

# AEF Camps

## Summer Camp Face Sheet



Dear Parents:

Welcome! Your child is officially enrolled in our summer program. Enclosed please find various forms to be completed and returned to us as soon as possible. If your child does not currently attend AEF Schools, please furnish us with copies of recent psychological and psycho-educational testing reports, school reports, letters from therapists/clinicians, and/or any other information you feel will contribute towards your child having a productive, safe and rewarding experience at AEF Summer Program. If you have any questions or concerns, please do not hesitate to contact us.

### **Camp Orientation**

Come drop off your paperwork & meet staff on  
Thursday, June 13, 2019  
Between the hours of:  
8am - 10am or 2pm - 5pm

Friday, June 14, 2019  
Between the hours of:  
8am - 10am or 1pm - 3pm

Please RSVP at 954-581-8222

### **Enclosed forms for completion**

1. **Welcome Letter**
2. **Information Sheet**
3. **General Agreement**
4. **Authorization Form**
5. **Permission to Administer Medication**
6. **After-Care Enrollment Form**
7. **Video Game and Movie Permission Slip**



# AEF Camps

## Summer Camp Authorization Form

My son/daughter \_\_\_\_\_  
(Last Name) (First Name)

Has my permission, (providing that he/she has the approval of AEF Camps in each instance),

	YES	NO
A) To attend all field trips organized by the camp	<input type="checkbox"/>	<input type="checkbox"/>
B) To leave school at the end of the day with parents of other AEF campers	<input type="checkbox"/>	<input type="checkbox"/>
C) To leave camp at the end of the day with other AEF campers	<input type="checkbox"/>	<input type="checkbox"/>
D) To ride in a car driven by a parent or camp staff member. AEF camp carries insurance for its own vans/vehicles. We are not insured, however, to cover the transport of a camper by parents or staff members using their own vehicles.	<input type="checkbox"/>	<input type="checkbox"/>

### I Authorize AEF Camps

E) To furnish my name/home address/home or business telephone number to other parents at the school requesting such information	<input type="checkbox"/>	<input type="checkbox"/>
F) To furnish my home telephone number to other camper's requesting my child's telephone number	<input type="checkbox"/>	<input type="checkbox"/>
G) To access the internet for educational purposes	<input type="checkbox"/>	<input type="checkbox"/>

In whose care may we release the camper if parents cannot be located?

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Bus. Phone)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**\*\* Please see Indemnity on Reverse Side**

### Indemnity Form

This form needs to be signed only if you checked (yes) to question (D), and/or (G) on the front side of this form.

We, the undersigned \_\_\_\_\_ and \_\_\_\_\_

being the parents of \_\_\_\_\_

Confirm that:

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#### If yes to question (D)

We are aware that the school is not insured to cover the transport of any student by any parent or staff member of the school. We confirm that we have our own insurance coverage for this purpose.

We authorize AEF Schools to make arrangements for our child to be transported by a parent or a teacher of the school in respect of any field trip or daily transportation and confirm that we will hold AEF Schools harmless in the event of any injuries being sustained as a result thereof.

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#### If yes to question (G)

We are aware that while AEF does monitor students on the computer, and also has safety checks and blocks in place, we will not hold AEF responsible if our child unilaterally, or with another student/s, circumvents the AEF system to visit or view inappropriate material.

**Parent Signature** \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

### General Agreement Form- AEF Camps

In this agreement, Alternative Education Foundation, Inc. is also referred to as "AEF" or AEF Camps. Subject to the terms, conditions, rules and regulations hereinafter set forth, and such rules and regulations as prescribed by AEF, the parent or guardian hereby enrolls the child in AEF Summer Program for the said term, and agrees to pay AEF the summer fees and charges in full, as set forth in the Summer Program application form.

1. The parents or guardians do hereby represent that they have familiarized themselves with the philosophy, rules, objectives, and program of AEF Summer Program, and are satisfied that their child is a suitable child for AEF Summer Program, and that there is no impairment because of the child's health, aptitude, behavior or personality whereby the child would be unsuitable for AEF Summer Program.
2. The parents or guardians do hereby give their permission to the staff of AEF Summer Program to seek and obtain at the parents' or guardians' expense such medical attention for their child which seems appropriate, in the event of sickness, illness or injury of the child, and do hereby release AEF Summer Program from any liability resulting from such medical attention.
3. The parents or guardians do hereby agree that they will be responsible for any loss, damage, or destruction by their child to any property of AEF Summer Program or to any property for which AEF Summer Program is liable or chargeable. Parents or guardians represent that their Child maintains the requisite maturity and responsibility to care for their own property or personal belongings.
4. The parents or guardians acknowledge that AEF Summer Program is not responsible for damage to or loss of personal belongings of their child.
5. The parents or guardians authorize AEF Summer Program to take their child off the premises for field trips and other outings at will.
6. Parents or guardians acknowledge, agree, and understand that AEF has no duties beyond supervising and attending to their Child in a reasonable manner, and agrees that AEF will not be responsible for the intentional, willful, grossly negligent or criminal acts of others.
7. Parents or guardians agree that AEF shall not be liable or responsible should Child commit any intentional, willful or other act which amounts to a crime and that in such case Parent/legal guardian shall have the sole responsibility of handling the matter and bears exclusive liability and associated costs.
8. Parent/Legal Guardian hereby acknowledges that they have been notified whether or not the activities involved in this Summer Camp are considered to be of 'high risk' to the participants. Undersigned agrees that its sole remedy related to any claim arising out of Child's attendance at Summer Camp is against the relevant amusement park, hotel, or other venue or person and hereby waives and releases AEF for any and all liability related thereto.
9. I/We the undersigned, hereby agree to indemnify and hold harmless AEF, its employees, volunteers, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal and attorney's fees) for any harm, injury, or death arising out of the above mentioned activity, all activities associated with the Summer Camp, as by signing I/We acknowledge I/We have been informed of, as a condition of my Child participating in the same..
10. The parents or guardians authorize AEF Summer Program to videotape or record their child and to use such material for behavior modification, staff training, professional workshops, advertising and promotion, and therapeutic purposes.
11. AEF values the privacy of students, parents, and families. Recordings of any type (audio, video, or other) of students, teachers, administrative personnel and/or families are not permitted without the written consent of AEF. Postings on social media of any type of recording (audio, video, or other) relating to AEF are not permitted without the written consent of AEF.
12. Both AEF and parents acknowledge and agree that they shall not make, or knowingly encourage any other person to make, any public or private statement, whether written or oral about each other, AEF and/or their teachers or administrative personnel. This includes but is not limited to, posting on social media or on-line (ie. The internet), any statements that disparages, defames, or is in any way derogatory about the other, AEF, its students, teachers, families, and administrative personnel. Any verbal, written, or digital communication about teachers, administrative personnel, and/or AEF, which AEF considers to be disparaging, defamatory, or in any way derogatory will be considered a violation of this agreement. In the event of a breach of Section 12, the prevailing party therein shall be entitled to have its costs and reasonable attorney's fees paid by the losing Party. The Parties also acknowledge that damages alone would not be adequate remedy for the breach of confidentiality. Accordingly, without prejudice to any other rights and remedies it may have, the moving Party shall be entitled to the granting of equitable relief (including without limitation injunctive relief) concerning any threatened or actual breach. It is also acknowledged that calculating the exactness of damages may be difficult to assess, thus, the Party found in violation shall be liable to the non violating Party liquidated damages in the amount of \$10,000.00 for each violation.
13. The parents or guardians understand that AEF Summer Program may terminate the child's attendance at the Summer Program at any time, should AEF Summer Program, in its sole discretion, deem it to be in the best interests of the child, or the Summer Program, to do so. AEF Summer Program may, in addition, terminate the child's attendance as aforesaid should it determine, in its sole discretion, that the conduct of the parents or guardians is not in the best interests of the Summer Program.
14. The parents or guardians represent that the information provided to the Summer Program in consideration of their child's application is true and accurate, and that any misstatement or misrepresentation on any document shall be considered a misrepresentation, and grounds for dismissing the child from AEF.
15. The parents or guardians allow the staff and administration of AEF Summer Program to serve in loco parentis and as such to take any measures they deem necessary for the social, emotional and moral growth, well being and safety of their child, so long as the child is enrolled at AEF Summer Program.
16. The parents or guardians understand that there is no refund for late arrival or early departure from AEF Summer Program (irrespective of the reason), or if the child is dismissed because of disciplinary action. This also means that if a parent reserves a spot for their child and does not use that spot (irrespective of the reason or the amount of time i.e. one day, one week etc.) there is no refund. Parent/legal guardian acknowledges and agrees that limited spaces are available, their Child's reserved spot may prevent another from attending, and reservations, tickets, and advance payments by AEF are required which costs may not be recoverable. As such, upon enrollment, Parents or guardians hereby waive any claim to a refund of their deposit or monies paid for their Child's attendance at Summer Camp.
17. Any waiver of rights or cause of action by AEF Summer Program shall not be construed or interpreted as consent to waive, or minimize such rights or cause of action, or in any way prejudice the rights of AEF Summer Program in terms of this contract, nor shall the invalidity or unenforceability of any provision of this agreement affect the validity or unenforceability of any other provision.
18. Any waiver of rights or cause of action by AEF shall not be construed or interpreted as consent to waive, or minimize such rights or cause of action, or in any way prejudice the rights of AEF in terms of this Agreement, nor shall the invalidity or unenforceability of any provision of this Agreement affect the validity or unenforceability of any other provision.
19. Either party's failure to perform any term or condition of this Agreement as a result of conditions beyond its control such as, but not limited to, war, strikes, fires, floods, traffic, delays, acts of God, governmental restrictions, power failures, or damage or destruction, shall not be deemed a breach of this Agreement.
20. In the event of AEF taking any action to recover money due for the Summer Camp, the person responsible for billing undertakes to reimburse to AEF all expenses incurred, including reasonable attorney's fees and court costs.
21. All claims actions or proceedings, legal or equitable against AEF must be commenced in court within 6 months after the cause of the action has occurred or the act, omission or event occurred from which the claim, action or proceeding arises, whichever is earlier, without judicial extension of time, or said action, claim or proceeding is barred, time being the essence of this paragraph.
22. The parent or guardian acknowledges that AEF has made no written, verbal, implied or any other type of guarantee or promise regarding Summer Camp.
23. In the event of AEF taking any action to recover money due for the Summer Program, the person responsible for billing undertakes to reimburse to AEF all expenses incurred, including reasonable attorney's fees and court costs.
24. All claims actions or proceedings, legal or equitable against AEF must be commenced in court within 6 months after the cause of the action has occurred or the act, omission or event occurred from which the claim, action or proceeding arises, whichever is earlier, without judicial extension of time, or said action, claim or proceeding is barred, time being the essence of this paragraph.
25. The parent or guardian acknowledges that AEF has made no written, verbal, implied or any other type of guarantee or promise regarding the success or improvement of the child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Administrator on behalf of AEF

\_\_\_\_\_  
Mother or Guardian or person responsible for fees

\_\_\_\_\_  
Father or Guardian or person responsible for fees

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip



# AEF Camps Information Form

Name of camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Month Day Yr

Male  Female

**To whom should reports, announcements, etc. automatically be sent?**

Both parents  Mother only  Father only  Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**In case of emergency, person and telephone number to notify other than the above:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Please indicate dietary issues, allergies or any health concerns the camper may have. \_\_\_\_\_

Is there any reason for applicant not taking part in physical education? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Date Father (Legal Guardian) Mother (Legal Guardian)



# AEF Camps



## Permission to Administer Medication

Name of child: \_\_\_\_\_

D.O.B.

Age

Medication prescribed by: \_\_\_\_\_

Telephone Number

I hereby give my permission to the staff at AEF Summer Program to dispense medication prescribed for my child.

**NAME OF MEDICATION**

**DOSAGE**

**TIME TAKEN**

	<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>TIME TAKEN</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

**Important: Please enclose a copy of the prescription**

All medications must be placed in the plastic bags provided by AEF. Medications will not be accepted in any other container or bag. Each baggie must be labeled with the child's name, medication name, date and time taken.

**Allergies (List all allergies to food, medicine, other)**

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**List any allergies child carries an Epi Pen for or may be life threatening below:**

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I understand that no medication changes will be made unless AEF receives written authorization from the physician. Written authorization from the parents for decreases or termination of medication will be acceptable, but AEF reserves the right to confirm this with the physician.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

**Please make sure you complete the reverse side of this form, even if not applicable**

**Medications Given at Home**

You will be required to provide the school with at least 1 pill for any medications given at home in case the child forgets to take their medicine at home.

Please list any medications given at **home** in the space below: (even if you have listed on other side)

	Name of Medication	DOSAGE	TIME TAKEN
<b>1</b>			
<b>2</b>			
<b>3</b>			

Special Health Concern/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the symptoms? \_\_\_\_\_

\_\_\_\_\_

What should be done? \_\_\_\_\_

\_\_\_\_\_

I agree to leave additional (extra) medications for my child with the front office, even if medications are administered at home. In the event my child does not take his/her medication, the school will then be given permission to administer the medication from the extras. It is my responsibility to keep track of the extra medications on hand, and to restock as necessary. In the event extra medications run out and my child needs said medications, I agree to immediately pick up my child or to bring in a new set of medications.

I understand the dangers of making unilateral decisions regarding medications for my child. Failure to notify AEF of changes, increases, decreases, adjustments or terminations of medications (even for trial periods) may result in termination of my child's attendance. I also understand that any time I make a modification to my child's medication, I am obligated to complete a new "permission to administer medication" form.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date



# AEF Camps

## After Care Application Form



### Camp Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Male / Female  
Circle appropriate gender

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code                      Phone ( ) ( )

\_\_\_\_\_  
( ) ( )  
Tel: Work                      Cell  
Mother

\_\_\_\_\_  
( ) ( )  
Tel: Work                      Cell  
Father

\_\_\_\_\_  
Late Afternoon Emergency Name

\_\_\_\_\_  
Emergency Number

### Rates for After Care Program

\$60 per week

**CAMPER WILL ATTEND:**

- WEEK 1:
- WEEK 2:
- WEEK 3:
- WEEK 4:
- WEEK 5:
- WEEK 6:
- WEEK 7:

Unless previously arranged, there will be additional charges of \$1 per minute (min\$15) if parent arrives after 5:30 p.m. (no exceptions).

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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

# AEF Camps

## Movie/Game Permission Slip



I hereby give \_\_\_\_\_ (Camper / Student name)

permission to watch / play / view the following:

Movies (please check the boxes you authorize your child to watch)

PG Movies

PG 13 Movies

R Movies

Video Games (please check the boxes your authorize your child to play / watch)

E (Everyone) video games

T (Teen) video games

M (Mature) video games

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Age