

# Ascend into Fun



Enrollment APPLICATION  
Summer camp 2020

# Summer Camp Enrollment Application

Picture

**NEW STUDENT**

**RETURNING STUDENT**

Date of Registration:

## CHILD INFORMATION

Child's Name	Date of Birth	Age	Gender Male      Female		Race
Child's Home Address (include street, city, state, and zip)		Home Phone Number			
<b>Parent/Guardian Name 1</b>		Relationship to Child			
Home Address (Include street, city, state, and zip)		Home Phone Number			
Email Address		Cell Number	Work Number		
Employer Name		Employer Address			
<b>Parent/Guardian Name 2</b>		Relationship to Child			
Home Address (Include street, city, state, and zip)		Home Phone Number			
Email Address		Cell Number	Work Number		
Employer Name		Employer Address			
Child lives with: Mother      Father      Both Parents      Legal Guardian					

## CAMP T-SHIRT SIZES (select **one** in either Youth or Adult Size)

<b>Youth:</b>	X Small	Small	Medium	Large	X Large	
<b>Adult:</b>	X Small	Small	Medium	Large	X Large	Other:

## SCHOOL-AGE INFORMATION

Does your child attend school?      Yes      No

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please notify us if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification (driver's license) at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

<b>Name Emergency Contact 1</b>	<b>Name Emergency Contact 2</b>
Relationship to Child	Relationship to Child
Home Address (include street, city, state, and zip)	Home Address (include street, city, state, and zip)
Home Phone Number	Home Phone Number
Cell Number	Cell Number
Employer	Employer
Employer Address	Employer Address
Work Number	Work Number

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. The Exploriseum Staff will release your child only to you or to those persons you have listed above. If you want a person who is not identified above to pick up your child, you must notify The Exploriseum staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into The Exploriseum because you are unable to submit your authorization in writing, we will use your personal information to verify your identity. For all children's safety, it is critical to sign your child in and out. **Please notify emergency contacts that they must bring government-issued identification (driver's license or photo ID) when they pick up your child.**

\_\_\_\_\_  
Signature

## SUMMER CAMP LOCATION AND HOURS OF OPERATION

The Exploriseum  
2760 Northside Drive  
Statesboro, GA, 30458

**Camp Duration and Hours of Operation:**

June 1 – July 31, 2020  
Monday – Friday  
7:30 am – 5:30 pm

**Camp will be closed:**

July 3, 2020

**WEEKS IN ATTENDANCE** (please select **all** weeks in which your child will attend Summer Camp)

<p>June 1 – June 5</p>	<p><b>Ed ZOO cation</b>                  WHALE hello there, do you love animals? This camp will be a ROARing good time as we learn about animals from all over the world . Explore everything from polar bears to giraffes to yaks and long-horned orb weaver spiders! Campers will not only learn more about popular and strange animals, but will participate in games, crafts, stories, food experiences, and songs . . .all animal related, of course . We may even have a few furry or scaly visitors drop in from the City’s Nature program for some hands-on investigation. Come join us for the SEALiest week of fun! Does your little one eat like a BEAR?</p>
<p>June 8 – June 12</p>	<p><b>Fizz, Muck, Bubbles and Goo</b>                  We’ll mix up some crazy concoctions using stuff around the house- slime, bubbles, crazy doughs, eat-me art, and more . So get ready for some weird science and messy fun! Campers explore the themes and science in the camp title by doing hands on activities such as art projects, science experiments, games etc .</p>
<p>June 15 – June 19</p>	<p><b>Tiny Chefs</b>                  Calling all Tiny Chefs!! Does your child love to experiment in the kitchen, mix ingredients and form it into delicious treats? This camp will be a real culinary adventure as we spark interest in their creative side while also taking part in games, activities, arts &amp; crafts, and of course introducing our pallets to savory, sweet and tasty concoctions!</p>
<p>June 22 – June 26</p>	<p><b>One, Two, Three...Come Read with Me</b>                  This camp is all about popular children’s books! Each day we will be reading a different book and making a craft that goes along with the book . Children will also get a chance to act out scenes from the books and even get to dress up like their favorite storybook characters.</p>
<p>June 29 – July 3</p>	<p><b>Brickology</b>                  Are you a master builder? This hands on camp will incorporate play with science, technology, engineering, and math with LEGO bricks. Each day will start with a new activity for the entire group, then each child will have an opportunity to build, play, and create on their own. Campers will utilize bricks and other building materials to develop an appreciation for STEM learning.</p>
<p>July 6 – July 10</p>	<p><b>What’s your Super Power</b>                  Batman, Mr. Incredible, Spiderman , Wonder Woman. and more. We ask YOU to join us for a week long adventure of learning what a true hero is and becoming a hero yourself! This camp will inspire you to go further, and discover how to become a SUPER leader with FUN games, story adventures, art projects, and more! Harness your power within and sign up now for this SUPER camp!</p>
<p>July 13 – July 17</p>	<p><b>Beaches and Oceans</b>                  All signs point to the beach! From sand art and ocean slime to dioramas and bubble paintings this fun beach and ocean themed week will offer lots of fun!</p>
<p>July 20– July 24</p>	<p><b>Yoga and Mindfulness</b>                  Kids yoga &amp; Mindfulness camp will be infused with yoga movement and games, mindfulness crafts and activities, storey telling , exploring imagination, and relaxation techniques that kids can have in their tool belts fot their whole lives!</p>
<p>July 27– July 31</p>	<p><b>The Game Room</b>                  Join us for an awesome game room filled with cool stuff kids love. We will explore traditional board games along with brain power games such as chess, checkers, and mancala. There will also be video game systems that provide action packed fun.</p>
<p><b>Total number of weeks in Attendance</b></p>	

**TUITION RATES**

The full time rates of \$135.00

# ENROLLMENT REGISTRATION INFORMATION

Please check the box in each section listed below to confirm that you have read, understand, and agree with the terms, conditions and guidelines of this application.

## SECTION 1: TUITION AND REGISTRATION FEES

**REGISTRATION FEE:** I understand that a non-refundable Registration Fee of **\$50.00** shall be paid to enroll my child.

**PAYMENT OF TUITION:** Tuition is due on Fridays for the upcoming weeks of care. Payments may be paid online or by an automatic draft.

**LATE OR UNPAID TUITION:** If full payment is not received by the due date, I agree to pay a late payment fee of **\$30 per week** that tuition is not received. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The Exploriseum cannot guarantee a child's placement will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

**RETURNED CHECKS:** I understand that a processing fee of **\$25.00** will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. All future payments must be paid with cash or money order.

## SECTION 2: DAILY PROCEDURE

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using The Exploriseum attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that if I am required to enter the facility to drop off and pick up my child I will escort my child to and from the designated classroom and/or designated area each day.

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the camp director. I understand that my child will be re-admitted as long as he/ she has been fever-free and is no longer contagious for at least 24 hours.

**MODEL RELEASE:** The company, its agents, affiliates, and licensees, **may** **may not** use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The Exploriseum takes photos throughout the duration of camp. These photos may be used for the End of Summer Slide Show.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any images of other children in the school or staff.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or The Exploriseum.

## SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

**HOLIDAYS:** I understand that the school is closed on the following holidays when applicable: **Memorial Day and Independence Day**. I understand that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

**ABSENCES/VACATIONS:** I agree to inform The Exploratorium immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness).

**INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is The Exploratorium intention to be open and provide the summer camp program every weekday of the summer, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/ natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**SECTION 4: BREAKFAST, LUNCH, AND SNACKS**

**SUMMER FEEDING PROGRAM(S):** Breakfast and lunch will be provided by the **USDA food program** each day summer camp is in session. If your child will not be participating in the USDA food program or Kids Cafe meal programs, please bring a sack lunch and snacks for your child each day in a labeled bag/container. During lunch, children who have food allergies will sit in a designated area away from other campers.

**SECTION 5: AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIP INFORMATION—PLEASE READ CAREFULLY**

Due to COVID 19 all field trips have been temporarily suspended.

**I understand and will comply with all policies and procedures included in this Enrollment Agreement.**

Parent/Guardian Print	Date
Parent/Guardian Signature	Date
Administrator/Designee Signature	Date

## MEDICAL INFORMATION

Child's Name		Date of Birth		Age
Height	Weight	Hair Color	Eye Color	
Distinguishing Marks/Birth Marks				
List all medication that will be administered regularly during camp				
Special Dietary Needs and/or Dietary Restrictions				
<b>Allergies (list all that apply)</b>				
Medication Allergies		Reaction		
Food Allergies		Reaction		
Other Allergies		Reaction		
<p>Are any of the allergies severe or life-threatening?      YES      NO</p> <p>If YES, please provide special instructions below.</p>				

## MEDICAL CARE PROVIDER/FACILITY

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to transport my child by ambulance, seek medical attention, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to my child under the general supervision of any physician or surgeon licensed to practice medicine in the State of Georgia.

Parent/Guardian Signature	Date
Primary Care Physician's Name	Practice/Clinic Name and Address
Primary Care Physician's Phone Number	Preferred Hospital for Emergency Care
Health Insurance Provider and Policy Number	Secondary Health Insurance Provider and Policy Number

# REQUEST FOR ADMINISTRATION OF MEDICATION

This form is valid for no longer than 12 months. **One** form must be completed for **each** medication.

Regulations permit child care providers to dispense prescription medications to children in care under certain conditions. The Exploriseum must receive prior written permission from the child's parent; written authorization from the child's physician may also be required. If possible, arrange the time of dosage to be when the child is at home.

**PRESCRIPTION MEDICATION:** Prescription medications must be stored in a container that has been labeled by the pharmacy or physician and which displays the child's name and an expiration date for the medication. The child may receive medication only according to the written instructions of the health care practitioner, as indicated in writing, or the instructions on the medication label and as provided below.

**Check all that apply:**

- Prescription Medication
- Non-Prescription Medication
- Refrigeration Required
- Topical product or lotion
- Food Supplement
- Modified Diet

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Weight</b>
<b>Name of Medication</b>	<b>Dosage</b>	<b>Administration Time(s)</b> AM PM

Administration Duration From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

**I/We authorized the staff at The Exploriseum to administer the above named medication to my/our child.**

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature(s)	Date

**Each administration of medication will be documented by staff on separate form. All dosages must be recorded.**