

**Angelwood Children's Programs**  
**June 2025 through May 2026**

*Proudly providing unparalleled services to children, adults and families living with disabilities.*

**Summer Camp Location:** 2501 Loretto Road Jacksonville, FL 32223

**Parents' Night Out Location at Angelwood Main Office:** 9100 Regency Square Blvd North.  
Jacksonville, FL 32211

**Telephone:** (904) 288-7259

**Fax:** (904) 288-7260

**Dear Parents and Guardians,**

We are pleased to announce the arrival of the new season for Angelwood Children's Programs! We are excited to have the opportunity to share this news with you and are confident that your child will have a wonderful and enriching summer experience.

Please find the following important information. We kindly ask that you read it carefully. Should you require any further clarification or have additional questions, please do not hesitate to contact the Angelwood office and ask for Annette or Kenya for assistance.

**Camper Drop Off Information**

- You may park in the parking lot by the courtyard of the Mandarin Presbyterian Church Loretto Campus (2501 Loretto Road Jacksonville, FL 32223).
- **Monday:**  
**Extended Day Campers (7:00 AM – 9:00 AM):** Please escort your child to Room 9. All other campers should proceed to the courtyard, but **no earlier than 8:45 AM**. We kindly ask that you accompany your child to the designated areas.

Upon arrival, you will meet with staff to review your child's registration, hand over any medications for the week to the nurse (if applicable) and receive assistance in escorting your child to their assigned camp group and counselors.

- **Tuesday – Friday:**  
We kindly ask that you escort your child to the courtyard to meet their assigned camp counselor. Camp staff will be available to assist and guide you throughout the process.

**Parents/Guardians are required to walk their child from the car to the building. You must remain with your child until you have personally ensured they are with their assigned camp counselor and have completed the sign-in process. Under no circumstances should a child be dropped off in the parking lot and instructed to walk in alone.**

## Camper Pick Up Information

- You may park in the parking lot by the courtyard of the Mandarin Presbyterian Church Loretto Campus (2501 Loretto Road Jacksonville, FL 32223).
- At the time of pickup, all campers will be with their designated groups. Kindly approach a camp counselor to sign out your child and ensure they are safely released to you.
- For the safety and security of your child, if a staff member does not recognize the adult picking up a camper, we may request identification before allowing the child to depart. Please understand that this procedure is in place to ensure your child's well-being.
- **Extended Day Campers (3:00 PM – 5:30 PM):** Please pick up your child from Room 9.

## Medications

- All medications must be provided in a child-proof, pharmacy-labeled container.
- Please ensure that each medication is clearly labeled with the child's name, the name of the medication, the prescribed time for administration, and the dosage.
- If your child takes their medication mixed with food (such as yogurt, pudding, applesauce, etc.), please include this with the medication, ensuring that the child's name is clearly marked on the container.
- Only provide enough medication for the duration of the camp week. Medications cannot be stored over the weekend, and you must pick up any remaining medications on Friday.

## Lunches / Snacks

- Campers are required to bring a packed lunch to camp each day. A refrigerator will be available for use, should it be necessary to store perishable items.

## Dress

- If your child uses pull-ups or disposable diapers, please ensure you provide enough for the day (or the week). Additionally, please include wipes if your child requires them.
- Camp activities can sometimes be messy, and accidents may occur. We recommend that you send your child in play-appropriate clothing that can get dirty. It would also be helpful to provide a change of clothes each day.
- Closed-toe shoes are strongly recommended for camping. Please refrain from having your child wear "flip-flop" style footwear.
- While the camp does not have a pool, every **Thursday** we will host outdoor water games. On these days, please ensure your child brings a clearly labeled bathing suit, towel, water shoes, and a complete change of clothes.

**Camp Dates and Hours**

Please remember that camp will be held from **June 9<sup>th</sup> – 13<sup>th</sup>** and **July 28<sup>th</sup> – August 1<sup>st</sup>**.

Regular camp hours are from **9:00 AM to 3:00 PM**, with extended day options available from **7:00 AM to 9:00 AM** and **3:00 PM to 5:30 PM**. We kindly ask that you do not drop off your child earlier than **8:45 AM** and ensure they are picked up no later than **3:00 PM** unless you have scheduled the extended day option.

The camp will take place at **Mandarin Presbyterian Church Loretto Campus**, located at **2501 Loretto Road, Jacksonville, FL 32223**.

**Emergency Contact Information**

On the first day of camp, you will be provided with a contact number for the camp director and/or assistant director should you need to reach them during camp hours.

We greatly appreciate your interest in our program and thank you for entrusting us with the care of your child(ren). We look forward to seeing all the campers soon!

This application is valid for **Summer Day Camp 2025** and **Parent Night Out** activities through **May of 2026**.

**Week Sections**

**Option 1: June 9<sup>th</sup>-13<sup>th</sup> (\$250) \_\_\_\_\_**

**Option 2: July 28<sup>th</sup>-Aug 1<sup>st</sup> (\$250) \_\_\_\_\_**

**Option 3: June 9<sup>th</sup>-13<sup>th</sup> and July 28<sup>th</sup>- Aug 1<sup>st</sup> (\$500) \_\_\_\_\_**

## ANGELWOOD 2025 Children's Programs

### Participant Information:

**Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Diagnosis:** Click or tap here to enter text.

**Ethnicity:** Circle One

Hispanic/Latino

White/Caucasian

Black/African American

Native American

Asian

Other: \_\_\_\_\_

**Guardian name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Emergency Contact Name:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

### Your child's T-SHIRT SIZE:

Child size: S, M, L

Adult size: S, M, L, XL

Special Concerns and needs of the child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite interests or activities of child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*There are a limited number of one-on-one slots available for camp. Does your child require a one-on-one for behavior problems? If yes, please describe.**

**Please explain any behaviors your child may have that would be helpful for our staff to know:**

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**Please be advised that if Angelwood staff determines that a child poses a risk to themselves or others, and no one-on-one support was requested, you will be required to pick up the camper immediately. In such cases, no refund of tuition will be provided.**

**Please list any allergies your child has (food/drug/bees):**

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**Does your child need assistance with any of the following?**

Eating: \_\_\_\_\_

Dressing: \_\_\_\_\_

Toileting: \_\_\_\_\_

Other: \_\_\_\_\_

**Does your child have a special diet or is he/she restricted from eating any food?**

**(Please send any special lunch or snack that he/she needs).**

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1. How does your child communicate? (i.e. verbally, sign language, facial expressions, communication device, etc.)

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2. Please list any adaptive equipment your child uses. (i.e. wheelchair, walker, braces, crutches, positioning device, etc.)

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Who has permission to pick up your child? (Name and phone number)

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

**\*\*Please send in a copy of your child's current IEP \*\***

**\*\*FOR EVERY CHILD, YOU MUST INCLUDE A RECENT PHOTO\*\***

## MEDICATION INFORMATION

Please list ALL the medications your child is currently taking including the name of medication, dose, time(s) given, side effects, and purpose of medication. (Even those not given during the camp day). (Including Over-the-counter medications)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Please list the medications Angelwood will be responsible for administering during camping hours including the dose, time and prescribing physician. (Including Over-the-counter medications)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How does your child take his/her medications (i.e. with water, pudding, applesauce?: \_\_\_\_\_

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Insurance Information (for emergency purposes only)

Carrier

Group #

Responsible party

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ANGELWOOD, INC.

AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE

I consent and understand every effort will be made to contact me in the event of an emergency requiring medical and/or dental attention for the camper. However, if I cannot be reached, I hereby authorize any staff of Angelwood, Inc. to obtain emergency medical aid for the camper at the nearest hospital, clinic, or urgent care, or one designated by emergency medical services. I also understand that the Angelwood staff are trained in the basics of CPR/First Aid and authorize them to give the camper CPR/First Aid, when appropriate. I understand that Angelwood, Inc. or designated representative, does not assume responsibility or obligation for any medical services or treatment provided to the camper.

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\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**THE FOLLOWING FORM MUST BE NOTARIZED:**

**GENERAL RELEASE**

**FOR AND IN CONSIDERATION OF**

being permitted to participate in the “ANGELWOOD CHILDREN’S PROGRAMS” and associated programs, the undersigned parent, guardian or legal representative on behalf of the participant and the participant’s parents, personal representatives, assigns, heirs, next of kin, does hereby release and hold harmless Angelwood, Inc., their Board of Directors and any of their employees, agents, or volunteers participating in the “ANGELWOOD CHILDREN’S PROGRAMS” and their personal representatives and assigns from any loss or damage on account of any injury to the person or the personal property, or death of the participant while engaged as a participant in the “ANGELWOOD CHILDREN’S PROGRAMS” camp activities. This release further applies to any claim whatsoever on account of first aid, treatment or service or service rendered to the participant during “ANGELWOOD CHILDREN’S PROGRAMS” activities.

The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida in that if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the participant and the participant’s parents, personal representatives, assigns, heirs and next of kin.

Permission is granted to photograph my child and to use, publish and release for publication such photos relating to our programs. The name of such person photographed may be used in connection with the above, with the understanding that there will be no exploitation and that any photographs used will conform to standards of good taste.

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(Parent, Guardian or Legal Representative Signature)

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Date

**GENERAL CONSENT**

The undersigned, as parent and/or guardian of the above named, does hereby consent and grant permission for the said camper to attend “ANGELWOOD CHILDREN’S PROGRAMS.” I hereby further give my consent for the child to take part in all camp activities including, but not limited to, athletic competition, crafts, music, field trips, etc.

I understand that my child’s acceptance to attend “ANGELWOOD CHILDREN’S PROGRAMS” is conditional upon his/her adjustment to the routine at our program. If the staff and director decide that the child is not adjusting well to the program, the parent will be notified to take the child home. I further understand that my failure to return this registration to the Director on **or before May 16, 2025**, or it may result in the child’s place being forfeited.



AFFIDAVIT

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

Sworn and subscribed to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Notary Public

**I certify that all information provided in this registration and description is true and complete to the best of my knowledge and that my signature in each preceding requirement represents my acceptance of the terms, conditions or understanding covered in that area.**