



2019

**GENESEE
ACADEMY**

**Summer Program
Information Packet
and Registration**

9447 Corunna Rd
Swartz Creek, MI 48473
(810) 250-7557
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office@gaflint.org

Dear GA Summer Camp Families,

Thank you for your interest in our summer day camp! Our program is designed to give your child an exciting and enriching summer experience under the supervision of trained and experienced leadership. We look forward to sharing this special time with you.

We are planning on another great summer with lots of fun activities for all ages. Our summer camp is theme based filled with many activities. Each week we offer something new for the kids to learn and do. Literacy, science experiments, arts and crafts, water play, quiet reading time and outdoor play are all activities our campers will be engaged in. We hope to bring back Sloan Museum and Science Alive too. This year, we plan to add a visit from Formar Nature Preserve, the Flint Institute of Arts and some sports enrichment activities. These additional activities will be based on the number of students attending th summer program.

Summer camp is from June 10th to August 23rd. We are providing camp care throughout the summer, 11 weeks for \$1,325 or a full week for \$125 per child. We charge \$25 per day for any weekday based on availability of space. \$35 per day for drop off (based on availability)

Daily Routine Schedule

	Camp Gators
	Kindergarten through 4th grade
8:00	Table Choice/ Journals
8:30	Choice time
9:30	Arts
10:00	Snack
10:30	Outside
11:30	Story time/ Independent Reading time
12:00	Lunch
12:30	Table Choice/ Journals
1:30	Gym
2:00	Science Experiment
2:30	Outside
3:00	Snack/Dhur Prayer
3:30	Choice Time

	Little Gators
	Ages 3- 5
8:00	Table Choice
9:00	Choice time
9:30	Arts
10:00	Snack
10:30	Outside
11:30	Story Time/ Large Group
12:00	Lunch
12:30	Rest time
2:00	Outside
2:30	Snack
3:00	Choice Time

Drop-off and Pick-up

Staff will be available for drop off starting at 8:00 am. Please knock on the door to the right of the ELC entrance. If you come at a later time than scheduled there may be a sign telling you where the class is. You must walk your child into the school and sign them in and out. It is your **responsibility to sign your child IN and OUT**. There is a sign in/out sheet right at the pick up door.

Please pick up your child no later than 4:00 pm. Please park in the ELC lot along the school sidewalk and leave the parking lot towards the back of the school and loop around. The main entrance will be closed the entire month of July.

Snack

A healthy morning and afternoon snack may be brought from home. First snack starts each day around 10 am. Please make sure your child eats breakfast before camp. It's a long time for small children to wait.

Lunch

Your child will need to bring a lunch everyday. We require children to bring healthy lunches. Candies are not allowed.

Outdoor Recess

The children will be going out for recess **every day** unless it is raining or the temperature is above 95 degrees. Please keep in mind when helping your child select clothing and shoes for the day. Please have children wear comfortable clothes that allows them to actively engage in all types of play. **Sunscreen, hats and sunglasses** should be provided for your child and a sunscreen permission slip must be signed before applying any form of topical spray or cream. **Water bottles** are recommended so your children can take them out with us.

When to Keep Your Child Home

Sick children should not be brought to the camp. If a child is too sick to go to camp or play outdoors, then the child should not come to camp. Sick children will be sent home, parents will be contacted to come and pick up their child.

Class Rules

- o We are nice to others
- o We help keep our classroom clean
- o We play safely
- o We listen to the teacher

Discipline

We believe our students can follow the rules. It is the teacher's job to redirect the students to achieve the desirable outcome. Students are not always equipped with techniques to use when they are confronted with a difficult or challenging situation. It is our job as educators to teach these strategies so students can apply them and use them in social interactions. However, we do have simple rules within the classroom that we will introduce. Our first job as a teachers is to keep students safe so we can all have fun together.

Registration Instructions:

You must complete this following application (pages 6-13) and provide the required forms listed

- Application fee \$50 Per Child (if submitted by May 15)
- Application fee \$75 Per Child (if submitted after May 15)
- Complete Application (one per Family)
- Sunscreen Form (one per Family)
- Playground Waiver (one per Family)
- Medical Emergency Form (last page of application packet, one per child)
- **Please note that the application does not guarantee admission**

Admission Procedure:

Admissions form completed in full for all students must be returned to the school office

In order for this application to be considered, the office must have the following items:

- Completed application form Pg 6-13
- Copies of the birth certificate and social security card or copy of the passport picture page (if not already on file with school)
- Most recent immunization record
- Preschool to Pre-kindergarten students must also provide a recent "Health Appraisal" form filled by the child pediatrician (if not already on file with school)
- Child must be between 3 years of age to entering 5th grade.

Student Information:

1. _____ Grade Entering: _____ Birth Date: _____ Gender: M/F
2. _____ Grade Entering: _____ Birth Date: _____ Gender: M/F
3. _____ Grade Entering: _____ Birth Date: _____ Gender: M/F
4. _____ Grade Entering: _____ Birth Date: _____ Gender: M/F

Current Address: _____

City, State, and Zip: _____

Home Phone: _____ E-Mail Address: _____

Primary Language spoken: _____ Other Languages: _____

Student Lives With: • Both Parents • Legal Guardians(print the name): _____
 • Mother • Father

Parent Information:

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Other Information:

Use the space below to provide any other information about the student that might be helpful to the school.

Genesee Academy Summer Camp Release Form

Dear Parent/Guardian:

A picture of your child(ren) or work created by your child(ren) may be included in a classroom project. We may use the resulting project in one or more of the following ways:

- Use as demonstration project/activity in educational workshops, classes, and/or conferences.
- Use as a sample project/activity on CDs created by Genesee Academy for use in educational workshops and student classrooms.
- Post work on the school website or Internet.
- Submit as samples to program publishers or as grant and contest entries.
- Use portions of the project(s) on a videotape made during a student presentation of the project or in broadcasts or videotapes demonstrating computer media in general.

Thank you for supporting technology at Genesee Academy!

Please initial each of the following statements to which you agree:

I give permission to:

_____ Post a picture of my child(ren) on the GA website (first name may be posted with it)

_____ Post work/projects created by my child(ren) on GA website

_____ Post my child(ren) name on a list of awards, recognitions, etc.

_____ Use my child(ren) work as examples in other schools, workshops, or conferences.

Student Name(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Genesee Academy Camp Program Fee Agreement Summer 2019

Genesee Academy Summer Program depends on tuition to help meet its teaching/childcare needs, payroll obligations to staff, fund various activities and snacks. Please help us fulfill the needs of your child(ren) by paying tuition on time.

Returned Checks

Checks returned by the bank for non-sufficient funds or accounts closed must be replaced immediately with an additional \$25 service charge. If these funds are not replaced within five working days, payments for the year may be required to be by money order or cashier's check.

Parents may select to pay tuition based on the following plans

PLAN	Ages	Rate	Rate
Camp Gator	School Age Kids Students currently in K up to student going into 5th grade	\$25 per scheduled day Must sign up Previous week	\$35 Drop in Day (per availability only)
Little Gator	Per Day(3-5 old)	\$25	\$35
Late fee	Per Scheduled Hr and or 15 min delay	\$5	

Summer Camp Dates- Please circle the dates you are interested in

Week #	Monday -Friday	
Full Summer	Monday -Friday	
Week 1	June 10th	M-F M T W Th F
Week 2	June 17th	M-F M T W Th F
Week 3	June 24th	M-F M T W Th F
Week 4	July 1st (Closed the 4th & 5th)	M-W M T W
Week 5	July 8th	M-F M T W Th F
Week 6	July 15th	M-F M T W Th F
Week 7	July 22nd	M-F M T W Th F
Week 8	July 29th	M-F M T W Th F
Week 9	Aug 5th	M-F M T W Th F
Week 10	Aug 12	M-F M T W Th F
Week 11	Aug 19	M-F M T W Th F

I agree to pay a fee of:

Student name(s): _____	Grade: _____
Student name(s): _____	Grade: _____
Student name(s): _____	Grade: _____
Student name(s): _____	Grade: _____

Total tuition to pay: ___\$_____

I have read this Enrollment Agreement carefully and have reviewed the school policies and payment schedule of tuition and fees and agree to all of the terms stated.

Signature of Parent or Guardian

Date

Technology Authorized User Policy

Dear Parent/Guardian and Student,

Students at camp may be granted access to the internet with parental approval.

The purpose of this document is to communicate the Technology Authorized User Policy for Camp. Please review this document thoroughly with your child(ren).

With access to computers and people all over the world also comes the availability of material that may not be considered of educational value in the context of the school setting. On a global network, it is impossible to control all materials. An industrious user may discover controversial information. However, we firmly believe that the valuable information available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with educational goals. All students are expected to abide by the accepted rules of network etiquette. These include, but are not limited, to the following:

- We allow a few school approved education game sites for about 10 minutes per turn in the morning and a 2nd turn in the afternoon.
- Please remind the student that appropriate website is at the staff discretion
- We do not allow for any outdoor technology
- Be polite. Use appropriate language. Do not swear or use any inappropriate language. Illegal activities are strictly forbidden.
- All communications and information accessible via the network should be treated as if they were private property unless otherwise stipulated.
- Be fair to other users. Observe network use rules as they apply to your position.
- Do not reveal any personal information of any person, including you. Personal information includes, but is not limited to, address, phone number, school name, etc.
- The use of chat and messaging services is prohibited on the school network.
- No negative, slanderous activity will be tolerated
- Do not use the network in a way that would disrupt other users on the network. Disruptive network conduct includes, but is not limited to, excessive bandwidth use, damaging programs and/or files, establishing illegal services, modifying operating systems, or establishing a link to another computer in the network without express permission. Damage to the network will be considered vandalism.
- Do not use unauthorized copies of commercial software or download software from the Internet without permission.
- Do not use network for non-school related activities.

Violating the above guidelines and prohibitions will result in losing any network time at Camp.

Student/Parent (Guardian) Signature Page _____

We have read the Technology Authorized User policy for Genesee Academy and understand its content.

Our signatures below designate that we agree to follow the guidelines and prohibitions as stated.

Child Name: _____ Child Signature: _____ Date: _____

Child Name: _____ Child Signature: _____ Date: _____

Child Name: _____ Child Signature: _____ Date: _____

Child Name: _____ Child Signature: _____ Date: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Parent/Guardian Permission to apply Sunscreen

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

As the parent/guardian of the above child/children, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday.

Therefore, I give permission for the staff at: Genesee Academy Summer Camp,

(Check the one that applies)

- to apply a sunscreen product
- to assist child in applying sunscreen
- to allow the child to apply sunscreen
- if for medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

- I will **provide sunscreen** for my child that is broad spectrum with SPF 15 or higher.
- I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.
- I understand it will be applied, when he/she will be playing outside.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Genesee Academy - Early Learning Center Playground Waiver

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of allowing my child to participate in activities associated with the Genesee Academy Early Learning Center (ELC), I/we shall release, waive, discharge and covenant not to sue the ELC, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of the ELC, its agents and employees or otherwise while the named participant participates in the playground at the ELC. I/we further agree to indemnify the ELC, their agents and employees from any and all liability mentioned above, including paying all reasonable attorneys' fees to defend or pay judgment of such claims.

I/we am (are) aware that participation on the playground may present a strain on my child's body, and I/we represent to the ELC, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning the playground, including the absence of medical personnel on site. I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer medications, administer anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of its significance. I/we have executed this release on this date indicated next to my name.

Childs Name: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Parent/Guardian Signature: _____ Date: _____

GENESEE ACADEMY MEDICAL EMERGENCY FORM Summer 2019

* Please fill out a separate sheet for each child *

Student Last Name, First Name Birth date Grade

() Home Phone Address City Zip Code

Name of Father Work Phone Cell Phone

Name of Mother Work Phone Cell Phone

Email address: _____

If parents cannot be reached, list neighbors or relatives who will assume temporary care of your child:

Name Relationship Home Phone Work Phone Cell Phone

Name Relationship Home Phone Work Phone Cell Phone

IF NONE OF THE ABOVE PARTIES CAN BE CONTACTED, I INSTRUCT THE SCHOOL TO CONTACT:

Physician _____ Phone # _____

Dentist _____ Phone # _____

Hospital of Preference _____ Phone # _____

Health Insurance _____ Policy # _____

If the designated parties are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought.

Any existing health problem(s) or special directions appropriate to my child have been checked below:

Contact lens/glasses

Diabetes

Seizure disorder

Asthma

Critical Allergies:

None Known

Bone/Joint condition

Hypertension or high blood pressure

Heart condition

Special blood condition

Medications needed or used:

Other condition or problem:

Your signature authorizes the school to place this health information on a confidential medical list. This list is distributed to all staff concerned with your child and informs them of your child's needs.

Name of Parent/Guardian (Printed): _____

Signature: _____ Date: _____