



**Summer Adventure Program
June 9th through August 15th
2008**



Please fill out an application for **each child**. Please fax this form **Attn: Education Department** to 305-400-7290 or mail this form to 1111 Parrot Jungle Trail Miami, FL 33132. Payments must be received at least 10 working days prior to enrollment date in order to hold space for your child. There is a non-refundable fee of \$30 since the program has limited space available.

Camper's Information:

Camper's Name: _____ DOB: _____ Grade: _____

Gender: Male Female T-Shirt Size: XS S M L XL

Address: _____ City: _____ Zip Code: _____

How did you hear about this program? _____

Parent/Guardian's Information:

Parent/Guardian Name _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

Additional Contact: In case that we can't contact the parents listed above, please list an emergency contact person

Emergency Contact Person: _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cell # _____

Medical Information: Does your child have any of the following medical conditions?

Asthma: _____ Medications (please list): _____

Allergies: _____ If yes, please list all: _____

Food/Diet Restrictions: _____

Parental Consent (please read & sign below)

I give my child permission to ride on the Hippo (DRY) Slide. [Hippo Waiver Form Available upon request]

Signed: _____ Date: _____

I give Jungle Island permission to use my child's photo for all media forms of communication. [Media Release & Consent for Communication Media Form Available upon request]

Signed: _____ Date: _____

I give Jungle Island staff permission to administer medication to my child. [Parent must provide written medical instructions]

Signed: _____ Date: _____



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Camper's Name: _____

Parent/Legal Guardian's Name: _____

Camp Hours: 9:00am until 4:00pm each day Late Care (extended hours): 4:00pm until 5:00pm (\$5.00 additional each day)

Week 1: June 9 – June 13	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 2: June 16 – June 20	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 3: June 23 – June 27	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 4: June 30 – July 3	<input type="checkbox"/> Annual Pass Rate \$144.00	<input type="checkbox"/> Regular Rate (Week) \$159.00	<input type="checkbox"/> Late Care (Week) \$20.00
Week 5: July 7 – July 11	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 6: July 14 – July 18	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 7: July 21 – July 25	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 8: July 28 – August 1	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 9: August 4 – August 8	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00
Week 10: August 11 – August 15	<input type="checkbox"/> Annual Pass Rate \$180.00	<input type="checkbox"/> Regular Rate (Week) \$199.00	<input type="checkbox"/> Late Care (Week) \$25.00

Individual Days in June	<input type="checkbox"/> Annual Pass Rate \$49.00	<input type="checkbox"/> Regular Daily Rate \$55.00	<input type="checkbox"/> Late Care (Daily) \$5.00
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Please Indicate Dates:

Individual Days in July	<input type="checkbox"/> Annual Pass Rate \$49.00	<input type="checkbox"/> Regular Daily Rate \$55.00	<input type="checkbox"/> Late Care (Daily) \$5.00
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Please Indicate Dates:

Individual Days in August	<input type="checkbox"/> Annual Pass Rate \$49.00	<input type="checkbox"/> Regular Daily Rate \$55.00	<input type="checkbox"/> Late Care (Daily) \$5.00
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Please Indicate Dates:

Extra T-Shirts	Quantity: _____ <input type="checkbox"/> \$7.99	T-Shirt Size: XS S M L XL
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PLEASE CIRCLE PAYMENT TYPE CASH CHECK (made payable to PJ BIRD, INC) VISA MASTERCARD AMERICAN EXPRESS DISCOVER	TOTAL PAYMENT: _____
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ACCOUNT#: _____ EXP DATE: _____

NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____ DATE _____