



# GYAC

GIFFORD YOUTH ACHIEVEMENT CENTER

## 2024 Walter M. Jackson Haven Camp Summer Application

**Parents, please read carefully.**

Completed applications are only accepted with the first week's payment AND no outstanding balances. **First week payments are non-refundable. Fees will not be prorated due to missed days.**

**Deadline for students to start the first week of camp is Monday, June 3, 2024.**

**Sign in: 7:30 a.m. Sign out: by or before 5:30 p.m. All children must be signed out daily.**

**Students entering 1<sup>st</sup> – 12<sup>th</sup> grade in August 2024 are eligible to attend.**

**SUMMER CAMP:** June 10 – July 26, 2024

Breakfast and lunch provided.

Breakfast is served until 8:45 a.m.

**The Center will be closed Wednesday, June 19 in honor of Juneteenth and Thursday, July 4, in observance of Independence Day.**

### FEES PER WEEK

**Fees are due every Monday, unless paid in advance. Payments are only accepted from 8:30 a.m. - 5:30 p.m. Future payments can be made [online](#).**

1 child	\$ 45.00
2 children	\$ 75.00
3 children	\$ 90.00
4-5 children	\$105.00

# Walter M. Jackson Haven Camp Summer Application

## June 10 - August 2, 2024

Please check the week(s) your child will be attending camp.

**First week payments are non-refundable. Fees will not be prorated due to missed days.**

Parent(s) please initial: \_\_\_\_\_

June 10, 2024 \_\_\_\_\_

June 17, 2024 \_\_\_\_\_

June 24, 2024 \_\_\_\_\_

July 1, 2024 \_\_\_\_\_

July 8, 2024 \_\_\_\_\_

July 15, 2024 \_\_\_\_\_

July 22, 2024 \_\_\_\_\_

July 29, 2024 \_\_\_\_\_

**Closed on Wednesday, June 19<sup>th</sup> in observance of Juneteenth.**  
**Closed on Thursday, July 4<sup>th</sup> in observance of Fourth of July.**

Grade child will be entering August 2024: \_\_\_\_\_ Child's Ethnicity: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Name of School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Gifford Youth Achievement Center  
Walter M. Jackson Haven Camp**

1. Alternate Authorized Pick-up Person:

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

2. Alternate Authorized Pick-up Person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

3. Alternate Authorized Pick-up Person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

***It is important that GYAC is informed about your child's medications and/or their medical condition while participating in this camp.***

**Medical Concerns?**

\_\_\_ No      \_\_\_ Yes. Explain: \_\_\_\_\_

\_\_\_\_\_

**Taking Medications?**

\_\_\_ No      \_\_\_ Yes. Explain: \_\_\_\_\_

\_\_\_\_\_

**Special Needs?**

\_\_\_ No      \_\_\_ Yes. Explain: \_\_\_\_\_

\_\_\_\_\_

List of allergies (including food allergies) \_\_\_\_\_

\_\_\_\_\_

List any other concerns or behavioral problems that GYAC should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gifford Youth Achievement Center**  
**Walter M. Jackson Haven Camp**  
RELEASE FORM

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
                                    First                                    Middle                                    Last

I hereby consent to release and discharge the Gifford Youth Achievement Center, their officers, agents, and employees, exercising reasonable care within their scope of employment, from all liability, claims, damages, suits, judgments, and settlements involving personal injury and property damage resulting from or arising in connection with my child's participation in this program at the Gifford Youth Achievement Center.

**Release Information:**

1. **Medical Release Permit:** I authorize the Gifford Youth Achievement Center to obtain any emergency care that may become reasonably necessary in the course of the event or incidental to such event. I also agree that the expenses for such transportation and treatment shall not be borne by the Gifford Youth Achievement Center or their employees. **Yes:** \_\_\_\_ **No:** \_\_\_\_
  
2. **Marketing Release:** I hereby give specific permission for the Gifford Youth Achievement Center, to use any pictures, videotaping, photographs, or statements made by the undersigned, in any brochures, catalogues, advertisements, television broadcasts, audio presentations, or any other printed, audio, or televised material for which it is the author or caused to have printed or produced. This statement shall be construed as a specific release of any and all liability from the Gifford Youth Achievement Center, for the use or publication of any pictures, televised episodes, audio recording, photographs, or statements in which I am depicted. **Yes:** \_\_\_\_ **No:** \_\_\_\_
  
3. **Transportation Release:** I hereby give specific permission for the Gifford Youth Achievement Center to provide appropriate transportation to and from GYAC functions, events, classes, or outings. Appropriate transportation shall be defined by the Site Director or the Executive Director of GYAC, when such need arises. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event. **Yes:** \_\_\_\_ **No:** \_\_\_\_
  
4. **Guidance and Counseling:** I hereby give specific permission for the Gifford Youth Achievement Center to provide my child with appropriate guidance and advisement by the Guidance staff. I agree to notify the appropriate staff of any significant event that may impact my child's behavior. I am aware that counseling services are available for students and their family members. This statement shall be construed as a release of any and all liabilities of the Gifford Youth Achievement Center and their employees, board, or representatives for any harm, injury, or accident incurred while participating in such an event. **Yes:** \_\_\_\_ **No:** \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Gifford Youth Achievement Center  
Walter M. Jackson Haven Summer Camp  
CODE OF CONDUCT**

The safety of every child at GYAC is of utmost importance. It is understood that if a child requires constant attention from staff for whatever reason, this could jeopardize the safety of the children at GYAC. **GYAC reserves the right to suspend or terminate a child at any time from the summer camp if problems persist.**

**STRICTLY ENFORCED STUDENT EXPECTATIONS**

- Respect staff, other students, and themselves
- **CELL PHONE usage is only permitted by teacher authorization**
- No fighting, use of improper language or gestures
- No bullying
- Be honest and play fair
- Take care of GYAC's equipment
- Follow rules and regulations of various outside organizations

**Fighting will result in an automatic suspension and possible termination from the camp.**

**SHOES**

For safety reasons, flip flops, slides, or shoes without straps are not allowed.

**LATE PICK-UP**

Late Fee Assessments - \$2.00 per minute and are DUE the next business day.  
Students not picked up by 5:45 PM will be turned over to the Indian River County Sheriff's Department.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_



# GYAC

GIFFORD YOUTH ACHIEVEMENT CENTER

<b>OFFICE USE ONLY</b>	
2024 Walter M. Jackson Haven Summer Camp	
Child's Name: _____	
<small>PRINT</small>	
Grade: _____	Sex: _____

Dear Parent/Guardian,

The Gifford Youth Achievement Center (GYAC) has an **open-door policy** for all children. That is, GYAC offers a drop off program with a variety of scheduled activities to choose from. For your child's utmost enjoyment, we suggest that you plan your child's visits around the scheduled activities offered throughout the day.

We are counting on you as the parent/guardian to have a relationship with your child whereby your child respects your wishes and will stay at the Center for the hours you say so.

Again, we maintain an **open-door policy for all children**. It is understood and agreed that these children may come and go as they desire. We are not a child/day care program; therefore, GYAC will not be held responsible or liable for any member leaving the facility.

### Open Door Policy Acknowledgement and Permission Slip

The Gifford Youth Achievement Center (GYAC) is not a licensed day care provider as defined by the State of Florida and operates under an **open-door policy**, which means that members can come and go as he/she desires. The Center will not be held responsible or liable for any member leaving the facility.

In order to carry through with your desires for your child's visit to GYAC, we are willing to attempt to monitor whether your child leaves the GYAC campus. We have created this permission slip to help us know which children are expected to stay at GYAC and which ones have permission to come and go as they desire.

By signifying **"YES"** on this permission slip, you are stating that your child has permission to come and go to GYAC as they desire; no questions asked. You are also stating that you understand that your child is not being supervised during his/her time away from GYAC.

By signing **"NO"** to this permission slip, you are stating that you do not want your child to leave GYAC until you pick them up. You are stating that your child will stay at GYAC because you say so, not because we do. You are also stating that if your child tries to leave, you understand that we will encourage your child to stay, but we cannot force him/her to stay. You also understand that we cannot be held liable if your child does leave without your permission.

*We will attempt to notify you if your child leaves without permission.*

**YES**, my child \_\_\_\_\_ has my permission to come and go to GYAC as he/she desires.

**NO**, my child \_\_\_\_\_ does not have my permission to come and go to GYAC as he/she desires.

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

Print/Guardian Name: \_\_\_\_\_