



Personalized ~ Accredited ~ Flexible-Schooling

Summer Camp Enrollment Packet

386-232-8502

www.coastaleducationcenter.com

*School Director: Lynn Taylor
lynn@coastaleducationcenter.com*

1 Farraday Ln, Suite 2C, Palm Coast, FL 32137
(Directly on Florida Park Dr, 2nd Floor of the Virtual Realtor Building)

Coastal Education Center

2019 Summer Camp Programs

Guitar Class

Interested in learning to play guitar? This beginners class not only teaches you how to read music and play but you will also have the option to show off your new skills in a concert! Guitar provided during lessons.

Dates: June 3 – July 26

Schedule: Mon and Fri at 9:00 am – 10:30 am

Cost: \$60/week

Arts & Crafts Club

Tune into your creative side this summer. Learn a new craft or expand on what you already know.

Dates: June 3 – July 26

Schedule: Wed and Fri from 10:45am - 12:15pm

Cost: \$50/week

Knitting / Crocheting

Remember your summer by knitting something that will last a lifetime. Beginner and intermediate learners welcome!

Dates: June 10 – August 2

Schedule: Mon and Wed from 5pm - 6pm

Cost: \$50/week

Coastal Day Camp

The camp with the best of both worlds. Coastal Day Camp combines academics with fun and games. Reduce summer learning loss by working on reading and math with a certified teacher. Have fun doing crafts, playing games, and more.

Dates: June 10 – August 2

Schedule: Tues and Thurs from 9 am – 2:30 pm

Cost: \$100/week

Private Tutoring

Tutoring 1-on-1 with a certified state teacher. Work on reading, writing, and/or math. Prepare for next school year or remediate an area your child struggled in this year. Welcoming public school and homeschool students.

Dates: June 3 – August 2

Schedule: Wed: 1 hour session (call to schedule)

Cost: \$50/session

Summer Registration Fee is \$35

To register, please visit us at www.coastaleducationcenter.com or call (386) 232-8502

Check the weeks and classes you will be attending

Week	Dates	Guitar Class <i>(M, F)</i> 9-10:30 am	Arts & Crafts <i>(M, F)</i> 10:30 am-12	Knitting/ Crocheting <i>(M, W)</i> 5-6 pm	Coastal Day Camp <i>(T, Th)</i> 9 am – 2 pm	Private Tutoring <i>(W)</i> 1 hour
<i>Week 1</i>	<i>June 3-7</i>					
<i>Week 2</i>	<i>June 10-14</i>					
<i>Week 3</i>	<i>June 17-21</i>					
<i>Week 4</i>	<i>June 24-28</i>					
<i>Week 5</i>	<i>July 1-5</i>			<i>closed</i>	<i>closed</i>	<i>closed</i>
<i>Week 6</i>	<i>July 8-12</i>	<i>closed</i>	<i>closed</i>			
<i>Week 7</i>	<i>July 15-19</i>					
<i>Week 8</i>	<i>July 22-26</i>					
<i>Week 9</i>	<i>July 29-Aug 2</i>					

COASTAL EDUCATION CENTER
Summer Camp Enrollment Application

STUDENT INFORMATION

Student Name:	Date:
Date of Birth:	Sex: M _____ F _____
Address:	Email Address:

Fall 2019 Grade Level:	Does the student have an IEP or 504? Y _____ N _____
Enrolling in Summer Program(s): <input type="checkbox"/> Guitar <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Knitting <i>(check all that apply)</i> <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri	<input type="checkbox"/> Day Camp <input type="checkbox"/> Tutoring <input type="checkbox"/> Tues <input type="checkbox"/> Thurs

FAMILY INFORMATION

Mother/Guardian Name:	Father/Guardian Name:
Phone Number(s):	Phone Number(s):
Address:	Address:

LIST OF THOSE THAT MAY PICK UP YOUR CHILD

Name:	Phone:
Name:	Phone:
Name:	Phone:

AUTHORIZATION FOR EMERGENCY CARE

Child's Name: _____ Date of Birth: _____

I authorize the staff of Coastal Education Center who are trained in the basics of first aid to administer first aid to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____ Phone Number: _____

Child's Allergies and/or Chronic Health Conditions: _____

EMERGENCY INFORMATION

Emergency Contact Person:	Relationship:	Phone:
Alternate Emergency Contact:	Relationship:	Phone:

PERMISSIONS:

On occasion, your child may be photographed while at Coastal Education Center. I hereby give or do not give the school permission to publish, or use photographs of my child made through any media at the school, for art, advertising, internet website or any other lawful purpose. These pictures may be used in conjunction with his/her own or fictitious name.

Permission to be photographed: Yes _____ No _____

Permission to apply "over the counter" topical medication: Benadryl Cream-Original Strength (1%) or Neosporin when needed. Medication to be applied as needed for insect bites, minor cuts and scrapes.

Permission to apply "over the counter" topical medication: Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____