

Achieving Career Excellence (ACE) Summer Enrichment Program 2007

Maple Springs Community Service Corporation

Maple Springs Baptist Church Youth Ministry

MEG Learning Center, Inc.

National Alpha and Omega Church Services Corporation (NAOCS)

Registration Form for Achieving Career Excellence (ACE)
Summer Enrichment Program 2007

My child will attend:

Week 1 ____ June 18th
Week 2 ____ June 25th
Week 3 ____ July 2nd
Week 4 ____ July 9th
Week 5 ____ July 16th
Week 6 ____ July 23rd
Week 7 ____ July 30th
Week 8 ____ August 6th

FOR OFFICE USE ONLY:

Received Date: _____

Received By: _____

Child (1) Name: _____ Child (2) Name: _____

Child (1) Birth Date: _____ Child (2) Birth Date: _____

Child (1) Age: _____ Child (2) Age: _____

Child (1) Entry Grade in Fall: _____ Child (2) Entry Grade in Fall: _____

Male _____ Female _____ Male _____ Female _____

Circle Preferred T-shirt Size Child's Small Child's Medium Child's Large Adult Small
(Child 1) Adult Medium Adult Large Adult X-Large Adult XX-Large

Circle Preferred T-shirt Size Child's Small Child's Medium Child's Large Adult Small
(Child 2) Adult Medium Adult Large Adult X-Large Adult XX-Large

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone Number: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

*I will read and abide by the policies and procedures stated on both the "Parent Policies" Form and the "Payment Contract and Tuition Schedule."
My signature indicates agreement to the terms stated herein.*

SIGNATURE OF PARENT/GUARDIAN

DATE

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Parent Policies

Discipline Policy

We want all of the children to know that they are in a safe and caring environment. We will make every effort to help children adjust to different situations. We understand that children have unfavorable days and their behavior will reflect their feelings. The staff will take the necessary steps to help the child modify his/her behavior. If child is addressed on a continual* basis regarding behavior, he/she will be placed on a behavior chart. The behavior chart will be signed by the child, the parent, and the Director, on a daily basis until improvement is noted. If his/her behavior still does not modify based on the requirements of the behavior chart, the child will be removed from the program. In addition, if a child's behavioral issues affect the well-being or safety of other children, a behavior chart will be bypassed and a meeting will be held immediately with the appropriate parent to determine the child's privilege to continue in the program. If a child is removed from the program on the grounds of misconduct, the parent waives their right to receive a refund for payments made to that point. Upon their entrance into the program, all children will be informed of the rules and regulations regarding behavior and misconduct.

* *Continual being defined as once a day for an entire week period.*

Food and Drink Policy

The summer enrichment program will not provide lunch. However, we will provide one morning and one afternoon snack. Should we go out to a restaurant, we will notify the parent on the weekly schedule information. **Each day, each child is expected to bring his/her own lunch, unless otherwise notified.** When packing lunch, parents are to be sure that it is in a manageable container, more specifically, a **lunch box or mini cooler**, as we do not have *adequate* refrigeration facilities. **PLEASE DO NOT PACK LUNCH IN PAPER BAGS OR LUNCH THAT NEEDS TO BE MICROWAVED.** **Chick-Fil-A will provide lunch on all field trip days.** Also, we strongly suggest that each child bring his/her own cooled water bottle (full of ice). *Donation of water or snacks for our children is always welcomed and is greatly appreciated.*

Dress Policy

Students should dress according to the weather and the anticipated activities during the day, especially for outdoor play exercises. **Parents are also asked to be mindful of lengths and materials of clothing, to ensure that child is appropriately dressed for an educational environment.** On our weekly field trips, the children are required to wear their T-Shirts and their name badges. This is mandatory, as it will further ensure the safety of our children.

Swimming Policy

Swimming gear should be worn under clothing on swim days. We ask that you provide your child with a towel and a change of underwear. Please write your child's name on all towels and swimming gear, as well as any additional items. **Parents are also asked to ensure that swimsuits are appropriate and relatively conservative, especially for older youth ages 12-16. Cover-ups can be worn if necessary.**

Weekly Schedule

A Weekly Schedule will be given to parents every Thursday. All events will be planned at least one (1) week in advance so that parents are aware of any additions or changes. The Weekly Schedule will reflect planned activities and updates for the upcoming week.

I have read and do understand the parent policies and responsibilities set for the Achieving Career Excellence (ACE) Summer Enrichment Program 2007.

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Payment Contract and Tuition Schedule

Payment Information:

My child will attend:

1 wk 2 wks 3 wks 4wks 5 wks 6 wks 7 wks 8 wks

Weekly Tuition

Tuition is based on weekly attendance and will not be prorated. The weekly rate is \$125.00 for the first child and \$100.00 for each additional child. All tuition payments are due by 6:00 p.m. each *Friday* before the week of attendance. *Child cannot attend for the week until their weekly tuition is paid in full.*

Tuition Discounts

Though tuition is due on a weekly basis, **parents who pay for two (2) week's in advance will receive a 5% discount** on their tuition payment. **Parents who pay for the entire summer in advance**, or the total number of registered weeks in advance, **will receive a 10% discount** on their total tuition payment.

Registration Fee

A Registration Fee of \$125.00 will be imposed per child. This fee includes an "Achieving Career Excellence" (ACE) Summer Enrichment Program 2007 T-shirt, supplies for each child for the duration of the program, and bus transportation for field trips. **This one time registration fee is non-refundable.** Early registration begins March 18, 2007 and ends April 1, 2007. If your child is fully registered on or before April 1, 2007, the registration fee will be reduced to \$100.00 per child. Late registration will be held from April 23 – May 4, 2007. **If your child is not fully registered on or before April 23, 2007, a late registration fee of \$25.00 will be imposed per child.**

Registration Fee Recap:

- Early Registration, March 18, 2007 – April 1, 2007 (\$100.00 Registration Fee)
- Standard Registration, April 2 – April 22, 2007 (\$125. 00 Registration Fee)
- Late Registration, after April 23, 2007 (\$125.00 Registration Fee + \$25.00 Late Fee)

Field Trip Fee

The registration fee covers the cost of the Summer Enrichment Program 2007 T-shirt, supplies for each child for the duration of the program, and bus transportation for field trips. However, field trip fees are not included in the registration fee. **Field trip fees are \$5.00 per week**, unless otherwise noted. Field trip fees can be collected on a weekly basis, or paid in advance. Further details regarding Field Trips will be given at the Parent Orientation.

Cancellation Fee

If a registration form indicates your child's attendance for a particular week and your child does not plan to attend for that noted week, we are asking that parents notify the Director or a staff member of the ACE Summer Enrichment Program at least two (2) weeks in advance. If your child does not attend the program for a week they are registered for, and a staff member is not informed at least two (2) weeks in advance, a \$50.00 fee will be imposed to retain your child's slot and payment will be requested at time of your next scheduled tuition payment.

Late Pick-Up Fee

The Achieving Career Excellence (ACE) Summer Enrichment Program hours are from 7:00 a.m. to 6:00 p.m. Parents who will be arriving late should contact the ACE Summer Enrichment Program Office by phone to notify someone of your late arrival. Parents who arrive late will be charged \$1.00 per minute for every minute after 6:00 p.m. Contact information for ACE staff will be given to parents during their child's first week of attendance and at the Parent Orientation.

Returned Check Fee

All checks should be made payable to **Maple Springs Community Service Corporation**. If a check is returned, a \$30.00 returned check fee will be imposed. The amount of the returned check, along with the return check fee, must be submitted immediately in the form of cash or money order.

Tuition Payment Schedule

Payment due dates are listed below for reference. A \$25 late fee per child will be assessed on any payments made after the following designated due dates.

<u>Week</u>	<u>Payment Due Date</u>	<u>Amount Due</u>
1	Time of Registration	One week's tuition + noted registration fee per child
2	June 22 nd	\$125.00
3	June 29 th	\$125.00
4	July 6 th	\$125.00
5	July 13 th	\$125.00
6	July 20 th	\$125.00
7	July 27 th	\$125.00
8	August 3 rd	\$125.00

* Please Note: *One week's tuition and noted registration fee are due at time of registration in order to be considered fully registered. Fees are per child.*

Payments will be accepted in the form of cash, checks or money orders. **All checks and money orders should be made payable to Maple Springs Community Service Corporation.**

I understand the payment contract and tuition policies set for the program and I realize that all payments are to be made according to the noted payment contract and tuition schedule.

SIGNATURE OF PARENT/GUARDIAN

DATE

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Student Release

Authorization for Release

As Parent/Guardian of _____, I authorize
_____ to pick up the above named child.

Signature of Parent/Guardian

Date

Additional Persons who are authorized to pick up your child.

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

3. _____ Relationship to child: _____

Emergency Contact Person(s):

Name: _____

Telephone No: _____

Name: _____

Telephone No: _____

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Field Trip Permission Slip

I/we, _____, give my child, _____ permission to attend activities sponsored by Achieving Career Excellence (ACE) Summer Enrichment Program 2007. I/we understand that private transportation will be provided by persons other than myself. Therefore, I/we waive all claims against Maple Springs Community Service Corporation, Maple Springs Baptist Church Youth Ministry, MEG Learning Center, Inc., and National Alpha and Omega Church Services Corporation (NAOCS) in matters that are not due to the sole negligence of the Achieving Career Excellence (ACE) Summer Enrichment Program 2007.

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Medical Release

Summer Enrichment Program 2007

Authorization for Child's Emergency Medical Treatment

If my child, _____ born _____
becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give
emergency mental treatment required:

Hospital: _____

Address: _____

OR

Physician _____ Telephone No: _____

Address: _____

I give permission to _____
(Name of Facility)

located at _____, to take my child for treatment. I accept
responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Name of Policy Holder: _____ Relationship to Child: _____

Policy Number: _____ State: DC MD VA

Child's Known Allergies or Physical Conditions: _____

*I fully approve and validate that all information on this medical release form is true and I further authorize emergency medical treatment for my child
if necessary.*

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

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Emergency Card and Specific Medical Instructions

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/Symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

A medical release form has been completed on my behalf to authorize emergency medical treatment, as well as assume financial responsibility for any medical attention or medical transportation deemed necessary for my child's treatment.

Emergency contact information is as follows:

Name of Emergency Contact (1): _____

Primary Phone for Contact (1): _____

Secondary Phone for Contact (1): _____

Name of Emergency Contact (2): _____

Primary Phone for Contact (2): _____

Secondary Phone for Contact (2): _____

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Tell Us About Your Child

ALL ABOUT: _____
Child's First Name or Nickname

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____ Telephone: _____ Work: _____

Address: _____ City/State: _____ Zip: _____

Provider/Center: _____ Telephone: _____

Address: _____ City/State: _____ Zip: _____

THINGS MY CHILD DOES WELL

Empty text box for describing things the child does well at.

THINGS MY CHILD MAY NEED HELP WITH (*Areas of Focus for ACE Instructors*)

Empty text box for describing areas where the child may need help.

WHAT MY CHILD LIKES AND DISLIKES

Empty text box for describing what the child likes and dislikes.

MY CHILD'S FAVORITE MOVIES (*Ratings of movies I authorize my child to view*)

Empty text box for listing the child's favorite movies.