



Pony Party Plus, Inc.

Critter Camp Enrollment Form

2009

Week(s) of Camp Attending (Please Circle)

June 15 - June 19

June 29 - July 3

July 13 - July 17

July 27 - July 31

August 10 - August 14

Child's Name: _____ Sex M F

D.O.B.: _____ Child's Age on September 1: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Custodial Parent (Circle One) Joint Mother Father Other

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email address: _____

to keep informed of future camps and classes

Phone: (813) 390-3646

5411 20th Avenue South, Tampa, FL 33619

Fax: (813) 623-6831

www.PonyPartyPlus.com

Jennifer@ponypartyplus.com

www.ReptileEncounter.com

In absence of parents, who is authorized to remove your child from our facility? (ID REQUIRED)

Name	Relationship	Phone

Name	Relationship	Phone

List persons who will assume responsibility for your child in an emergency situation when parents cannot be reached.

Name	Relationship	Phone

Name	Relationship	Phone

Child's Physician: _____ Phone: _____

Other Information:

Does your child wear glasses? _____

List any illnesses, allergies, physical limitations, speech or behavioral problems? _____

List any regular medication that he/she is taking: _____

Photography/Video Taping Release Form:

At Pony Party Plus, we often take photos of our campers engaged in a variety of activities. Sometimes these photos/videos are used for presentations to students, staff and parents. Other times we may have requests for student activity pictures /videos from the news media.

_____ Yes, my child may be photographed or videotaped

_____ No, my child may not be photographed or videotaped.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

If my child _____ should become ill or injured at Pony Party Plus' summer camp program, I understand that the facility will (1) Contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for medical services rendered.

Signature: _____ (to be signed in the presence of a notary)

Relationship: _____ Date signed: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Florida - At Large

My commission expires: _____

_____ Who is/are personally known to me.

_____ Who has/have produced identification: _____

DISCIPLINE POLICY:

Children will be guided using a loving, consistent, firm approach. It is our goal to have fun in a safe, informative way. If a child's behavior is not acceptable the following procedures will be followed:

- A. The counselor will talk to the child.
- B. If the behavior is repeated, the counselor will remove the child from the group and place the child in "time out". This usually encourages the child to modify his/her behavior.
- C. If the behavior is potentially dangerous to another camper or staff member, the parent will be called and asked to remove the child from camp for the remainder of the day. At that time, a behavior modification program will be discussed.
- D. In extreme cases, after all options have been exhausted, the parent may be asked to remove the child from the program
- E. At no time will spanking or any other form of physical punishment be used.

I have read the discipline plan for Pony Party Plus and agree to support the implementation of it.

Parent/Guardian Signature	Child's Name	Date
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Fees:

This is a five (5) day program. The fee is \$125 per week. There is a separate non refundable registration/supply fee of \$50. All materials and supplies are included for the above fees.

Payment and Policy

To register, please mail registration papers with a check for \$50. Your tuition will be due the first day of camp.

The first child is full price, there is a 10% discount for any siblings in the immediate family attending during the same weeks.

The registration/supply fee is non-refundable.

Checks may be made to Pony Party Plus and sent to 5411 20th Ave S, Tampa, FL 33619.

I understand the above fees and am aware that vacations and/or sick days will not affect the fees.

Signature	Relationship	Date
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Florida Equine Activity Law:

“Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.”

This sign is posted on my farm and is required by Florida law to be displayed and given to anyone participating in any equine activity. There will be no free riding at camp, only hand led rides like we do at all of our birthday parties.

I have read the “Florida Equine Activity Law” above and consent to a hand led pony ride for my child,

_____.

Parent’s signature: _____ Date: _____

Water Slide:

My child, _____, may participate in our super-vised water slide time. They will be allowed to slide, one at a time, down the water slide. This is a cooling off time as it can get hot in the summer months.

Parent’s signature: _____ Date: _____

Drop off and Pick Up Policy:

Drop off is at 9:00 am and pick up is at 1:00 pm. Please be prompt. Sometimes I will have a party or event to go to after my Critter Camp day is over, and I do not want to be late and disappoint any other children.

Please park on the street when dropping off or picking up. This way the children can wait inside the fenced yard out of traffic. My street is a dead end. There is a small drive way just past my house that you can use to turn around.

We will be out front in the morning to meet your child. If the front gate is shut, please do not open it before we get there. We do not want any of the critters on the farm escaping! You can ring the pig bell that is on the right side of the gate.

If you need to get in touch with me, I will always have my cell phone on me, 813-390-3646.

Late Pick-up Policy:

All children must be picked up by 1:00 pm. Parents arriving after 1:00 pm will be charged a late fee of \$1.00 per minute. This late fee must be paid before the child may return the next day.

I have read the above policy and agree to support the implementation of it.

Signature: _____ Date: _____

What you need to bring:

Every child should have on play clothes with a bathing suit underneath. Please wear closed toed shoes or boots. **No sandals, clogs, crocs or flip flops!**

Please apply sunscreen to your child before drop-off. If you feel that your child will need more during the day, please send no rub spray.

In your backpack please have the following items:

- Change of clothes
- Towel
- Lunch that does not need to go in the fridge (you may bring a small cooler)
- At least 2 drinks

Authorization for Medication

No medication shall be given by any personnel without the signed permission of parent or guardian. Please complete this form.

Child's Name: _____

Name of Medication or Prescription Number: _____

Amount of Medication to be given: _____

Time Medication is to be given: _____

Parent's Signature: _____ Date: _____

Medication	Date	Time	Amount Given	Staff Initials