



BRANCH ACADEMY SUMMER CAMP 2019

CAMP WEEKS:

June 10th-14th: Let's Build Something

June 17th-21st: Splish-Splash!

July 8th-12th: Out of this World!

July 15th- 19th: Messy Monsters

July 22nd-26th: Back to Nature

THE BRANCH ACADEMY is excited to offer another year of summer camps. Our five weeks of **Day Camp** will cater to children **rising into Pre-K through rising 3rd grade for the 2019-20 school year**. Our youngest summer students must have **completed** a Pre-K3 class prior to attending camp. Each week of camp will be a different theme, with an exciting mix of academics and hands-on fun. Campers will enjoy a daily schedule including reading, math, science, art, music, movement, games and much more.

TUITION COSTS

(Payment for all summer camps is due upon registration)

A \$25.00 registration fee (One-time charge per camper for the summer)

Day Camp:

9:00-12:00, \$195.00 per week

9:00-4:00, \$295.00 per week

Extended Care:

Morning: 8:00-9:00, \$50.00 per week

SUMMER STAFF:

Director: Sue Popp

Day Camp Teachers:

Mrs. Popp, Mr. Maniscalco,
Mrs. Vargas, Mrs. Leske, Mrs.
Mudry, Mrs. Henley,
Ms. Celedon, Mrs. Nelson
and Mrs. Bayless

SNACKS AND LUNCH:

All campers are asked to bring a healthy snack each day

All full day campers should bring a healthy snack and lunch each day

TO SECURE YOUR CHILD'S SPOT for camp, please click [HERE](#) to submit your child's

Online Camp Registration.

Also, please complete and send the Medical Information Form below **along with full payment**, to:

The Branch Academy

2909 W. Azelee Street,

Tampa 33609.

Please make checks payable to **The Branch Academy**

For more information please contact The Branch Academy by email: (branchacademy@gmail.com)

REGISTRATION CHECKLIST:

- Online Registration Form (fill out one per child)
 - Payment Information form (below)
 - Notarized Medical Information Form (one per child)
 - Total Camp Payment and Registration Fee
-

Payment Information Form

Tuition costs: A \$25 registration fee and payment for ALL camps is due upon registration

Day Camp:

9:00-12:00, \$195.00 per week

9:00-4:00, \$295.00 per week

Extended Care:

Morning: 8:00-9:00, \$50.00 per week

**Total Camp Payment (for ALL camps)-
Due upon registration**

Name of Camper(s): _____

Registration Fee: \$25.00

Camp(s) Fee(s): + _____

Total Due: _____ (checks payable to **The Branch Academy**)

Office Only

Date paid: _____ Amount: _____

Check Number: _____

The Branch Academy of Early Learning

Medical Information Form

Child's Name: _____

Medical Alert Information (i.e. allergies or other medical conditions):

Please indicate if none:

List any additional medical information that would be beneficial for The Branch Academy staff to know about your child:

Preferred Physician:

Name: _____

Address: _____

Phone: _____

Preferred Hospital: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS):

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

PLEASE HAVE NOTARIZED

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at The Branch
Child's Full Name

Academy (the "Branch Academy"), I understand that the Branch Academy will: (1) contact me immediately, or (2) contact the person(s) I have designated if I cannot be reached. Should the Branch Academy be unable to reach me and/or the person(s) designated, it is authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are hereby authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of any and all medical services rendered.

Signature Relationship to Child

Date

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

Signed _____

Notary Public, State of Florida – At Large

My Commission Expires: _____

_____ who is personally known to me

_____ who has produced identification: _____