



## Summer Enrichment Program

Please check which weeks you are interested in and provide \$50 registration fee for each week or the pay in full amount described below.

### When

Camp Hours are 9am to 3pm Monday Thru Friday-before and after care will be provide (Before care 7am to 9am and after care 3pm to 6pm).

_____ Week 1: June 13 <sup>th</sup> -June 17 <sup>th</sup>	STEAM
_____ Week 2: June 20 <sup>th</sup> – June 24 <sup>th</sup>	Welcome to the Jungle
_____ Week 3: June 27 <sup>th</sup> – July 1 <sup>st</sup>	Secrets of the Sea
_____ Week 4: July 11 <sup>th</sup> – July 15 <sup>th</sup>	Around the World
_____ Week 5: July 18 <sup>th</sup> – July 22 <sup>nd</sup>	Land Before Time

### Cost

**\$200/week** for current SNS Students in good standing.

**\$350/week** for NON SNS Students

**\$50** non-refundable registration fee per week requested at time of registration.

**\*Registration fees will be deducted from weekly invoices**

**All registrations fees must be received by May 20!**  
**\$25 per week discount, if paid in full by May 15th!**

Please note ALL past tuition, fees and BSC/ASC charges must be paid in full prior to signing up for summer camp to receive 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;

- consult another physician
- call the paramedics
- 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 \_\_\_\_\_