

2026 Camp Caribbean at Building Blocks Registration

Child's Name: _____ DOB: _____

Address: _____

Note: Children must be fully toilet trained to attend camp.

Registration & Payment Information

- A **\$75 non-refundable registration fee per family** must be submitted with this application
- If enrollment exceeds available spots, your child will be placed on a **waitlist**.
- Your child **must have a current physical on file** to attend camp.
- **Weekly camp tuition is due by the Friday prior to each camp week.**
- A **\$25 late fee per week** will be applied to payments received after the due date.
- **Payment accepted:** Check or cash only.
- **Please return this form as soon as possible**—spaces fill quickly.

Camp Schedule & Tuition

Half Day, 8:45 AM – 1:00 PM: \$200 per week

Full Day (7:30 AM – 4:00 PM): \$300 per week

Please select one (1) option only per week.

Week	Theme	Dates	Half Day 8:45-1PM	Full Day 7:30-4PM
Week 1	Nature Explorers	July 6 – July 10		
Week 2	Pirates	July 13 – July 17		
Week 3	Outdoor Camping	July 20 – July 24		
Week 4	Under the Sea	July 27 – July 31		
Week 5	All-Star Athletes	August 3 – August 7		
Week 6	Carnival	August 10 – August 14		

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Phone: _____

Work Phone: _____ Email: _____

Parent/Guardian: _____ Phone: _____

Work Phone: _____ Email: _____

MEDICAL INFORMATION:

ALLERGIES: (List) Please discuss any special concerns with the staff.

Child's Medical History: (List) Please discuss any special concerns with the staff.

EMERGENCY CONTACTS (OTHER THAN PARENT):

Name: _____ **Relationship to Child:** _____

Home Phone: _____ **Cell Phone:** _____

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Home Phone: _____ **Cell Phone:** _____

Late Pick-Up Policy: I understand that parents/guardians of children not picked up at their scheduled time will be issued a warning for their first occurrence and then charged \$5 per minute for the first 10 minutes, \$10 per minute for each minute thereafter. Fee is to be paid to the teacher at time of pick up.

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

I hereby give Building Blocks permission to administer first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

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

I hereby give Building Blocks permission to apply sunblock, bug spray to my child.

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

We must have recent physical and immunization on record (no longer than 1 year). A child will not be admitted without one. Physical on file will provide physical/immunizations. I agree to all the terms stated above:

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