

All-stars Academy's

REGISTRATION FORM

PARTICIPANT INFORMATION (Please type or print legibly)

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Grade attended: _____


Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cel: _____

Parent email: _____

(Include area code with telephone)

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch: If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will not be available for your child to store his/her lunch. Glass bottles/containers are not allowed. You must send your child with proper utensils.

Tuition Prices:

Individual Tutoring: \$45/hr

After-School Program: \$320/month 2PM-6PM

After-School Sports \$80/ month each (Basketball, Soccer, Tennis, Dance) 4:30PM-5:30PM

Aftercare Registration fee: \$50 for Academic year **Aftercare Security Deposit fee:** \$160/child via check or credit card on file.

Payments: Tuition must be paid with cash or check no later than Friday afternoon before the start of the new week for summer camp and within the first 3 business days for After-School Camp (\$15 Late fee).

Parent Initials _____

Summer Camp Weekly Fees: (check all that apply)

- Regular Session (8:30AM-4PM) \$168/week
- Pre-camp care (7:30AM-8:30AM) \$10/week
- Post-camp care (4PM-6PM) \$25/week
- Post-camp and pre-camp \$30/week (discount does not apply for early registration)
- Lunch and snack \$25/week
- Registration \$80 full session or \$55 for session of 4 weeks or less (includes 2 camp t-shirts)

Please select the weeks your child will attend camp:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Jun 3-7	Jun 10-14	Jun 17-21	Jun 24-29	Jul 1-5	Jul 8-12	Jul 15-19	Jul 22-26

***No camp on Thursday July 4th, 2019**

Contact Information

For more information, contact Dr. Mario Jimenez, Camp Director at
 561-713-5170
 Emails: bocaallstars@all-starsacademy.com

I understand that payments are due before the start of a new session. We do not provide make-ups or refunds for any days missed for any reason. **And that I must give a minimum of 30 days’ notice before removing my child from Aftercare camp, otherwise it will result in a 100% charge of the total tuition and will be charged/deducted to my credit card or bank account entered below.**

Credit Card _____ Exp. Day _____ CSV _____ Type _____

Bank information: Account # _____ Routing# _____

Please do your best to come to All-stars Academy’s camp on a daily basis.

DROP OFF AND PICK UP TIMES FOR SUMMER AND HOLIDAY CAMPS

Drop off time:

- 7:30AM for Pre-Camp
- 8:30AM Regular Camp

Pick up time:

- 6 PM for Extended session campers and aftercare
- 4:00PM for Full session campers

Late fee Policy: A fee of \$1 will be charged for every minute that your child(ren) is/are in the building after the registered pick up time. After 10 minutes, this late pick up fee goes up to \$2 per minute. This fee must be paid at the time when you pick up your child.

There will be no exemptions or warnings. If you are late for ANY reason, a charge will be issued. This no exception policy makes it easier for us to apply the late policy to everyone consistently and fairly. It will be greatly appreciated, if parents call to notify us if they will be late and give an approximate arrival time so that we can better comfort your child. If this becomes a frequent problem, All-stars Academy reserves the right to dismiss a family from the program.

By signing bellow, I understand that late payment fees, late pick up fees and early withdrawals fees will be deducted from my bank/credit card accounts.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **All-stars Academy and/or Boca All Stars Inc.,** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Boca All Stars Inc.,** including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Boca All Stars Inc., its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Boca All Stars Inc., and Boca Glades Baptist Church,** including any event sponsored or sanctioned by **Boca All Stars Inc.,** and or travel to and from such activities.

I understand that **Boca All Stars Inc.,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Boca All Stars Inc.,** or its scheduled program and that **Boca All Stars Inc.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

I understand that I must give 30 days or more notice if my child will no longer attend aftercare camp. Otherwise the aftercare security deposit fee check or credit card on file will be charged.

Parent Signature _____ Date _____