



Summer Explosion 2012

A Summer of Academic, Cultural & Recreation Enrichment

REGISTRATION DEADLINE: APRIL 27, 2012

Program Summary Sheet

Grades K-5 to 8th Grade

May 29-July 6, 2012

Mission: This summer enrichment program is a six-week program for the kindergarten through eighth grade students. Students are placed in their promoted grades and are given a head start on the grade appropriate curriculum for the upcoming school year. It is designed to provide enrichment in the areas of math, science, language arts, and communication skills. It is also designed to enhance critical thinking skills and to heighten the students' curiosity.

The desire of the *Summer Explosion 2012* staff is to create an academic fun-filled spiritual summer of activities for the youth of the CSRA.

Program Hours: 8:00 a.m. - 5:00 p.m. (Monday through Friday)
Extended Hours: Daycare will be provided FREE OF CHARGE from 6:00 AM to 8:00 AM and from 5:00 PM to 6:00 PM
Program Site: Beulah Grove Administrative Building of Opportunity
1434 Poplar Street
Augusta, GA 30901

Cost:

Please understand upon no refunds of any kind will be given. This rule applies whether tuition is paid in full or weekly. No exceptions.

REGISTRATION FEE: \$40 non-refundable (per child)
Due upon receipt of application

WEEKLY FEE: \$90/ week per child

Fees are unable to be discounted for families with multiple children enrolled in the program.

Make checks out to: *Beulah Grove Community Resource Center*

PAYMENT SCHEDULE:

Tuition is due on the Thursday of each week. Your child/children will not be allowed to attend classes or activities if tuition is not received by the due date. **Checks are no longer accepted for Summer Explosion.**

Special Rate: If tuition is paid in full by Friday, May 11, 2012, you will receive one week of camp free of charge. Please note there will be NO REFUNDS.

Registration forms may be picked up at the Beulah Grove Community Resource Center located at 1446 Lee Beard Way, Augusta, GA 30901 or downloaded from the website: www.bgcrcenter.org. For additional information, questions and/or concerns, please contact Jean Callaway or Lillie Ann Williams at 706-722-4999.

A joint venture between the Beulah Grove Community Resource Center and Kingdom Kids Christian Academy



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Program Information

Please read each statement and initial each line below. Your initial signifies that you have **read** and **understand** the information.

Child's Name: _____

Grade: _____

_____ Registration fee and 1st week's tuition are due upon registration, unless on payment plan. **NO REFUNDS** will be given. **Field trips are an additional fee that will be paid by the parents.**

_____ Tuition is due every Thursday during the program. A \$10 late fee will be assessed to all accounts paid after 6:00 PM on Thursdays.

Tuition schedule:

Registration	Due upon registration, unless on payment plan.
1 st Week fees	Full first week must be paid by May 11, 2012
2 nd Week Fees	May 31 st
3 rd Week Fees	June 7 th
4 th Week Fees	June 14 th
5 th Week Fees	June 21 st
6 th Week Fees	June 28 th

Checks are no longer accepted for any and all payments relating to and/or for Summer Explosion 2012.

_____ All students must be picked up by 6:00 PM. A \$1.00 per minute late fee will be assessed starting at 6:01 PM. All late fees must be paid when child is picked up the child.

_____ If your child/children will not be attending the entire program (For example: only weeks 3 & 5), **FULL** payment for the weeks attending must be paid upon registration. Any changes to this policy must be made a minimum of 5 days prior to the scheduled week of attendance. **NO REFUNDS** will be given.

_____ **NO REFUNDS** will be given if your child has been dismissed from the program due to behavioral problems. Please review our disciplinary policy.

_____ **NO REFUNDS** of any kind will be given.

I have read and understand the terms above.

Parent's Signature

Date

Print Name



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Registration Form

Must have a copy of birth certificate for K5!

Must have a copy of child's most recent report card for 1st – 8th grades!

Date of Application: _____ Number of Children in Camp Program: _____

Child's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Age: _____

Date of Birth: ____ / ____ / ____ Gender: Male / Female

Name of Parent(s) or Legal Guardian(s): _____

Place of Employment: _____ Position: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____ Email Address: _____

Emergency Contact Person Other Than Parent or Legal Guardian:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____

Educational Background:

School Currently Attending: _____ Current Grade: _____

Grade Promoted to: _____ Name of Teacher: _____

Does your child have any physical, emotional, or developmental handicaps that might need special attention (Yes / No) If yes, please describe: _____

Child Release Information: Please list below the names of person authorized to pick up your child.

Please print clearly.

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Telephone Number: _____

Telephone Number: _____

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Telephone Number: _____

Telephone Number: _____

If you agree and understand the policies stated above please sign:

Parent's Signature: _____



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Medication Information & Release

Child's Name: _____ D.O. B. ____/____/____

Name of Doctor: _____ Office Phone: _____

Hospital Preference: _____ Insurance Company: _____

Policy No: _____

Name of Medication	Amount to Give	Time to Issue
_____	_____	_____
_____	_____	_____

Health History: (Please check all that apply.)

Allergies

- Hay Fever
- Poison Ivy, etc
- Insect Stings
- Penicillin
- Other Drugs

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps
- Asthma

Other

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Behavioral

Please list any other allergies or diseases that apply to your child. _____

Recommendations & Restrictions: _____

Can your child swim? Yes No May your child go swimming? Yes No

May your child attend P.E./Health Education Classes? Yes No

May your child have aspirin? Yes No

May your child have non-aspirin medicine? Yes No

Does your child have ADD/ADHD? Yes No If so, is he/she on medication? Yes No

Please list any medical problems that your child has that we need to be aware of: _____

I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the *Summer Explosion 2012 Enrichment Program* is in no way liable for any injuries that may occur.

Parent/Guardian Signature: _____ Date: _____



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Permission Slip

Child's Name: _____ Grade: _____

1. Permission for Field Trips:

The *Summer Explosion 2012 Enrichment Program* has arranged several field trips for this summer. We urge all students to attend. A list of field trips may be distributed at the Parent Orientation. Please sign below giving us permission to take your child on field trips that have been arranged for this program. **All field trips will be an additional cost to the parent.**

Yes, my child has permission to attend all field trips. No, my child can not attend all field trips.

2. Photo/Video/ Web Release Form:

The Beulah Grove Community Resource Center requests your permission to photograph and/or interview your child/children for the sole purpose of promoting the Summer Explosion Program. From time to time, the television and newspaper reporters may want to interview, videotape, create PowerPoint presentations and/or photograph your child/children. As a part of advertisement pictures will be placed on the Beulah Grove Community Resource website. Please note that these stories and newscasts may also appear on the internet.

If permission is given, you will be granting the unlimited right of the Beulah Grove Community Resource Center and the news media, if applicable, to utilize and produce photograph, likenesses or the voice of your child/children **in any legal manner.**

Yes, permission is given to photograph video and/or interview my child.
 No, permission is **NOT** given to photograph video and/or interview my child.

3. Bible Study Participation:

The *Summer Explosion 2012 Enrichment Program* respects your right of denomination and religion. However, please be aware that Bible Study Classes will be offered to our students with the permission of their parents/guardians.

****Please note that if your child is unable to attend Bible Studies Class, he/she will be placed in another class until Bible Studies Class is completed and then he/she will be returned to her/his proper class.****

Yes, my child to attend Bible Study Class. No, my child can not to attend Bible Study Class.

I have read and understand the terms to this agreement.

Parent's Signature: _____ Date: _____

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Registration Packet Check List

Please utilize this form as a tool to ensure that your registration packet is complete. Each item listed is essential for registering your child for this summer program.

No packets will be accepted without all requested documentation. No Exceptions!!

Child's Name: _____

Retained or Promoted Grade: _____

- Each form thoroughly filled out and signed
- Completed Lunch Form
- A copy of the child's birth certificate for K-5 students only (MANDATORY)
- A copy of the child's most recent report card for 1st – 8th grade students (MANDATORY)
- \$40 non-refundable registration fee will begin registration process. First week must be paid in full by May 11, 2012**
- Received a copy of Summer Explosion Parent Handbook

REGISTRATION DEADLINE: APRIL 27, 2012

Parent's Signature: _____ Date: _____

Application Received by: _____ Date: _____

Internal Use Only:

Name placed on T-Shirt List

Name placed on class roster