

2010 Mission San Luis Camp Registration Form

Refer to the camp descriptions and indicate below the number of days and number of children you are registering for in each session.

Total # of registrations at left:

Individual Days _____@ \$35 (Members) _____@ \$40 (Non-members)
 5-day Sessions: _____@ \$160 (Members) _____@ \$180 (Non-members)
 see www.missionsanluis.org/membership for more information about membership options

2010 Spring Camp

March 29-April 2:

Glitz & Glory: The Golden Age of Spain

5-day Session or _____Individual Days X _____Child(ren)

Total costs:

Amount from above \$ _____

Amount for extended care (from p.2) \$ _____

TOTAL AMOUNT DUE \$ _____

2010 Summer Camps

June 7-11: Apalachee Adventures

5-day Session or _____Individual Days X _____Child(ren)

June 14-18: A Child's Life

5-day Session or _____Individual Days X _____Child(ren)

June 28-July 2: New World Apprentice

5-day Session or _____Individual Days X _____Child(ren)

July 5-9: Junior Archaeology

5-day Session or _____Individual Days X _____Child(ren)

July 19-23: Historical Archaeology

5-day Session or _____Individual Days X _____Child(ren)

July 26-30: Spaniards on the High Seas

5-day Session or _____Individual Days X _____Child(ren)

Method of payment: Check Discover American Express
 Visa MasterCard

Please make checks payable to *Friends of Mission San Luis, Inc*

Name on Credit Card _____

Account Number _____

Expiration Date _____ Security Code _____

Billing: Street Address _____

City, State, Zip _____

Signature _____

Date _____

Registration

All registration forms and payment must be received by us one week before camp. Each camp must have a minimum of six participants or the camp may be cancelled. If cancelled, you will be notified no later than one week before camp. If you wish to register within one week before the start of a camp, please call to see if space is available. All required forms must be filled out completely, and returned to us, before your child/children will be allowed to attend camp.

Payment

Payments may be made by check or credit card. Please make check payable to *Friends of Mission San Luis*, or complete the credit card information section on the registration form. Payments become non-refundable and non-transferable one week prior to camp start date. Prior to one week, all monies will be returned minus a \$25 administration fee. Fee includes a camp t-shirt and craft supplies. All parents and guardians must complete the entire registration form. Return the entire form and payment to:

Mission San Luis, Attn: Camps
 2100 West Tennessee Street
 Tallahassee, FL 32304

Contact Information

Contact Mission San Luis education staff with questions at 850.245.6406 or email programs@missionsanluis.org.

How did you hear about our camps?

Please check all that apply: Mailed brochure or flyer Referral Referral
 Picked up brochure or flyer Email Email
 Radio Newspaper ad
 MSL website Non-MSL web listing
 Please specify: _____



Mission San Luis Day Camp - Extended Hours

Child's Name: _____

Morning Extended Hours (8:00 – 8:30 A.M.) - \$5 per day

Please indicate the camp(s) and days for which morning care is desired:

_____ Apalachee Adventures	M	T	W	Th	F
_____ A Child's Life	M	T	W	Th	F
_____ New World Apprentice	M	T	W	Th	F
_____ Junior Archaeology	M	T	W	Th	F
_____ Historical Archaeology	M	T	W	Th	F
_____ Spaniards on the High Seas	M	T	W	Th	F

Notes: _____

Afternoon Extended Hours (5:00 – 5:30 P.M.) - \$5 per day

Please indicate the camp(s) and days for which afternoon care is desired:

_____ Apalachee Adventures	M	T	W	Th	F
_____ A Child's Life	M	T	W	Th	F
_____ New World Apprentice	M	T	W	Th	F
_____ Junior Archaeology	M	T	W	Th	F
_____ Historical Archaeology	M	T	W	Th	F
_____ Spaniards on the High Seas	M	T	W	Th	F

Notes: _____

Total Morning Care Days _____

Total Afternoon Care Days _____

Total Registrations (AM+PM Days) _____ x \$5 = Total Extended Care Fees _____

Please insert the total cost of extended care onto the first page of the camp registration form.

*A late fee of \$1 per minute will be charged for pick-ups after 5:30 P.M.
THIS FEE MUST BE PAID AT TIME OF PICK UP OR PRIOR TO THE START OF THE NEXT CAMP DAY.*



Mission San Luis Day Camp - Pick Up Authorization Form

Child's Name: _____

Your Name: _____ Relationship to child: _____

This form identifies persons who are authorized to pick-up and/or be contacted regarding the above named child as needed. Only authorized adults listed on this sheet may pick up children from camp. For your child's safety, photo I.D. will be required at pick up. Please notify us immediately if there are any changes.

Please provide the names of persons authorized to pick up your child:

1)
Name: _____ Relationship to child: _____ Day Phone: _____

2)
Name: _____ Relationship to child: _____ Day Phone: _____

3)
Name: _____ Relationship to child: _____ Day Phone: _____

Is there any person specifically NOT permitted to pick up this camper?

Yes _____ No _____

If "yes," please list.

I hereby certify that the above stated persons are authorized to pick up my child at the end of his or her camp session, or for any emergency that may arise if I cannot be contacted.

Parent/Guardian Signature

Date



Medical Release Form

Child's Name _____ Date of Birth _____ School Grade _____

Parent or Guardian _____

Mailing Address _____ Zip _____

E-Mail Address _____

Parents'/Guardians' Phone Numbers Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Emergency Contact _____ Relationship _____ Phone _____

Physician _____ Phone _____

Explain any special needs or information about your child's medical, school, and/or social history:

List any activity restrictions or precautions:

List any allergies:

Does your child take medication? _____ No _____ Yes - If "Yes," please fill out Authorization to Administer Medication Form. (see below)

Authorization to Administer Medication

All medication must be delivered to Mission San Luis in the original container in which it is dispensed with the child's name clearly labeled. A separate authorization form must be filled out for each medication.

I hereby authorize Mission San Luis to administer the following medication to my child while s/he is attending camp or educational programs.

Child's Name _____ Name of Medication _____

Dosage _____ Special Instructions _____

I hereby release and hold harmless the Florida Department of State, Division of Historical Resources, Bureau of Archaeological Research, Mission San Luis, Friends of Mission San Luis and their employees, agents, assignees, and/or others acting on their behalf for any illness or injury to my child that may result from the administering or failing to administer the medication listed above.

Signature of Parent/Guardian

Date

Printed Name



Parent or Legal Guardian Consent Form

I hereby authorize my child(ren), _____, to participate in all activities sponsored by Mission San Luis, which may include, but are not limited to, field trips, tours, swimming, and outdoor activities. My child may be transported by common carrier, or in a state-owned, or rental vehicle. In case of an accident or illness requiring medical treatment, I authorize my child to receive such treatment as the attending medical personnel deem appropriate.

We reserve the right to take reasonable disciplinary action if a camper repeatedly refuses to follow the rules or their actions have a negative effect on the overall experience of their campmates. Progressive disciplinary actions will be taken in the following order: 1.) Timeout with no participation in activities with the other campers. 2.) Phone call to the parent/guardian. 3.) If the camper continues the problem behavior, a parent/guardian will be called to pick up the camper, he/she will not return to camp, and there will be no compensation of registration fees. If a camper physically harms or emotionally bullies someone intentionally to the degree that a staff member feels that his/her safety and that of the campers is at risk, he/she will be sent home for the remainder of the camp session without compensation.

I hereby release and agree to hold harmless the Florida Department of State, Division of Historical Resources, Bureau of Archaeological Research, Mission San Luis, Friends of Mission San Luis, and their employees, agents, assignees, and/or others acting on their behalf for any illness or injuries suffered by my child during activities sponsored by them. I give Mission San Luis and the press the right to take and use without payment, any photographs, slides, or films of my child, as may be needed for public relations purposes, marketing/advertising, press releases, Web site development, or training purposes.

Parent/Guardian Signature _____

Printed Name _____ Date _____



Mission San Luis Camps

Parent/Guardian Information

Camp hours are 9:00 A.M. – 4:30 P.M.

Campers should be dropped off between 8:30 and 9:00 a.m. and picked up between 4:30 and 5:00 p.m. at the Mission San Luis Visitor Center. Parents/guardians or authorized persons must sign camper(s) in and out.

Extended hours are 8:00 A.M.– 5:30 P.M.

Extended hours are available for the morning and afternoon. Extended care must be pre-arranged. Pre-camp care runs from 8:00 to 8:30 A.M. and costs \$5 per day. Doors will not open prior to 8:00 A.M. Post-camp care runs from 5:00 to 5:30 P.M. and costs \$5 per day. *A late fee of \$1 per minute will be charged for pick ups after 5:30 P.M. This fee must be paid at time of pick up or prior to the start of the next camp day.*

Campers need to bring:

- Packed lunch & snack
- Water bottle
- Bathing suit & towel (For activities involving water. One-piece swimsuit for female campers is suggested.)

Address: Mission San Luis
2100 West Tennessee Street
Tallahassee, FL 32304

Phone: 850.245.6406

Email: programs@missionsanluis.org

Registration Forms:

http://www.missionsanluis.org/_docs/2010regform.pdf

Map to site:



ENTRANCE
on Tennessee St.

