

# B&R RANCH'S 2010 SUMMER ADVENTURERS CAMP REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

## IMPORTANT – PLEASE READ

Registration fee of \$35.00 per child and last week's tuition must accompany registration form and enrollment packet (Those paying by session must have payment on the first Monday of the session). Receipt of registration fee will reserve your child's spot in our Summer Program. **Students with outstanding tuition from the fall will not be guaranteed a spot for the summer.** Payment is due each Monday for that week's tuition. Rates: \$90 per/week.

*Breakfast is available for all children between 7:00AM and 8:00AM and an afternoon snack is included in tuition. Please bring a bagged lunch and drink. Drinks are available for \$ .50 from our concession stand. Some field trips include lunch and we will let you know in advance when this is the case. On water or swim days, please bring a bathing suit and towel. It is recommended to bring sunscreen daily. We participate in many outdoor activities. Please do not send your children in clothes that cannot get dirty. Thank you.*

***Summer T-Shirts should be worn on all field trips.***

**Our program ends at 6:00pm and closes at 6:30pm. Late pick-up fees are \$15 and will accrue at \$1.00 per minute after 6:45pm (No Exceptions). Returned check fee is \$25.**

B&R Ranch will be closed on Friday, July 2nd to observe the Independence Day holiday.

T-shirt (circle one): Child: S (6-8) M(10-12) L (14-16) Adult: M L XL

**Due to limited space available refunds can not be issued.**

Please review the schedule of events on the next page and check off to the right which weeks your child will be attending. From all of us at B&R, we thank you for your support and trust.

Please complete enrollment packet and return with this form  
to B&R Ranch at 8731 Jackson Springs Rd., Tampa, FL 33615  
email: BRRanchTampa@verizon.net

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# B & R Ranch Enrollment Application

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

DOB \_\_\_\_\_ Child lives with \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment \_\_\_\_\_ Employment \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

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## PERSONS AUTHORIZED TO REMOVE CHILD AND EMERGENCY CONTACT

1. \_\_\_\_\_  
Name/Relationship                      Address                                      Phone

2. \_\_\_\_\_  
Name/Relationship                      Address                                      Phone

3. \_\_\_\_\_  
Name/Relationship                      Address                                      Phone

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Medical Alert Information (allergies, conditions, etc.) \_\_\_\_\_

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Any other information necessary to make your child's experience the best it can be:

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Please tell us how you heard about us:

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\*\*\*\$50 referral fee for employees and clients-restrictions apply, please inquire.

# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If my child \_\_\_\_\_, should become ill or injured at B&R Ranch I understand that the facility will (1) contact me immediately, and/or (2) contact the person(s) designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, B&R Ranch is 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/we authorize B&R Ranch to obtain emergency medical transportation is necessary for the health/safety of my child, and that I agree to pay any expenses incurred with such transportation. I/we understand that under present law, if any child is involved in an accident while riding in a private passenger vehicle, he/she may be covered for bodily injury under their family automobile policy, and I/we agree to submit any medical bills incurred to our insurance company for payment. If our policy has been issued with a deductible clause relative to personal injury protection, I/we understand that I/we have assumed that deductible amount. B&R Ranch will not be responsible for the deduction or primary coverage. Any and all B&R Ranch staff will not be responsible for my deduction or primary coverage. Further, note that the undersigned and the student agree to assume all risk of injury that may occur during any described trips. I will accept responsibility for payment of medical services rendered.

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Parent/Guardian Signature

Relationship

Date

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**HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the Child Care Facility brochure "KNOW YOUR CHILD'S DAY CARE CENTER FACILITY BROCHURE" and the parents are notified in writing of the "DISCIPLINARY PRACTICES" used by the child care facility. The parent's or legal guardian's signature certifies receipt of the child care facility brochure and discipline policies agreement.**

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Parent/Guardian Signature

Date

## VAN/BUS COPY

### *Non Curricular Permission and Release of Liability Form*

We hereby grant permission for \_\_\_\_\_ to:

Participate in group and individual pictures, view “G” or “PG” rated videos, play “E” rated video games and the various special school activities. Make incidental stops in route, and return when determined to be necessary or desirable. In consideration of the benefits and opportunities afford my child by his/her participation in the activity, I state as follows:

I authorize the staff at B&R Ranch to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment. I understand that under present law, if any child is involved in an accident while riding in a private passenger vehicle, he/she may be covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to personal injury protection, I understand that I have assumed that deductible amount. B&R Ranch staff will not be responsible for my deductible or primary coverage. The undersigned parent/guardian agrees to assume all risk of injury that may occur during the above described.

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

Signature: \_\_\_\_\_

**B&R Ranch School Emergency Care  
RELEASE FOR EMERGENCY CARE**

**This form must contain one child's name only, must be original and must be updated annually. A copy of your medical insurance card must be attached/provided.**

**To whom it may concern:**

**We, the parents/guardians of \_\_\_\_\_ give consent to Town & Country Hospital or any other hospital and/or emergency service to administer necessary treatment to our child in the event of an emergency situation and we cannot be reached. We consent to transportation by ambulance if necessary.**

**CHILD'S PHYSICIAN** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PHYSICIAN ADDRESS** \_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**PARENT/GUARDIAN PHONE** \_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**PARENT/GUARDIAN PHONE** \_\_\_\_\_

**EMERGENCY CONTACT NAME AND PHONE IN CASE PARENTS CANNOT BE REACHED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

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

# B & R RANCH TUITION CONTRACT

CHILD'S NAME \_\_\_\_\_

TUITION IS DUE EVERY **MONDAY MORNING** IN ADVANCE OF  
SERVICE

1. Weekly fees will not be prorated to compensate for short weeks.
2. Your account is considered past due on Tuesday of each week. A late fee of \$10 will be assessed for all payments not received in our office by Wednesday.
3. Parents/Guardians understand that no credit will be issued for absences from B & R Ranch.
4. Parents/Guardians agree to notify B & R Ranch in writing at least one week prior to permanent withdrawal from Center. Parents agree that tuition will be paid in full at time of withdrawal.
5. Tuition/Fees are non-transferable.
6. A \$25 fee will be assessed for any returned check. Payments thereafter must be made in the form of cash/cashiers check or money order until further notice.
7. Parents/Guardians acknowledge the Center will be closed on the following holidays and no credit is given for tuition:

New Years Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Day after Thanksgiving
Christmas Eve (half-day)	Christmas Day	MLK Day

8. Parents/Guardians acknowledge that if Hillsborough County issues a level **"A" flood evacuation** or a **Public School closure** due to an imminent Hurricane approaching, the Center will close immediately and all students must be picked up.
9. Two (2) weeks of vacation, free of charge, may be taken during the year. Written notification must be given to the Director at least two weeks prior to vacation otherwise the parent/guardian charged the usual tuition fee. A vacation week is five continuous days.
10. Children must be dropped off **no later** than 10:00am unless previous arrangements have been made.

***Our signatures indicate that we have read, understand and agree to these tuition policies. We agree to pay tuition as follows:***

Registration Fee After School Care	\$ 25
Registration Fee Preschool	\$ 50
After School Care	\$ 65 per week
After School Care (VPK)	\$ 75 per week
Spring or Winter Holidays(grade school)	\$ 95 per week

# **B & R RANCH TUITION CONTRACT-PAGE 2**

**CHILD'S NAME**\_\_\_\_\_

<i>Spring or Winter Holidays(VPK)</i>	<i>\$105 per week</i>
<i>Preschool (at least 36 months)</i>	<i>\$110 per week</i>
<i>Two years (at least 24 months)</i>	<i>\$115 per week</i>
<i>Toddlers (at least 12 months)</i>	<i>\$130 per week</i>
<i>Drop in care (grade school)</i>	<i>\$ 25 per day</i>
<i>Drop in care (preschool 3 and 4)</i>	<i>\$ 35 per day</i>
<i>Please inquire about part time rates.</i>	

***First week's tuition and registration fee due in advance at registration.***

***\*Parents receiving subsidies are responsible for tuition costs not covered by the voucher program prior to services being rendered. If you do not know your parent fee and additional costs, please see Caroline or April..***

***We understand tuition is due every Monday regardless of attendance and services will be cancelled if payment schedules are not met. B & R Ranch will take all legal and necessary remedies for payment defaults at the sole expense of the undersignees.***

**Mother/Guardian**\_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Father/Guardian**\_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_