



# THE FACTORY OF FUN

**Edu1st.Preschools**  
Building a Culture of Thinking

## Welcome to The Factory of Fun Bilingual Camp!

Dear Parents,

The Factory of Fun Bilingual Camp will initiate on Monday, June 10<sup>th</sup>, 2019. We are looking forward to having your child/children here with us, having tons of fun this summer.

### Get ready for Summer Camp:

#### **What to wear?**

We understand that children need to be in comfortable clothes, appropriate for both indoor and outdoor activities. For their safety, sandals, flip-flops, jellies, or boots may not be worn to the Summer Camp or School. We recommend that all children wear sneakers. To foster independence, we encourage parents to purchase clothing that children can easily manipulate.

Children must keep a complete change of clothing on hand at school or in a small backpack for the Travelers program. These clothes, as well as those worn to school, should be labeled with your child's name (including socks and shoes) using permanent marker.

Please note that children in the **Travelers Camp should wear the yellow camp T-shirt** at all times every day. This shirt can be purchased at the school's office.

#### **What to pack?**

##### **Discovery Camp:**

1. Bed sheet and blanket for nap time.
2. Uniform (blue polo shirt or yellow summer camp t-shirt)
3. Extra snacks are allowed, our school is nut free.

##### **Explorers Camp:**

1. Uniform (blue polo shirt or yellow summer camp t-shirt)
2. Extra snacks are allowed; our school is nut free.

##### **Travelers Camp:**

1. Swimming Class: children should come with their swimsuit, cover up (t-shirt, dress, etc) and swim shoes. Please bring that day a change of clothes and a towel.
2. Sports Classes: Equipment will be provided but must wear sports shoes.
3. Re-fillable water bottle and sun block.

#### **What are the arrival and pick up times?**

- Discovery Camp – See school Schedules
- Explorers Camp – 9:00am to 4:00pm
- Travelers Camp – 8:00am to 4:00pm

#### **Don't forget to...**

1. Apply sun block to your child/children every day.
2. Label your child's clothes, including socks, shoes, and bedding.
3. Bring \$1.00 for the ice cream day.

Please feel free to contact the school if you have any additional questions at the following phone numbers in the business card attached to this letter. From now, we wish you a summer filled of great and fun experiences!

Education First Inc. Administration

[info@thefactoryoffun.com](mailto:info@thefactoryoffun.com) [www.thefactoryoffun.com](http://www.thefactoryoffun.com)





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## REGISTRATION FORM

Enrollment Date: \_\_\_/\_\_\_/\_\_\_

I want to register my child at \_\_\_\_\_ for the Summer Camp program that starts in June 10<sup>th</sup> 2019 and ends August 16<sup>th</sup>, 2019 (Discovery and Travelers), July 31<sup>st</sup> 2019 (Explorers).

<b>Child's Name:</b>	<b>Birth Date:</b>
Home Address:	
City, Zip Code:	Home Phone:
Mother's Name	Mobile:
Mother's Workplace:	Phone:
E-mail:	
Father's Name:	Mobile:
Father's Workplace:	Phone:
E-mail:	

### Emergency Contact Numbers & Pickup Authorization

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Please check off the week(s) your child will attend and select the program (E: Explorer – T: Traveler):

<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 1:</b> June 10-14	<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 5:</b> July 8-12	<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 8:</b> July 29 – July 31
<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 2:</b> June 17-21	<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 6:</b> July 15-19	<input type="checkbox"/> T ___ <b>Week 9:</b> August 5-9 (Travelers only)
<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 3:</b> June 24-Jun 28	<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 7:</b> July 22-26	<input type="checkbox"/> T ___ <b>Week 10:</b> August 12-16 (Travelers onl
<input type="checkbox"/> E <input type="checkbox"/> T ___ <b>Week 4:</b> July 1- 3 (Closed July 4 <sup>th</sup> and 5 <sup>th</sup> )		

### Payment:

Total: \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

### Method:

- Please charge it to my account
- Check
- Credit Card





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### Important Information:

- **We will be closed on Thursday, July 4<sup>th</sup>, Friday July 5<sup>th</sup>, Thursday August 1st, and Friday August 2<sup>nd</sup> for planning and training purposes.**
- Please be sure to read all summer policies attached to this form.
- Please, complete and return this Registration Form accompanied by a Non-refundable Registration Fee. In addition you must make a \$25 deposit for each week that you register your child. (Non-refundable). This ensures your child's place in our Program.
- Tuition must be paid in full by the first day of the week in order to enjoy the camp.
- Any changes in your registration must be informed to the school office one week in advance.
- All Field Trips are subject to change.
- **All other Academy's policies apply for summer camp.**  
I have read and agree with all policies including the Summer Camp Program ones.

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Parents Signature`

### Media release Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the undersigned, do hereby grant permission to Education First Inc their representatives and employees (DBA Brickell International Academy) the right to take and use photographs for myself and my child/children and/or videos, audio recordings as well as of recorded oral descriptions and their school projects. I authorize Education First Inc to copy, transfer, use and publish, on paper or electronically.

I agree Education First inc. can use the images and/or video taken of my child with or without his name, for whatever legal use, including for example, publicity, illustration, advertisement, printed materials such as brochures and newsletters, books, internet, websites, videos and digital images.

I waive any right to originals or copies of those media and to inspect or approve the media and their use by Education First. I also waive, in consideration of my child's/children's participating in the event, any claim I or my child/children may have, whether now or in the future, against Education First or any third party relating to their use of media, including any right to payment, royalty or any other compensation.

Camper's name(s): \_\_\_\_\_

Mother/ Legal Guardian Signature: \_\_\_\_\_

Father/ Legal Guardian Signature: \_\_\_\_\_





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## Medical Authorization Form

I hereby grant permission for \_\_\_\_\_ (child's name) to use all the play equipment and participate in all activities at Edu1st.Preschools. In the event of any extreme medical situation, as deemed by the Owners or Acting Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardian, immediately, as well. Due to insurance, injured or ill children must be transported to a hospital, when necessary, by paramedics or ambulance. The child cannot be transported by the school van or school personnel.

Medical Authorization for \_\_\_\_\_ (child's name)

List all allergies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List all medical conditions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Hospitalization Insurance: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**In an extreme emergency, the child will be taken to Nicklaus Children's Hospital**

Upon immediate need for medical attention for your child, the undersigned hereby gives consent to any x-ray examinations, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advice of a physician and / or surgeon licensed under the provisions of the **Medical Practice Act**.

The undersigned further authorizes the above-named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

**THIS FORM IS TO BE USED ONLY IN AN EXTREME EMERGENCY.**

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent's or Legal Guardian's Signature

Date





# THE FACTORY OF FUN



## Physical Activity Participation Form

I, \_\_\_\_\_, give permission to my son/daughter \_\_\_\_\_  
 \_\_\_\_\_ to participate in indoor physical activities such as, but not limited to: jumping, crawling, marching, dancing, balancing, and sliding for periods scheduled throughout the day and the daily routine. I also permit my child to participate in outdoor activities such as, but not limited to: climbing, running, pushing/pulling/riding cars, sliding, jumping, rolling, running, jogging, throwing/catching balls, jumping rope, and riding tricycles for 30 minute periods during recess. I acknowledge that the institution provides physical activities in both included and extracurricular classes such as, but not limited to: Physical Education (P.E.) Soccer, Basketball, and Tennis at their scheduled days/times. Lastly, I am aware that it is my responsibility to follow the school's dress code when sending my child to school daily, as outlined in the parent handbook. For safety reasons, it is mandatory to send my child to school in a khaki or navy shorts or pants and a Summer of Fall uniform shirt. Students are not allowed wear flip-flops, jellies, sandals, or boots to school. It is strongly suggested to send my child to school in shoes that are appropriate for the physical activities outlined in this participation form, such as sneakers.

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

\_\_\_\_\_  
Parent / Guardian Signature

## T-Shirt Order Form

\$10 T-Shirt Fee (non-refundable)

Date: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check T-Shirt Size and Quantity:

12 m \_\_\_\_\_ ( ), 2T \_\_\_\_\_ ( ), 4 T \_\_\_\_\_ ( ),

6 T \_\_\_\_\_ ( ), S \_\_\_\_\_ ( ), M \_\_\_\_\_ ( )



Payment:

Cash:  Check:  Debit / Credit Card:  Add to my Account:





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## Summer Camp Consent Form 2019

Please write your initials in each item

\_\_\_\_\_ **Sunscreen:** I give permission for my child to apply sunscreen, which I have supplied (and sent in the original bottle with my child's name written on the bottle) to the School. Please note that the counselors are happy to help the children apply the sunscreen when needed. However, we cannot be held responsible for applying the sunscreen.

\_\_\_\_\_ **Insect Repellent:** I give permission to the school staff members to apply insect repellent that I have provided (and sent in its original bottle labeled with my child's name). A form #5 is to be filled out and signed.

\_\_\_\_\_ **Summer Calendar:** I have received the 2019 Summer Camp Schedule and authorize my child to attend all the daily activities and or field trips for the days my child attends.

\_\_\_\_\_ **Field Trips:** I give permission for my child to go on all scheduled field trips for the day with the school. In addition, I understand that transportation will be provided for my child to and from the field trips.

\_\_\_\_\_ **Policy Book:** I have received and read the Preschool Policy book and agree to all policies within the booklet.

### Safety Policies

\_\_\_\_\_ **Uniform:** To ensure the safety of your child, the summer camp t- shirt must be worn daily (For Travelers). And it is mandatory for all children during field trips. If your child does not wear his/her shirt, one will be provided for him/her, and your account will be charged with the price of that new shirt.

\_\_\_\_\_ **Seatbelts:** Seatbelts must be worn at all times. Please speak with your child regarding this matter. If a child removes his/her seatbelt while the van/bus is moving, he/she will be suspended from the following trip. There are no exceptions. Counselors review this rule several times daily which makes the children aware that there are consequences. These rules are to assist us in ensuring your child's safety.

I have read and understand the above and initialed where indicated.

Camper's name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/ Legal Guardian Signature: \_\_\_\_\_

Father/ Legal Guardian Signature: \_\_\_\_\_

