



Atlantis Academy – L.I.F.E

10855 SW 72nd Street, Suite 49

Miami, FL 33173



L.I.F.E. Program

Phone: 305-456-9578 *atlantisacademy.com* Fax: 305-456-9579

2020 Summer Program Registration and Enrollment Information

Please indicate sessions of choice with an X:

[] Session 1: June 8-26 8AM-4PM (\$825.00)

[] Session 2: June 29- July 17 8AM-4PM (\$825.00)

[] Session 3: July 20- 31 8AM-4PM (\$550.00)

One time registration fee of \$65.00

Includes 1 camp t-shirt. Sizes Available XS- 3XL Student Size: _____

Additional Shirts available for \$20.00

Student's Full Name: _____ DOB: _____ Age: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Completed Grade: _____ Grade entering: _____ [] Male [] Female

Child living with: [] Both Parents [] Father [] Mother [] Guardian _____

Exceptionality/ Diagnosis: _____

Mother's Name: _____

Address if Different: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

Father's Name: _____

Address if Different: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

Parents are: [] Married [] Divorced [] Separated [] Single [] Widowed [] Other _____

Emergency Contact(s)/Person(s) authorized to pick up your child:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

If your student is ever to be picked up by anyone who is not on this list you MUST notify the office.



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Emergency Information

Please help us to care for your student properly. Please list below any background information concerning each child's personality including medical issues such as allergies, surgical background, and medication being taken at home or at camp and any medical apparatus worn.

*We do NOT require a camp physical, so please be as complete as possible.

In case of EMERGENCY:

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Health Insurance or accidents student has incurred:

Does your child have the following ?

Allergies Asthma Diabetes Heart Disease Physical Disability Rheumatic Fever

Epilepsy/Seizures Other

If yes, please explain any care needed while at school. (Please be specific):

Please describe any physical disabilities:

Please describe any medication or special diet:

Medical Release

In the event of an emergency, I hereby give my permission for emergency medical treatment for my student/ students and will be responsible for payment for treatment. This authorization does not cover major surgery unless the medical opinions of the two other licensed physicians or dentists concurring in the necessity for surgery are obtained prior to the performance of surgery. I understand that this permission slip would accompany my child and that continued efforts would be made to reach me. I further understand that all possible precautions are taken to insure that mature and qualified personnel conduct the programs and activities at Atlantis Academy L.I.F.E in a safe and responsible manner. However, I understand that, because of the nature of some of the activities within the summer program, regardless of the high degree of supervision, there is the potential for accidental injury. These activities might include land sports, swimming, bowling, roller-skating, obstacle course, gymnastics and team sports. Risk is not necessarily limited to these programs. However, I do recognize these risks and agree to allow my student to participate in the program and I agree to assume those risks. I also release and hold Atlantis Academy L.I.F.E employees and



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agents harmless from, and waive any claim against, Atlantis Academy L.I.F.E. as to any injury that might occur to my child/children while attending Atlantis Academy L.I.F.E.

Parent Signature: _____ Date: _____

FIELD TRIP EMERGENCY INFORMATION

Student's Full Name: _____ DOB: _____ Age: _____

Home address: _____

City: _____ State: _____ Zip: _____

IN CASE OF EMERGENCY CONTACT:

1.Name: _____ Phone: _____

Work Phone: _____ Cell: _____

2.Name: _____ Phone: _____

Work Phone: _____ Cell: _____

3.Name: _____ Phone: _____

Work Phone: _____ Cell: _____

Medical Data

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Health Insurance Carrier Policy Number: _____

Name of any medications being taken: _____

For what condition(s): _____

Any form of allergic reaction: _____

Any other information that might be helpful if we were unable to reach you:



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Field Trip permission

I give my permission for _____ to attend field trips as part of Atlantis Academy L.I.F.E's Summer Program. I agree to release and discharge Atlantis Academy, its officers, teachers and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting or occurring during these activities, or in transit to and from said activities.

Parent/Guardian Signature: _____ Date: _____

VIDEO, PHOTOGRAPHY, WEB SITE & MEDIA RELEASE

I, the undersigned, consent to allow my photograph and name to be used for publicity and marketing purposes, including in video, web site and editorial material to be developed or secured by Chancelight and/or its public relations firm, Lovell Communications Inc. At no time does either party need to obtain my additional approval.

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

I, the undersigned, being parent or legal guardian of the above named person, do hereby consent to this authorization release.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



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Swim Release

The undersigned (Guardian) hereby consents to the participation of _____ (Participant) in the Atlantis Academy L.I.F.E field trips to local swimming pools as scheduled by Atlantis Academy staff as well as water activities provided on campus. Participants will be escorted and supervised by employee(s) of Atlantis Academy L.I.F.E., Miami, a school owned by Chancelight Inc. (Owner).

Participant and Guardian (both personally and on behalf of Guardian) acknowledge and agree that there are inherent risks associated with participating in the Program. Participant and Guardian (both personally and on behalf of Participant) hereby release the School and the Owner, and its subsidiaries, shareholders and affiliates and the officers, directors and employees of Owner and of its subsidiaries, shareholders and affiliates from any and all loss, claims, damages, expenses, liabilities or obligations (Claims) arising from Participant's participation in the Program, including any Claims related to transportation to and from the pool at which the Program is conducted, whether such Claims arise from the negligence of any employee or agent of the School or Owner or any of the Owner's officers, directors, employees or agents. Participant and Guardian acknowledge and agree that this release specifically releases Owner and its subsidiaries, shareholders and affiliates and the officers, directors and employees from their own negligence.

Please answer the following questions about your child's swimming abilities:

Does your child know how to swim? [] YES [] NO

If yes, please indicate your student's swimming ability:

[] Beginner [] Intermediate [] Advanced

Describe: _____

Parent/ Guardian Signature: _____ Date: _____

Parent / Guardian Printed Name: _____

Summer Program Guidelines/Policies

So that we can have a smooth, safe and fun-filled summer program, we have outlined some guidelines for you to follow. Kindly keep this information and your excursion schedule posted at home where you may refer to them daily.

- All campers must wear safe, comfortable attire. Smooth sole shoes, sandals, jellies and flip flops are not appropriate. Playground, park and outdoor game time will be prohibited if students are not wearing sneakers with socks.
- Please send students with a towel and sunscreen daily. Please be sure to write your student's name on all his/her belongings.
- Students are not permitted to leave the campus without prior permission and approval from Atlantis Academy L.I.F.E. staff.
- Camp T-shirts must be worn by campers at all times for security reasons. They are available for purchase at the front desk for \$18.00. Students will not be able to go on excursions unless they are wearing a school shirt. If a student does not have a shirt, one will be given to him/her and your account will automatically be charged.
- Please send your student with a lunch, snack and a bottle of water each day.
- Students will be prohibited from participation in any activity if he/she exhibits any of the following:
 - Use of profane or foul language
 - Disrespect toward camp counselors
 - Destruction of camp or school property
 - Behavior that is disruptive to the group
 - Improper attire
 - Illness
- Students may not stay behind on excursion days. Should you require early dismissal, you must pick up your student at the center prior to the start of the excursion. Students will be sent on their excursion if in the building. Parents may pick up their student at the excursion if they have notified the office of their intent and they present to the counselor proper photo identification. We cannot supervise students at the center, and therefore ask that if you wish to pick up your student, you do so at the agreed-upon time.
- Students are not permitted off campus except with parental permission and/or if accompanied by an Atlantis Academy L.I.F.E staffperson.
- This program ends at 4:00pm. Students **MUST** be picked up no later than 4:00pm. **There will be a \$1.00 per minute late chargebr each minute after 4:10pm.* This will be strictly enforced.

I have read, and understand and agree to abide by the policies and guidelines listed above.

Parent Signature: _____ Date: _____



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Tuition Policy

- _____ 1. A \$65.00 one-time non-refundable registration fee will be charged per student for the Summer Enrichment & Exploration Experience. The registration fee includes a Summer Exploration T-Shirt. The registration fee will reserve your student's placement in the program.
- _____ 2. The Summer Enrichment & Exploration Experience fees are due by 05/01/2020.
- _____ 3. There will be no refunds if the student withdraws before the session is completed. There will be no refunds if the Camper's behaviors result in being dismissed from the program.
- _____ 4. There is a \$35.00 fee for all returned checks. After two (2) returned checks, you will be required to pay summer program fees in cash or with a money order.
- _____ 5. There is a 10% discount for the second student enrolled in the same family.
- _____ 6. Students MUST be picked up no later than 4:00 pm. **There will be a \$1.00 late charge added per minute to accounts for late pick-ups after 4:10pm. This will be strictly enforced. Repeated late pick-ups will result in withdrawal from the camp.

Please initial by each numbered policy and return to school with your payment.

I have read and agree to the terms and conditions stated in the Summer Program Packet and to the terms and conditions stated above.

Parent Signature: _____ Date: _____