

Adventure Camp 2024

An Epic Expedition Through God's Word



Registration Form



Child's Full Name:

DOB: _____

Address: _____

City/State/Zip:

Allergies: _____

Age Group:

Toddler _____ Twos _____ Threes _____ VPK Grad _____

Schedule:

M _____ T _____ W _____ Th _____ F _____ Full Day _____ Half Day _____

Mother's Name:

Cell Phone: _____

Work Phone: _____

Father's Name:

Cell Phone: _____

Work Phone: _____

By signing below I agree that I have reviewed and will abide by all rules and guidelines of Apple Tree Academy, as outlined in the Parent Handbook and full Application for Enrollment already on file for my child, and/or available at www.apple-tree-academy.com prior to enrollment. I give consent for Apple Tree Academy to seek necessary medical care for my child in the event of an emergency.

Parent/Guardian Signature

Date

Location:

Apple Tree II
880 NE Jensen Beach Blvd
Jensen Beach, FL 34957
(772) 334-3281

Apple Tree III
2746 SW Feroe Ave
Palm City, FL 34990
(772) 286-1979

Apple Tree IV
6491 Parkwood Dr
Stuart, FL 34997
(772) 219-1180

Apple Tree V
2085 S Kanner Hwy
Stuart, FL 34997
(772) 221-1775

Emergency/Authorization Contacts for _____

Child's Name

I understand my child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed on the Emergency/Authorization Contact list below. I understand the individuals listed will also be contacted and are authorized to remove my child from the facility in case of illness, accident or emergency.

Please list the names and phone numbers of those individuals beside the parent/guardian, who are authorized to pick your child up from Summer Adventure Camp. Please also list in order to be called in case of emergency.

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

Name: _____ Relationship: _____

Cell Phone: _____ Cell Carrier: _____

** Please return this application and summer activity fee to the office to secure placement for Summer Adventure Camp*