrollment application.

\_\_\_\_\_  
Parent Full Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## Cape Academy Summer Camp Code of Conduct

Cape Academy Summer Camp is dedicated to providing an outstanding summer camp program and the best possible experience for your child. To accomplish this goal, campers are expected to behave appropriately and promote a safe, fun, and healthy environment through productive participation. We aim to promote character values of caring, honesty, respect, and responsibility in all aspects of our camp program. We ask that all campers and parents/guardians read the following camp expectations together and sign before arriving at camp.

Campers are expected to:

- Cooperate and contribute positively to the experience of fellow campers
- Show respect to the camp staff and cooperate fully with their instructions at all times
- Not engage in behavior which would endanger the health, safety, or well-being of any camper, counselor, or themselves
- Conduct themselves responsibly, understanding that horseplay, teasing/bullying or other unkind or inappropriate behaviors will not be tolerated

We do not have the ability to dedicate the full attention of a single staff member to only one camper. If it becomes apparent that a child requires individual supervision because of their behavior or any other issues, this compromises our ability to care for that child and the rest of the campers.

Agreement:

As a parent, I understand that this experience is for ALL campers, and if my child's behavior is deemed to be outside the camp expectations and/or unmanageable, any of the following may be a result:

- Verbal counseling from camp staff
- Timeout from scheduled activities
- Parent/Guardian conference
- Dismissal from camp

Childs Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

(This policy has been developed to provide the safest, healthiest, environment for each child enrolled in our camp)

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