



Pak's Karate Academy of Mandarin

12276-201 San Jose Blvd.

Jacksonville, FL 32223

904-262-8200



2019 St. Johns County Spring Break Camp

March 18th – March 22nd

Campers will enjoy Games, Crafts, Bounce Houses, Karate Classes, Reading and Relaxing time.

Campers will need to bring a bagged lunch, 2 snacks and a book to read for each day.

Any campers who are students at Pak's and are staying past 4:00PM must also bring their uniform and all necessary equipment, as they will be placed into any available scheduled karate class from 4:00 – 5:30.

Rates:

Type of Camp	Time of Camp	Pricing
Week - Full Day	8:30AM – 4:00PM	\$165.00
Week - Extended Day	7:30AM – 5:30PM	\$185.00
Week - ½ Day (AM)	7:30AM – 12:30PM	\$135.00
Week - ½ Day (PM)	12:30PM – 5:30PM	\$135.00
Single Day	8:30AM – 4:00PM	\$70.00
Single Day (extended)	7:30AM – 5:30PM	\$85.00
Unplanned Drop-off	Any time from 7:30AM – 5:30PM	\$115.00

*A \$35 Non-Refundable Registration Fee is Required When Your Reservation is Made.

****SEE REVERSE SIDE FOR REGISTRATION AND ENROLLMENT INFORMATION****

Enrollment Information

Child's Name: _____ Child's Age: _____

Allergies: _____

Medication: _____

Parent / Guardian Name: _____

Address: _____ City: _____ State: FL Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Please Make A Selection:

Week	Week Full Day	Week Extended Day	Week ½ Day (AM or PM)	Daily Camps (list days):
March 18 – March 22				

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 Payments are due by the Friday prior to the week of camp.

The Undersigned Clearly Understands and Agrees to the Following:

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation in Pak's Karate Academy of Mandarin's Summer Camp program. I also understand that karate can be a dangerous and hazardous activity and do hereby waive all claims against Pak's Karate Academy of Mandarin, its owners, agents, sponsors, officers, instructors and members, for all claims of injury or death that any child may sustain or incur while attending or participating in the Summer Camp program, training and all other of the school activities. I fully understand that any medical treatment given to my child will be of a first aid treatment type only. This school will not consider any applicant if under a doctor's care without written consent from his/her doctor. I fully understand that any violation school policy or procedures will result in dismissal from the program.

 Signature of Parent / Guardian

 Date