

FCCA Summer Camp Registration – Please Print Clearly
725 Atlantic Blvd., Ste 20, Atlantic Beach, FL 32233 * 904-247-5151*
www.firstcoastcenterforhearts.com
firstcoastcenterforhearts@gmail.com

Camper's Name _____ Age _____ DOB _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Mom/Dad Phone (circle one) _____ Mom/Dad Phone (circle one) _____

Email _____

Please list any person(s) other than Parent/Guardian who is approved to pick up your child:

Medical Release and Waiver of Liability - I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of FCCA Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges FCCA Inc, and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

Medical Concerns or Needs _____ Signature of Parent or Guardian _____ Date _____

Photo Release - I grant permission for FCCA Inc. and its employees to use photographs and/or video for use in promotional materials such as brochures and advertisements, and to use such photographs in electronic versions of the same publications or on FCCA Inc. website or other electronic forms of media. _____ (Initial if yes or write decline if no).

2025 Summer Camp Weeks: Please check the options you are registering for:

- A \$50 **non-refundable** deposit per camper per week is required and due with registration. The deposit is applied to camp tuition. The non-refundable balance of the tuition is due on or before the first day of camp.
- Same day drop offs are subject to availability and a \$25 same day drop off fee in addition to the weekly camp tuition

_____ Full days (9am-3pm) = \$250 _____ Half days (9am-12) = \$200 _____ Single Full day \$65 _____ Single Half Day \$50

_____ June 2-6, 2025 _____ June 9-13, 2025 _____ June 16-20, 2025 _____ June 23-27, 2025

_____ July 7-11, 2025 _____ July 14-18, 2025 _____ July 21-25, 2025

Credit Card Number _____ Exp Date _____ CVC# _____ Zip Code _____

Printed Name _____ Signature _____ Date _____

By signing, you are authorizing FCCA to withdraw your non-refundable deposit(s) on the day of registration as well as the non-refundable balance due no later than the first day camp.

Office Use Only

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Total Amt Due \_\_\_\_\_ Deposit Due \_\_\_\_\_ Deposit Pd Date \_\_\_\_\_

Remaining Due per week \_\_\_\_\_ Balance Pd Date(s) \_\_\_\_\_