

A Summer of Academic, Cultural & Recreation Enrichment A division of Kingdom Kids Preparatory School

### <u>Program Summary Sheet</u> Grades K-5 to 8<sup>th</sup> Grade May 29, 2024 - July 12, 2024

### Mission: To educate, develop and empower

Kingdom Kids Summer Explosion 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, as well as promote synergy. It is also designed to enhance critical thinking skills and to heighten the students' curiosity.

The desire of the Kingdom Kids *Summer Explosion 2024* staff is to create an academic fun-filled spiritual summer of activities for the youth of the CSRA.

<b>Program Hours:</b>	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 no refunds of any kind will be given. This rule applies whether tuition is paid in full or weekly. No exceptions.

**REGISTRATION FEE: \$50 non-refundable (per child) ACTIVITY FEE: \$100.00 per child** Registration is due at time of application-after 5/24/2024; the first week and activity fee will also be due at registration. Payments can be made by cash, credit, debit, cashier's check, money order, cash app (\$KKPSSE) or VENMO:BGBCSE or bgbcsummerexplosion@gmail.com

WEEKLY FEE: \$85/ week per child

Discounts are available for families of three children or more that will be enrolled in the program more than two weeks. (\$10 discount per child)

Registration forms may be picked up at the Beulah Grove Building of Opportunity located at 1434 Poplar Street, Augusta, GA 30901 or downloaded from the website: <u>www.bgcrcenter.org</u>. For additional information, questions and/or concerns, please contact Minister Beverly Butler at <u>bbutler@beulahgrove.org</u>, Deacon Hawthorne Welcher, Sr. at <u>hwelcher@beulahgrove.org</u>. You may also call the office at 706-724-1086, ext. 129 and leave a message for Min. Butler to answer any questions.

## **NO CHECKS ARE ACCEPTED!!**



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## **Registration Form**

<u>Must have a copy of birth certificate for K5!</u> Must have a copy of child's most recent report card for  $1^{st} - 8^{th}$  grades!

Date of Application:		Number of Children in Ca	amp Program:
Child's Name:		Address:	
City:	_State:	Zip Code:	Age:
Date of Birth: /	/ Gender: Male	e / Female (Circle One)	
Name of Parent(s) or Le	gal Guardian(s):		
Place of Employment:		Position:	
Home Phone:	Work Phone	e: Cell	ular Phone:
Email Address:		Parent Responsibl	e for tuition payments social
security number:		Which Parent is re	sponsible:
Home Phone:	Work Phone:	_ Relationship to Child: Cellular P	hone#:
Educational Background		Grade Bei	ng Promoted to:
		Giade Del	
Does your child have any	physical, emotional, or de	evelopmental handicaps that n	night need special attention?
	es are necessary, complet	e on a plain sheet of paper wit	p pick up your child. Please print th the title: Additional Child
Name: Relationship to child: Telephone Number:		Relationship to	child:
Name: Relationship to child: Telephone Number:		Relationship to	child: ber:
If you agree and under	stand the policies stat	ed above, please sign:	

Parent's Signature:

Child's Name:	'hild's Name:		<u>lelease</u>
Hospital Preference:  Insurance Company:    Policy No.		D	Date of Birth: /
Policy No.	lame of Doctor:	Office Pho	ne:
Name of Medication  Amount to Give  Time to Issue	lospital Preference:	Insurance	e Company:
Health History: (Please check all that apply.)    Allergies  Diseases    Other    [] Hay Fever  [] Chicken Pox    [] Poison Ivy, etc  [] Measles    [] Insect Stings  [] German Measles    [] Penicillin  [] Mumps    [] Other Drugs  [] Asthma    [] Pease list any other allergies or diseases that apply to your child.    Please list any other allergies or diseases that apply to sour child.    Recommendations & Restrictions:    Can your child swim? [] Yes [] No    May your child attend P.E./Health Education Classes? [] Yes [] No	olicy No		
Allergies  Diseases  Other    [] Hay Fever  [] Chicken Pox  [] Ear Infections    [] Poison Ivy, etc  [] Measles  [] Rheumatic Fever    [] Insect Stings  [] German Measles  [] Convulsions    [] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.	Name of Medication	Amount to Give	Time to Issue
Allergies  Diseases  Other    [] Hay Fever  [] Chicken Pox  [] Ear Infections    [] Poison Ivy, etc  [] Measles  [] Rheumatic Fever    [] Insect Stings  [] German Measles  [] Convulsions    [] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.			
[] Hay Fever  [] Chicken Pox  [] Ear Infections    [] Poison Ivy, etc  [] Measles  [] Rheumatic Fever    [] Insect Stings  [] German Measles  [] Convulsions    [] Insect Stings  [] German Measles  [] Convulsions    [] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.	lealth History: (Please check a	ll that apply.)	
[] Poison Ivy, etc  [] Measles  [] Rheumatic Fever    [] Insect Stings  [] German Measles  [] Convulsions    [] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.	Allergies	Diseases	Other
[] Insect Stings  [] German Measles  [] Convulsions    [] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.			
[] Penicillin  [] Mumps  [] Diabetes    [] Other Drugs  [] Asthma  [] Behavioral    Please list any other allergies or diseases that apply to your child.			
Please list any other allergies or diseases that apply to your child	[] Penicillin	2 3	
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	[] Other Drugs	[] Asthma	[]Behavioral
Can your child swim? [] Yes [] No May your child go swimming? [] Yes [] No May your child attend P.E./Health Education Classes? [] Yes [] No	lease list any other allergies or d	iseases that apply to your child	
Can your child swim? [] Yes [] No May your child go swimming? [] Yes [] No May your child attend P.E./Health Education Classes? [] Yes [] No	ecommendations & Restrictions	:	
May your child attend P.E./Health Education Classes? [] Yes [] No			

I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the Kingdom Kids Preparatory School, Beulah Grove Resource Center and/or Summer Explosion 2024 Enrichment Program is in no way liable for any injuries or medical conditions that may occur.

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



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## **Permission Slip**

Child's Name:

Promoted Grade:

#### 1. Permission for Field Trips:

The Kingdom Kids Summer Explosion (KKSE) has arranged several field trips for this summer. We urge all students to attend. Please sign below giving us permission to take your child on any/all field trips that have been arranged for KKSE. All field trips and Summer Explosion activities are included in the Activity Fee and no refunds are given for unattended field trips, including major field trip. NOTE: A parent/guardian must attend major field trip with their child/ren...unless other arrangements are made and KKSE Administration is notified two weeks prior to the trip.

Yes, my child has permission to attend all field trips.	No, my child cannot attend any/all field trips.
Yes, my child will attend the major field trip.	No, my child will not attend the major field trip.

#### 2. Photo/Video/ Web Release Form:

The Kingdom Kids Preparatory School (KKPS) and Beulah Grove Community Resource Center requests your permission to photograph and/or interview your child/children for the sole purpose of promoting KKPS. 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 and/or Kingdom Kids Preparatory School 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 Kingdom Kids Preparatory School (KKPS) and 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. NOTE: If your child/ren cannot be photographed or recorded...they will not be allowed to participate in program Finale.

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 Kingdom Kids Summer Explosion 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 or any field trips, he/she will be placed in another class until class and/or field trip is completed and then he/she will be returned to her/his proper class.\*\*

Yes, my child can attend Bible Study Class.	No, my child cannot attend Bible Study Class.
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I have read and understand the terms to this agreement.

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

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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:

1, 2024. Field trips w field trips, including n must attend major fiel 24, 2024. THERE WI	apon registration. Activity Fee and first week tuition is due by June ill be taken out of activity fee. There are no refunds for missed najor field trip at the end of the program. A parent or guardian d trip with your child/ren. Deadline for major field trip is June LL BE NO EXCEPTIONS!!!
Tuition is due every The accounts paid after 6:0	nursday during the program. A \$10 late fee will be assessed to all 0 PM on Thursdays.
Act 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> All Payments can be Cash Ap Include Summer Explosion	gistration FeeDue April 1-May 24, 2024ivity FeeDue by May 24, 2024Week FeesDue by June 5, 2024Week FeesDue June 12, 2024Week FeesDue June 18, 2024Week FeesDue June 26, 2024Week FeesDue July 3, 2024Week FeesDue July 10, 2024made with cash, debit, credit, money order, orp (\$KKPSSE) VENMO (BGBCSE)and participant(s) name in the note line for cash app payments.sonal Checks are not accepted***
No partial payments of an	y kind will be accepted.
	ed up by 6:00 PM. A <u>\$1.00 per minute</u> late fee will be assessed starting at ill be added to your child's tuition statement, even when tuition is paid in
If your child/ren are regis due at registration.	tering after June 1, 2024, all fees (registration, activity, week starting) are
	given if your child is dismissed from the program due to behavioral our disciplinary policy. <b>NO REFUNDS</b> of any kind will be given.
I understand that all COV Beulah Grove Campus mu	D protocols established by Kingdom Kids Summer Explosion and/or the ast be adhered to all times.

I have read, initialed, and understand the terms above.

Parent's Printed Name

Date



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### Parent Payment Form 2024

Dear Kingdom Kids Summer Explosion Parent,

To make sure you receive proper communication concerning your financial obligations, please complete the following information to place in your child's file:

CASHAPP: \$KKPSSE VENMO: <u>bgbcsummerexplosion@gmail.com</u> or BGBCSE

Parent Name: \_\_\_\_\_\_Parent's Email: \_\_\_\_\_

Payment Frequency: [] Weekly [] Bi-Weekly

Child's Name	Child's Grade	Child's Fees Per Week

\*\*\*Signing below acknowledges that you as the parent/guardian agree to make weekly payments each Thursday by 6:00 pm for Summer Explosion 2024. \*\*\*

Parent's Signature

Date Signed



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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 Kingdom Kids Summer Explosion. No applications will be accepted without all requested documents. No Exceptions!!

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

Retained or Promoted Grade: Each form is thoroughly filled out and signed. Incomplete applications are not accepted. A copy of the child's birth certificate is needed for Kindergarten students only (MANDATORY). Students must be 5 by September 1<sup>st</sup>. A copy of the child's report card for 1<sup>st</sup>- 8<sup>th</sup> grade students (MANDATORY) \$50 non-refundable registration fee paid at registration. **Received a copy of Summer Explosion Parent Handbook 2024** On-line or In-person (check one) Parent has read and understands all guidelines for the Kingdom Kids Summer Explosion Program Electronic devices (tablets, handheld games, etc.) are not allowed during Kingdom Kids Summer Explosion hours of operation. A student may bring devices to play before class and at the end of day only. The devices are the responsibility of the students. Checks are no longer accepted for Summer Explosion. Payments can be made cash, credit, debit, cashier's check, money order, Cash App (\$KKPSSE) or VENMO (BGBCSE) Summer Explosion and participant(s) name should be included in the note line for cash app payments. I understand that wearing a mask is optional during Summer Explosion unless otherwise stated by the KKSE Administration. I have read and reviewed the entire Kingdom Kids Summer Explosion Enrichment Program Packet and understand and acknowledge all instructions. Depart's Signature Data

ratent s Signature.	Date	
<u> </u>		
Application Received by:	Date:	
	Duite	



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# **Internal Use Only:**

] T-shirt Orders (TBD)
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Name placed on class roster

] Name placed on Major Field Trip List (When Applicable)