



# *Kids Zone 2011*

*Kingdom Kids Development Center*

## Program Summary Sheet

Grades K-5 to 8<sup>th</sup> Grade

July 11- July 29, 2011

The desire of the *Kids Zones 2011* staff is to create an fun-filled spiritual summer of activities for the youth of the CSRA.

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

### 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.**

<b>REGISTRATION FEE:</b> \$25 non-refundable (per child) Due upon receipt of application	<b>WEEKLY FEE:</b> \$85/ week per child
\$15 non-refundable (per child; if child <u>DID</u> attend Summer Explosion) Due upon receipt of application	

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

*Space is limited and parents are encouraged to apply early in order to secure a slot for your child. The first week's tuition is due at the time of registration.*

**Make checks out to: *Kingdom Kids Development 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.

*Registration forms may be picked up at the Building of Opportunity 1434 Poplar Street, Augusta, GA 30901. For additional information, questions and/or concerns, please contact LaTina McDowell or Tamesha Carter at 706-724-1086. Beulah Grove Community Resources Center 1446 Lee Beard Way, Augusta, GA 30901. For additional information, questions and/or concerns please contact Jean Callaway or Lillian Ann Williams at 706-722-4999.*



# Kids Zone 2011

## Kingdom Kids Development Center A Summer of Cultural & Recreational Enrichment 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 1<sup>st</sup> week's tuition are due upon registration. **NO REFUNDS** will be given.

\_\_\_\_\_ 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

1<sup>st</sup> Week fees ..... Due upon registration, unless on payment plan. Full first week must be paid by July 1<sup>st</sup>, 2011

2<sup>nd</sup> Week Fees ..... July 7<sup>th</sup>

3<sup>rd</sup> Week Fees ..... July 14<sup>th</sup>

4<sup>th</sup> Week Fees ..... July 21<sup>st</sup>

**\*\*\*Payments will be taken in cash/money orders only! Checks will NOT be accepted for these payments.**

\_\_\_\_\_ 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



# *Kid Zone 2011*

## *A Summer of, Cultural & Recreational Enrichment*

### **Registration Form**

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: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**Parent's Signature:** \_\_\_\_\_



# *Kids Zone 2011*

## *A Summer of, Cultural &*

### **Medication Information & Release**

Child's Name: \_\_\_\_\_ D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

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

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#### **Health History: (Please check all that apply.)**

<b>Allergies</b>	<b>Diseases</b>	<b>Other</b>
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Poison Ivy, etc	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> German Measles	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Asthma	<input type="checkbox"/> Behavioral

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

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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: \_\_\_\_\_

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I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the *Kids Zones 2010* is in no way liable for any injuries that may occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# *Kids Zone 2011*

*A Summer of Cultural &*

## Permission Slip

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **1. Permission for Field Trips:**

The *Kids Zone 2011* has arranged several field trips for this summer. We urge all students to attend. A list of field trips will 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 are included in the fees with the exception of a major field trip.**

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

### **2. Photo/Video 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 and/or photograph your child/children. Please note that these stories and newscasts may also appear on the internet.

If permission is given, you will 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 *Kids Zone 2011* 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: \_\_\_\_\_



*Kid Zone 2011*  
*A Summer of Cultural &*

**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?
- \$25 non-refundable registration fee & \$ 85 first week's tuition, unless on payment plan. First week must be paid in full by July 1, 2011.
- Parent has received a copy of the Parent Handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_