



2025 Tuition Rates

School-Aged Summer Program Ages 6-10

Summer Camp Tuition:

\$250/week



School-Age Summer Program Application

JayDee's Academy is open Monday through Friday 7:30am-5:00pm

Please check the weeks that your child will attend throughout the 2025 Summer Season.

- Week 1- June 16-20, 2025 Water Wonders
- Week 2- June 23-27, 2025 Under the Sea
- Week 3- July 7-11, 2025 Christmas in July
- Week 4- July 14-18, 2025 LEGO Superhero Training
- Week 5- July 21-25, 2025 Animal Kingdom
- Week 6- July 28- August 1, 2025 Going Green
-

Please list the time that you plan to drop-off and pick-up your child: _____ Child's

Name: _____ Gender: _____ Male _____ Female Address:

_____ Date of Birth:

Child's School Name: _____

School Phone Number: _____

| Parent/Guardian's Name: | Home Address: | Phone Number: | Work Address: | Work Phone Number: |
|-------------------------|---------------|---------------|---------------|--------------------|
| 1) | | | | |
| 2) | | | | |

Emergency Contacts:

1. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

2. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

I authorize JayDee's Academy to release my child to the emergency contacts listed above if a custodial parent is not available.

Parent Signature: _____ Date: _____

JayDee's Academy Photo/Video Permission

Opportunities may arise that your child may be photographed or videotaped for publication during their time as a student at JayDee's Academy. We understand that for various reasons, you may not want your child to participate. In order to honor your request, we ask that you check the appropriate spaces below indicating whether or not you would like for your child to take part in these photo/video opportunities.

****Note**** Even if photo/video permission is granted, we will not use children's last names in publications.

Child's Name: _____

Please indicate photo/video permission for the following:

YES

NO

- | | | |
|-------|-------|---|
| _____ | _____ | Television Commercials |
| _____ | _____ | Academy advertising in the newspaper |
| _____ | _____ | Academy events covered by the newspaper |
| _____ | _____ | Academy events covered by television |
| _____ | _____ | JayDee's Facebook page |
| _____ | _____ | JayDee's Website |
| _____ | _____ | Academy Monthly Newsletter |
| _____ | _____ | Brightwheel |

Parent Signature: _____

Date: _____

Sunscreen Policy

JayDee's Academy strives to care for and teach the whole child. It is important to instruct them about how to protect their skin from the sun's harmful rays. In order to protect the skin of our students, we are asking that you send in a bottle of sunscreen in its original container in a baggie labeled with your child's name on it. The sunscreen will remain at JayDee's Academy for the duration of the Summer months that your child attends. We keep the sunscreen out of reach of all children.

School-age children (ages 6-12) are permitted to apply their own sunscreen or lip balm under the direct supervision of JayDee's Academy Staff.

- Please check if you would like JayDee's Academy Staff to assist your child with SPRAYING their sunscreen on them.

- Please check if you would NOT like JayDee's Academy Staff to assist your child with SPRAYING their sunscreen on them.

Parent Signature: _____

Date: _____

SAFETY/MEDICAL INFORMATION

Please list all known conditions so we can accommodate your campers needs. Does your child have any medical conditions, allergies, dietary or special needs that the staff should know about?

Does your child have any behavioral or emotional issues the staff should know about?

Date Child was Discharged From JayDee's Academy: _____

(For JayDee's Academy Staff)

For Child Care

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's child care center/facility?

Please mark the appropriate box and return to the director:

- Yes
- No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

Child's Name _____

Parent or Guardian's Name _____

Address _____

City State Zip _____

Phone _____



Parent Handbook Acknowledgement

I have met with the Director or designated staff member to discuss JayDee's Academy's Statement of Purpose (parent handbook) including the following specific things:

- Behavior Management
- Reporting of Suspected Abuse or Neglect
- Health Policies including immunizations, health assessments, medication administration, medical treatment, and ill exclusive/admittance
- Information exchange about my child and confidentiality of information
- Nutrition and Meal Policy
- Emergency Evacuation and Sheltering
- Toilet Training Methods (if needed)
- Grievance Rights and Procedure
- Discharge Policies

I have asked questions and/or raised any concerns to the Director that relate to the handbook and how the Academy operates. I understand that the Parent Handbook can change at any time and I will be notified in writing of any changes and/or updates regarding the handbook and program.

Child's Name:

Date of Enrollment:

Parent's Name:

Date:

Parent's Signature:



Summer Camp Behavior Contract

A high quality program can only take place in an orderly, mutually respectful, caring environment. Child guidance is a process where children take increasing responsibility for their own actions. At JayDee's Academy, we take the happiness and safety of our participants seriously. Therefore, we work very hard at creating a safe and fun environment. Along with our efforts, we need the children to help us by following some simple rules. Below is our behavior agreement.

Please read this Behavior Contract with your child and ensure they understand our camp's behavior policies.

- I will listen to the staff and follow directions.
- I will respect other people's belongings by not touching/ using their stuff without permission.
- I will respect all property and help clean personal messes and assist in leaving areas better than I found it.
- I will respect other people's personal space by keeping my hands and feet to myself.
- I will respect other people's feelings by having a positive attitude when talking to them.
- I will act in a caring way, and I will not hit, fight, bite, tease, harass or bully others.
- I will use my indoor voice when speaking inside.
- I will use appropriate language, which does not include swear words or negative remarks (i.e. "shut up", "stupid", "dumb").
- Before leaving the room or program space, I will ask a staff member for permission. I will never leave an area without adult supervision.

Not abiding by these rules may result in suspension and/ or removal from the program.

All incidents will be handled on a 3 incident system, except hitting, fighting, and inappropriately touching another camper. Hitting, fighting, and inappropriately touching another camper will be an immediate removal from the program without a refund.

All other incidents will be handled as follows:

1st Incident= Verbal Warning

2nd Incident= Written Warning & Parent Contact

3rd Incident= 1 to 3 day suspension & Parent Meeting

More than 3 Incidents will be subject to camper dismissal from the program.

JayDee's Academy staff and management reserve the right to dismiss/dis-enroll a child from the day camp program if the child's behavior is disruptive to the program and/or compromises the safety of themselves, other children and/or staff. Children suspended or terminated from the program will not qualify for a refund. By signing, I agree to partner with JayDee's Academy in making my child's Day Camp experience positive and safe for all children and families involved.

Parent Signature: _____ Date: _____

Child's Name: _____



Consent, Release and Waiver of Liability

Participant's Name: _____ DOB: _____

I am the Parent/Guardian of the minor child above (the "Participant") and am fully competent to sign this agreement. I understand that I have approved the Participant's request to participate in the JayDee's Academy.

I understand that JayDee's Academy involves various physical activities, including but not limited to jungle gym, miniature golf, swimming, water slides, walking/running/playing, go-karts, train rides, and exposure to the sun and there are risks associated with such activities. I understand the nature of the Academy and my child's participation therein. I acknowledge that the Participant is in good health and has adequate health insurance necessary to provide for any medical costs that may arise as a result of injury.

I (Parent/Guardian) understand that JayDee's Academy, LLC. assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from the Participant's participation in an activity, c) as a result of another Participant's or third person's actions, or d) as a result of the Participant's use of JayDee's Family Fun Center facilities, pools, slides and/or equipment in connection with an activity. The Participant and Parent/Guardian releases and agrees to hold harmless, defend and indemnify JayDee's Family Fun Center/JayDee's Academy and its owners, directors, officers, general manager and employees from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by gross negligence or intentional conduct of JayDee's Family Fun Center) that the Participant may suffer as a result of his or her participation and/or enrollment in JayDee's Family Fun Center Academy activities.

I (Parent/Guardian) grant permission to JayDee's Academy, LLC. and its employees to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and JayDee's Academy, LLC. is unable to contact the emergency contact listed for the Participant. The Parent/Guardian gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Parent/Guardian further authorizes JayDee's Academy LLC. to give first aid, CPR or other treatment by qualified staff member to Participant.

Participant and Parent/Guardian understand and agree that JayDee's Academy, LLC. is not responsible for personal property that is lost, stolen or damaged in connection with this activity.

This agreement shall be binding upon the Participant, his or her Parent/Guardian, heirs, estate, successor, and legal representatives.

This agreement represents the entire agreement between the parties. This agreement shall not be modified or amended except by an agreement in writing signed by both parties.

If any portion of this waiver and release are held to be invalid, Participant and Parent/Guardian agree that the remaining terms shall continue to be in full legal force and effect. Participant and Parent/Guardian understand and agree that this Waiver and release is binding upon me and my heirs, estates and legal representatives.

I grant JayDee's Academy, the right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in JayDee's Academy activities.

Please check this box if you do not want your child's picture to be taken or published.

Please Read Carefully. This Document Contains A Release And Waiver Of Liability

I have read and voluntarily signed this Waiver and Release of Liability.

Parent/Guardian Signature

Date



Summer Camp Rules Acknowledgement

I, _____, the parent of, _____ have read the parent handbook and behavior contract. I understand the rules, regulations, and expectations of the summer camp program at JayDee's Academy.

In addition to the details laid out in the parent handbook and the behavior contract, I also understand the following:

_____ (initial) I understand that summer campers will be able to participate in the following JayDee's activities: Jungle Gym, Mini-Golf, Playground, Arcade, and Water Park.

_____ (initial) I understand that my child will be able to play most of the arcade games as part of the summer camp program. The games that are excluded are any that give out prizes and the Minecraft games. If your child would like to play those games or receive tickets to get prizes, then they are able to bring money to purchase a paid arcade card.

_____ (initial) I understand that my child will not be able to purchase food from the Fun Center cafe during summer camp. I understand that I can pack additional snacks/and or lunch for my child to eat while enrolled in the summer camp program.

Parent Signature: _____ Date: _____

CHILD HEALTH ASSESSMENT

Child's Name _____ Parent/Guardian _____
 DOB ____/____/____ Home Phone _____ Address _____
 Child Care Facility/School _____
 Child Care Facility/School Phone _____ Work Phone _____

Note: A copy of the Health Check exam report attached to a copy of the child's immunization record may be substituted for this form.

Health history and medical information pertinent to routine child care and emergencies:

Date Of Exam ____/____/____

Allergies to food or medicine:

| | | | |
|------------------------------------|-----------------------------|---|-------------------------------------|
| Length/Height in/cm %ile | Weight in/cm %ile | Head Circumference in/cm %ile | Blood Pressure in/cm %ile |
|------------------------------------|-----------------------------|---|-------------------------------------|

| Physical Examination | Normal | Abnormal/Comments |
|-------------------------------|--------|-------------------|
| Head/Ears/Eyes/Nose/Throat | | |
| Teeth | | |
| Cardiorespiratory | | |
| Abdomen/GI | | |
| Genitalia/Breasts | | |
| Extremities/Joints/Back/Chest | | |
| Skin/Lymph Nodes | | |
| Neurologic/Tone | | |
| Developmental (e.g. ddst) | | |

| Immunizations | Birth to 1 Month | 2 Month | 4 Month | 6 Month | 12-18 Month | 4-6 Yrs |
|---------------|------------------|---------|---------|---------|-------------|---------|
| DTP/DTaP | | | | | | |
| Polio | | | | | | |
| HIB | | | | | | |
| HEP B | | | | | | |
| MMR | | | | | | |
| Varicella | | | | | | |
| Other (PCV7) | | | | | | |

Note: Ages and number of boosters may vary when immunizations start at older ages.

| Screening Tests (If completed) | Date | Normal | Abnormal/Comments |
|-----------------------------------|------|--------|-------------------|
| Lead | | | |
| Anemia (HGB/HCT) | | | |
| Urinalysis (UA) | | | |
| Tuberculosis (TB) | | | |
| Hearing | | | |
| Vision | | | |

Date of Last Dentist's Exam

Note: Age appropriate health services and immunizations must follow the schedule recommended by AAP

| | |
|---|---|
| Health Problems or Special Needs | Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary) |
|---|---|

Medical Care Provider

Address

Phone

MD
DO
PA
CRNP

Date

Signature of Physician or CRNP

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- 1) Complete all items on this side of the form. Sign and date where indicated.
- 2) If your child has a medical condition which might require emergency medical care, complete the back of the form. If necessary, have your child's health practitioner review that information.

THIS FORM WILL NEED TO BE COMPLETED ANNUALLY

Child's Name: _____ Birth Date: _____
Last First

Enrollment Date: _____ Hours & Days of Expected Attendance: _____

Child's Home Address: _____
Street/Apt. # City State Zip Code

| Parent/Guardian Name(s): | Relationship: | Place of Employment/Phone Number: | Cell Phone Number: | Home Phone Number: |
|--------------------------|---------------|-----------------------------------|--------------------|--------------------|
| | | | | |
| | | | | |

Name of Person(s) Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address: _____
Street/Apt.# City State Zip Code

Name of Person(s) Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address: _____
Street/Apt.# City State Zip Code

Any Changes/Additional Information: _____

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in the event of an emergency.

1. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

2. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

3. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

I authorize JayDee's Academy to release my child to the emergency contacts listed above if a custodial parent is not available.

Signature of Parent/Guardian: _____ Date: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital and to allow needed medical treatment. .

Signature of Parent/Guardian: _____

Date: _____

Child's Primary Medical Care/Emergency Care Physician Information:

| Name of Child's Primary Care Physician: | Address of Child's Primary Care Physician: | Phone Number of Child's Primary Care Physician: |
|--|---|--|
| | | |

Name of Child's Health Insurance Coverage: _____

Child's Health Insurance Policy Number: _____

Special Dietary Restrictions: _____
