

Angelwood Children's Programs

July 2026

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

Summer Camp Location: 9100 Regency Square Blvd North Jacksonville, FL 32211

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 you to 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 Yasha for assistance.

Camper Drop Off Information

- For the first day we ask that you park in the parking lot in front of the building Angelwood Inc. (9100 Regency Square Blvd N. Jacksonville, FL 32211).
- After the first day (**Monday**) all campers' guardians will receive additional information on pick-up and drop-off location. Campers can begin drop-off **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.
- Camp staff will be available to assist and guide you throughout the process.

Parents/Guardians are required to walk their child from the car into 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 in front of the building Angelwood Inc. (9100 Regency Square Blvd N. Jacksonville, FL 32211).
- 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.

- **CAMP HOURS 9:00 AM-3:00 PM.**

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.
- If we have activities that will require the camper to be outside. We will notify guardians in advance if additional clothing is needed.

Camp Dates and Hours

Please remember that camp will be held from **July 20th – 24th** and **July 27th – 31st**. Regular

camp hours are from **9:00 AM to 3:00 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**.

The camp will take place at **Angelwood Campus**, located at **9100 Regency Square Blvd North, Jacksonville, FL 32211**.

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 2026** and **Parent Night Out** activities throughout **May of 2027**.

Week Sections

Option 1: July 20th-24th (\$300) _____

Option 2: July 27th-July 31st (\$300) _____

ANGELWOOD 2026 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.

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. (If you need one-on-one please ask and additional information will be sent out.) 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:

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**):

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).

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

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

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?): _____

Insurance Information (for emergency purposes only)

Carrier

Group #

Responsible party

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.

Participant/Parent/Guardian Signature

Date

Witness

Date

AFFIDAVIT

Signature of Parent/Guardian: _____

Print Name: _____

State of Florida, County of _____

Sworn and subscribed to before me

This _____ day of _____, 2026

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.