

Inspiring Scholars Summer Camp 2017

May 30- Aug. 4 Monday- Friday 9:00am – 3:00 pm (before/after service is offer)

_____ 2345 Pope Rd. Douglasville GA.30135

_____ 7425 Hwy. 78 Winston GA. 30187

REGISTRATION

1. CHILD'S NAME:

CHILD'S D.O.B. (MM/DD/BY):

Allergies

SEX: [] M [] F

T-Shirt size

GRADE JUST COMPLETED:

2 .CHILD'S NAME:

CHILD'S D.O.B. (MM/DD/BY):

Allergies

SEX: [] M [] F

T-Shirt size

GRADE JUST COMPLETED:

3. CHILD'S NAME:

CHILD'S D.O.B. (MM/DD/BY):

Allergies

SEX: [] M [] F

T-Shirt size

GRADE JUST COMPLETED:

4. CHILD'S NAME:

CHILD'S D.O.B. (MM/DD/BY):

Allergies

SEX: [] M [] F

T-Shirt size

GRADE JUST COMPLETED:

Name of Parent/Legal Guardian:

Home Address:

City State Zip

Phone: (h) (c) (w)

E-Mail Address

List individuals you give permission to pick-up your child. Your child will not be released to anyone not listed below.

Those listed will be required to show a picture ID.

Authorized Pick-Up List Emergency Contacts (Please List @ least 2)

_____	_____	_____
Name (1)	Relationship to Camper	Phone #
_____	_____	_____
Name (2)	Relationship to Camper	Phone #
_____	_____	_____
Name (3)	Relationship to Camper	Phone #

I give Permission for my child to be photographed, these photos may be used in publicity related to Inspiring Scholars Initial Here _____

Payment Amount Enclosed: (no partial payments) \$ _____ Ck#:

Summer Camp Hours: 9:00am- 3:00pm \$100 weekly (no cash accepted)

Extended Care: Additional \$25 weekly. Will you need extended hours _____?

Limited Transportation may be available for an additional charge

Payment Policy: Payments are due on Friday prior of attending week.

_____ I understand my child is exempt for the first week (May 30- June 3) and one additional week during the 10 week Summer Camp program, without mandatory payment. **Your Exempt week must be provided on this application before registration.**

Will your child attend the week of (May 30- June 3) _____

Exempt Week Date: _____

_____ I understand a 2-week notice is required to terminate service for the STEM Summer Camp Program offer by Inspiring Scholars.

Inspiring Scholars Medical Form:

Name of Child: _____ List Present Medications and reasons for taking:

Should your child be restricted from any activity or food? If so, please list why _____

RELEASE AND WAIVER OF LIABILITY

_____ Medication Administration: Inspiring Scholars has a NO MEDICATION Administration Policy. If your child requires a life sustaining medication a Consent form for administration of medication must be completed by parent/legal guardian and given to the Program Director for approval. Inspiring Scholars has the right to refuse to accept medication. If accepted all medication must be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter medications.

_____ In the event my child suffers any illness or accident requiring emergency treatment while involved in the care of Inspiring Scholars Academy LLC. activities, I hereby give permission for any necessary hospitalization, medication, recommendation of medical personnel, in which case all such expenses shall be paid by me the parent/legal guardian. In the event of sickness or accident, I waive all claims against volunteers, staff, or its agents that may arise from participation in the activities of Inspiring Scholars.

Has your child suffered a serious accident or illness within the past twelve months or is subject to a more serious health condition? _____ yes _____ no

If there is any question about activity restriction, at the discretion of the Program Director, further information or specific Registration to participate in activities may be required for which the doctor may be contacted and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Inspiring Scholars program may be made _____(describe)

Please state any additional information we may need to be aware of. If your child has special needs, please let us know in order to help our staff handle those needs.

The undersigned hereby acknowledges that participation in recreational activities involves inherent risks of physical injury, illness, or loss of personal property and assumes all such risk. The undersigned hereby agrees that for the sole consideration of Inspiring Scholars Academy LLC. allowing the participant in programs for which or in connection with which the center has sponsored or made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Inspiring Scholars Academy LLC., and employees from all claims.

Doctor Name_____ Doctor Number_____

Parent's Signature

Date

DISCIPLINE POLICY

We are excited to have your child attend our camps and workshops at Inspiring Scholars. Our goal is to provide an atmosphere that is safe and fun both physically and emotionally for everyone. Our staff will make every effort to design their program in a way that sets every child up for success. Most children will make mistakes at times but improve their behavior if they are reminded. Occasionally, however, a child continues to misbehave and actions have been taken to correct behavior. If a participant does not follow the rules or is disrespectful to Instructors or other participants, the following actions will be taken. As it relates to discipline the Inspiring Scholars subscribes to the "3 strikes policy." No refund will be given if your child is removed from the program due to behavior.

Any child who needs special attention or who has behavioral disorders must have notations made on the emergency form. A behavior action plan must be made available. This will help the Instructors better attend to the individual needs of the child. General Classroom Rules:

1. Camp Instructors are in charge at all times.
2. Students will respect peers and adults.
3. Students must not leave the classroom without an adult.
4. Students must keep hands to themselves at all times.
5. Students must report all injuries to Instructors.
6. Students must always walk inside the buildings.
7. Students must keep workspaces orderly.
8. Instructors will initiate the Time-Out symbol to refocus the students in the classroom.
9. Students must always follow the rules.

Student Signature

Date

Parent Signature

Date

Field trips are a privilege and Teachers or Director can restrict a child from participating and no refunds will be given.

MEAL BENEFIT INCOME ELIGIBILITY FORM

Name of Child Care Center: Inspiring Scholars Academy Provider:

Part I. Child/Children enrolled to receive child care:				
	Date of Birth	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU) or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid <u>case number</u> for Adults. Note: DO NOT USE EBT NUMBERS.	Head Start	Foster
			20	20
			20	20
			20	20
			20	20
			20	20
			20	20
			20	20

PART II A: Name					
	1. Earnings from	2. Welfare, child	3. Social Security		C. Check if NO Income
1.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
2.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
3.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
4.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
5.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
6.	\$ ____/____	\$/____	\$ ____/____	\$/____	20
7.	\$ ____/____	\$/____	\$ ____/____	\$/____	20

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of 6[am/pm] to 7 [am/pm] on the following days:

Check here if only before/after school care is provided.

(Circle all that apply): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Part IV. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part II is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.) *I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. **This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.***

Hispanic or Latino Asian White Black or African American American Indian or Alaska Native

Not Hispanic or Latino Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only. Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Inspiring Scholars Academy

Parent /Provider Transportation Agreement

I, _____, give permission for Inspiring Scholars Academy LLC.,
to transport my child(ren)

(Name(s) of child(ren))

for the following reasons (check all that apply):

_____ Field Trips
_____ Emergency Purposes

It is agreed that:

1. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
2. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
3. The caregiver will notify me in advance of any instances where my child(ren) will be transported while in care.

(Father's Name) (Cell) (Work Phone)

(Mother's Name) (Cell) (Work Phone)

Person to notify in an emergency and parents cannot be reached: Name

Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses :Douglasville Wellstar Hospital

Address 8954 Hospital Dr, Douglasville, GA

30134 _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if **Inspiring Scholars** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child(ren).

(Name(s) of child(ren))

Signature (Parent/Guardian) _____ Date

Inspiring Scholars Academy Summer Camp 2017

Inspiring Scholars Academy Summer Camp is packed with challenging, interactive, hands-on activities led by our enthusiastic staff. The purpose of the parent handbook/guidelines is to ensure all students have an enjoyable experience.

Camp Hours 9:00 am – 3:00 pm Drop off starts at 8:45 am. Pick up at 3:00pm. Unless enrolled in extended care 6:00am-7:00pm (max 10 hrs.) **Breakfast ends @ 9:00am**

Late Pick-up: Late pick up will result in a late fee of \$1 per minute per child. Late fee must be paid at the time of pick-up.

Camp Fee is \$100 per week per child and must be paid Friday prior to week attending. Late Fee is \$25. Extended care is an additional \$25 weekly (max of 10 hours)

I understand my child is exempt for the first week (May 30- June 3) and one additional week during the 10 week STEM Summer Camp program, without mandatory payment. **Exempt week must be provided on the application before registration.**

A written **2-week notice** is required to terminate service for the Summer Camp Program offered by Inspiring Scholars.

Refund Policy: No refunds will be given.

Sign-In and Sign-Out: Students may be signed in and out by the same adult each day without photo ID. Otherwise only adults listed on the “authorized pick-up list” section of the Registration Form with photo ID will be permitted to pick-up your student. Please be sure to include anyone that you may want or need to pick-up your student on the camp registration form.

Personal Items: Students should not bring toys, electronic devices or unsecured personal items. Inspiring Scholars will not be held liable for any lost and/or damaged items.

Camp Dress: Students will be most comfortable in appropriate shorts, t-shirts and sneakers. Please be aware that some activities involve messy materials.

Safety: Students must follow all proper safety instructions.

Medication: We have a NO MEDICATION policy. Exceptions may be made for life sustaining medication. If accepted, a consent form must be filled out and put on file.

Staff and Volunteers: All Instructors are currently employed by the Inspiring Scholars Tutoring. All volunteers and Assistant Instructors are of ages 15 years and older. All instructors and volunteers receive training prior to the first day of camp.

Items to Bring Daily: Water Bottle

DISCIPLINE POLICY

We are excited to have your child attend our camp and. Our goal is to provide an atmosphere that is safe and fun both physically and emotionally for everyone. Our staff will make every effort to design their program in a way that sets every child up for success. Most children will make mistakes at times but improve their behavior if they are reminded. Occasionally, however, a child continues to misbehave and actions have to be taken. If a participant does not follow the rules or is disrespectful to Instructors or other participants, the following actions will be taken. As it relates to discipline the Inspiring Scholars subscribes to the “3 strikes policy.”

Strike One – The Instructor will talk with the student about his/her behavior and document the situation in the log book. Participant will be encouraged to make a better choice. Participant will continue to be involved in the program. Instructors will make every effort to make sure participant is engaged in a way that sets him/her up for success.

Strike Two – The Instructor will talk with the student about his/her behavior and document the situation in the log book. The Instructor will notify the Program Director. Program Director and Instructor will talk with the participant about his/her behavior. Participant will be given time to think about how he/she is going to make better choices. The Program Director will contact parents and a plan will be developed to ensure an improvement in the level of respect/discipline the participant is showing.

Strike Three – The Instructor will talk with the student about his/her behavior and document the situation in the log book. The Camp Instructor will notify the Program Director of the situation. The student will be removed from the class and the Program Director will contact the parent/guardian to discuss further attendance. Depending on the situation, the student may be expelled. There is no refund if a student is expelled.

In addition, there are certain situations for which a “No Tolerance Policy” is in effect. Based on the desire to operate the Inspiring Scholars activities in such a way that all participants, instructors are kept as safe as possible, there are certain behaviors that will not be tolerated. The behaviors not accepted: bullying, fighting, profanity and bringing weapons or any type of dangerous objects.

Any child who needs special attention or who has behavioral disorders must have notations made on the registration form. A behavior action plan must be made available. This will help the Instructors better attend to the individual needs of the child. General Classroom Rules

1. Camp Instructors are in charge at all times.
2. Students will respect peers and adults.
3. Students must not leave the classroom without an adult.
4. Students must keep hands to themselves at all times.
5. Students must report all injuries to Instructors.
6. Students must always walk inside the buildings.
7. Students must keep workspaces orderly.
8. Students must always follow the rules and have fun.

Field trips are a privilege and Teachers or Director can restrict a child from participating and no refunds will be given.