

# SUMMER PROGRAM ENROLLMENT FORM

Apostles Learning Center  
6025 Glenridge Drive, N. E.  
Atlanta, GA 30328  
Phone: 404-256-3091 Fax: 404-250-1775  
Email:cdc@apostleslearning.com

## Office Use Only

Date of entry \_\_\_\_\_  
Class: Summer Camp  
Check # \_\_\_\_\_ Amt. \_\_\_\_\_

### Please Print Clearly

Name of Child \_\_\_\_\_ Name Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Bus. phone \_\_\_\_\_ Cell: \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

**Tuition for our summer enrichment program is \$275.00 per week (tuition is not prorated for holidays, sickness or any other absence). Weekly tuition not received by 6 p.m. on Tuesday, is charged a late fee of \$20. A security pass will cost \$15.00 for the 1<sup>st</sup> pass/ an additional \$10.00 for the 2<sup>nd</sup> pass. **A fee of \$355.00 is required to secure your child's place in our summer enrichment program.** This includes a non-refundable registration fee of \$80 and the last week's tuition (weekly tuition is \$ 275.00). **The Office must be given, in writing, a minimum of two (2) weeks advance notice of any changes to enrollment.****

\*Summer enrichment session begins Monday, June 1st through Friday, July 31<sup>st</sup> \* (closed Friday, July 3rd for Independence Day)

\* Before camp care will be available week of May 26th & Post camp care the week of August 3rd @ \$ 55.00 per day.

My child will attend these following weeks (a minimum of four (4) weeks is required):

Pre camp care: \_\_\_ May 26th, \_\_\_ May 27th, \_\_\_ May 28th, \_\_\_ May 29th

June 1st \_\_\_\_\_ June 8<sup>th</sup> \_\_\_\_\_ June 15<sup>th</sup> \_\_\_\_\_

June 22nd \_\_\_\_\_ June 29<sup>th</sup> \_\_\_\_\_ (closed July 3rd)

July 6<sup>th</sup> \_\_\_\_\_ July 13<sup>th</sup> \_\_\_\_\_ July 20<sup>th</sup> \_\_\_\_\_

July 27<sup>th</sup> \_\_\_\_\_ Post camp care Aug. 3rd \_\_\_\_\_

## PARENTAL AGREEMENT

Summer enrichment program is sponsored by the Apostles Learning Center, and \_\_\_\_\_ have entered into the following agreement:  
("I" hereafter is the parent or guardian)

1. The following documents must be completed and returned to the Office prior to the start of the child's enrollment in the summer program:
  - \_\_\_\_\_ a completed Enrollment Form, including the "Permission to Pick Up" card and the "Emergency Contact" card
  - \_\_\_\_\_ a signed Parental Agreement
  - \_\_\_\_\_ the enrollment form and the last week of tuition are to be paid at time of registration
  - \_\_\_\_\_ a completed Emergency Medical/Hospital Form
2. Tuition of \$ 275 weekly is due on or before 6:00 pm on Tuesday for a child enrolled in the summer camp program for the current week. There will be a \$10.00 late fee for payments made after 6:00 pm on Tuesday. Tuition does not include special events that may require payment. This fee must be paid and included in your tuition check for that week.
3. The returned check fee is \$20.00. This fee is to be added into the next weekly tuition check. The late pick up fee is \$12.00 from 6:00 pm to 6:15 pm plus \$1.00/minute thereafter paid directly to the staff person who has supervised your child, or it will be added to your next tuition billing and must be included with tuition payment.
4. Accounts not kept current will cause your child to be disenrolled from the summer enrichment program. Parent will be responsible for paying late fees and any legal fees incurred in the collection of the past due account.
5. Parents will be notified to pick up my child if he/she becomes ill while at the Center. I will not bring my child to the Center if he/she is ill, has a fever, vomiting or diarrhea after symptoms cease without medication (ie: 24 hours with no elevated temperature, vomiting, diarrhea, unexplained rash, etc. If I cannot be reached, the people listed as my emergency contacts will be called. It is imperative that all contact information is current.
6. In case of accident or medical emergency requiring immediate medical attention, and/or if I cannot be reached immediately, the Camp is authorized to obtain such care as may be necessary at Children's Healthcare of Atlanta or where appropriate. I shall assume payment for such care and release the Camp from any and all liability or claims for injury sustained unless covered by an established insurance policy agreed upon in writing.
7. A doctor's excuse must be brought to school (scanned to email or faxed) in order to return. If your child has including outdoor time. We cannot keep your child indoors due to allergies, cold or cough.
8. In case of an accident or medical emergency requiring immediate medical attention and/or the parent cannot be reached immediately, the Center is authorized to obtain such care as may be necessary at Children's Healthcare of Atlanta. The parent shall assume all payment for such care and release the Center from any and all liability or claims for injury sustained. Injuries / accidents are documented by staff on an Accident or Incident Report. Parents are notified by phone if the child receives a bump to the head, a bite, a deep cut or bleeding occurs.
9. Licensing requires that the Center dispense prescription medication only with the parent's written permission. In order for your child to receive medication while at the Center, you must complete an Authorization to Dispense Medication form giving the child's full name, the name of the medication, the prescription number, the dosage, the specific dates and time the medication is to be administered, attached information regarding the medication, adverse reactions, etc. and your signature. The Center is not allowed to administer any prescription medication that is not clearly marked with the above information, any "over the counter" medication, or on an "as needed" basis.
10. Parents assume responsibility for any injury suffered by the child during transportation to or from the Center, or in the parking lot while entering or leaving, or on the premises when the child is in their custody.
11. In the event that my child receives medical, developmental or psychological evaluations, the results of such evaluations may be kept on record at the Camp and the Director may request complete information regarding the evaluation and results at any time. It is understood that these records are confidential and will not be transferred without my written permission.

12. The Center provides nutritious meals (breakfast, lunch and afternoon snack). **State law requires that a child who must have a modified diet for medical reasons to have a statement from a medical authority on file.** Modifications for religious reasons require a written statement to that effect from the child's parents. Modified diets must meet daily USDA regulations and guidelines. Parents of a child who has any dietary restrictions will supplement and/or provide those food items required to meet his/her nutritional needs labeled with the contents. **NO peanut butter or nut products are brought to the Center at any time due to the serious nature of peanut allergies.** Meals are served at specific times. A parent is welcome to remain with his/her child in the Fellowship Hall while the child eats a "brown bag" meal, but it cannot be brought into the classroom.
13. It is the policy of this Center not to allow any child to enter or leave unless escorted by an adult. When delivering the child to the Center, I or the person I have authorized to drop off my child will personally deliver him/her to the appropriate room. Parents further agree that when picking up my child, I or the person I have designated will personally come into the Camp and receive the child from the staff person in charge. At no time will I leave my child without first making his/her presence known to staff, nor will the child be removed from the Center without notifying the staff. I, or the person I have authorized to drop off or pick up my child, will check my child in at the computer on arrival and on departure.
14. Parking is allowed only in marked areas. Parking on the side of the building creates a safety hazard. Improperly parked cars will be towed. Do not leave valuables in the car and always lock them up where they are not visible.
15. I give permission for pictures or videos of my child to be used for learning purposes and/or publicity for our summer program. The child will not be identified by name or address unless such identification is authorized by the parent.
16. In the event of a natural disaster, gas leak or structural damage to the school, my child will be evacuated to the gymnasium located at Hammond Park across the street from the school. The address of Hammond Park is: 705 Hammond Drive, NE, Atlanta, GA 30328. The phone number is 404-303-6180.
17. Your email address is forwarded to our parent representative on the Board of Apostles Learning Center for the purpose of communicating special events, announcements and/or the newsletter.
18. I understand that in order to ensure my child's safety and prevent injury, only closed shoes with a rubber sole are appropriate to wear. **Sandals, flip flops, Crocs or any open toe/heel shoes are not permitted.**

THIS IS TO CERTIFY THAT I/WE, HAVE READ AND AGREE WITH ALL OF THE POLICIES AND PROCEDURES AND HAVE PROVIDED COMPLETE INFORMATION REGARDING MY CHILD.

ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT OR GUARDIAN

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PARENT OR GUARDIAN