

Summer Enrichment Program 2020

When

_____	Week 1: June 15th-19th	Storytellers
_____	Week 2: June 22nd-26th	Fun and Fitness
_____	Week 3: July 6th-10th	Entomology and Agriculture
_____	Week 4: July 13th-17th	Space is the Place
_____	Week 5: July 20th - 24th	Olympics

Cost

\$250 per week- Non Students

\$150 per week for returning full time SNS students in good standing

\$50 non-refundable registration fee per week requested at time of registration. This will be deducted from your invoice.....

WHEN YOUR CHILD ARRIVES FOR CAMP!

All registrations fees must be received by May 20!

\$25 per week discount, if paid in full by April 15th!

Please note ALL past tuition, fees and BSC/ASC charges must be paid in full prior to the start of SEP for the discounted rate to apply!

Summer Camp Registration



Camper Information

Camper's Name _____ Birth Date _____

First Name

Last Name

Grade _____ Address _____

Street Address

City

Zip Code

Parent/Guardian Information

Name _____ Phone #s _____

First Name

Last Name

Alt Phone #

Email _____

Emergency Information

Emergency Contact's Name _____

First Name

Last Name

Relationship _____ Phone Number _____ Alt Number _____

Allergies or chronic illness? _____

Need an inhaler or other medication? _____

Accident Policy (Please initial blank provided)

_____ Although I understand that Special Needs Schools of Gwinnett, Inc. is fully insured and that the staff will do everything in their power to ensure that my child is taken care of; I also realize that accidents may happen. I hereby release SNS from responsibility for accidents or injuries to my child. If an emergency or accident occurs, I hereby grant permission for the SNS staff to take whatever steps may be reasonably necessary to obtain emergency medical care for my child. As all SNS staff members are 1st Aid and CPR Certified, minor injuries will be treated at school. An incident report will be filled out and the parent or guardian will be notified by phone, by writing and/or in person. If the injury is of a more serious nature, the following steps may be taken (but are not limited to): 1. Attempt to contact a parent or guardian with information provided on the child's emergency on file (This includes all emergency contact numbers and people listed). 2. Attempt to contact the child's physician. 3. And in the event that the above attempts are unsuccessful, we will in a speedy and timely manner;

- a. consult another physician
- b. call the paramedics
- c. and/or have the child taken to the nearest emergency room or hospital.

I understand that any expenses incurred under #3 are my sole responsibility.

Student Photo Release for School Promotions: I DO I DO NOT give permission for my child's name and/or photo to appear in school publications. Occasionally students are filmed and/or photographed to document school activities. These photos may be used for school promotions and publications. **Initial** _____

Field Trips (Please initial blank provided)

_____ I understand that students at SNS have the opportunity to go on field trips for educational and/or therapeutic purposes. When on a field trip. I understand that my child will be under the supervision of SNS staff and will be traveling in fully insured vehicles (either our school van, staff vehicles or other private vehicles). I hereby release the SNS staff and SNS chaperones of any responsibility for accidents that might occur. I understand that I will receive written information concerning each field trip and

Medical Release: (Please initial blank provided)

_____ I hereby give permission for the SNS staff to administer to my child (after contacting me), should it become necessary Children's Tylenol or Motrin (or generic equivalent) to reduce fever or pain as well as Benadryl (or generic) to relieve allergic reactions my child may experience while at school and under the care of SNS staff members. If my child is allergic to any of the above, then the medications will be provided by me and kept at the school with my child's name clearly marked on the original bottle/package. I completed "medication form" filled out in advance and accompanied by the original prescription bottle/container from the doctor/pharmacy indicating the proper dosage and time.

Parent or Guardian Signature _____ Date _____