

Clarkston STEAM-Plus Summer Camp 2017 Registration Form



CLARKSTON STEAM-PLUS

SUMMER CAMP

June 12, 2017 - July 28, 2017

Register Now!



ABOUT STEAM-PLUS CAMP

Our STEAM-Plus summer camp is for ages 6 to 14 and is focused on improving literacy, academic performance and bolstering confidence levels of low-income students, refugees, immigrants and native Georgians. The camp emphasizes science, technology, art, math, English and social studies, enabling students with both creativity and academic tools for excellence.

STEAM-Plus Camp

Our camp takes place Monday through Friday, starting at 8:00 am with breakfast and ending at 5:00 pm, making it convenient for working families. A nutritious lunch is included.

Core academics such as Math, English, Science and Social Studies will be taught by certified teachers. Computer programming includes using our 3D printer. The kids will learn Eco-Art, Painting, Drama, Dance, Gardening, Improvisation and Movie Making.



CAMP TUITION

\$300 for a 4 week session including food, DeKalb County Vouchers are accepted for a session.



www.clarkstoncommunitycenter.org | 3701 College Avenue, Clarkston GA 30021

Call: 404-508-1050

Questions? Contact Justine Okello (404)508-1050 or programs@clarkstoncommunitycenter.org

Clarkston STEAM-Plus Summer Camp 2017 Registration Form

Monday, JUNE 12th – Friday, JULY 28th

Please complete both sides of this form; Open community registration begins April 17th, 2017.

CHILD INFORMATION:

Child Name	Birth Date (mm/dd/yyyy)	Grade Next Year	Country of Origin	# of people in the home
1.	___/___/___			
2.	___/___/___			
3.	___/___/___			
4.	___/___/___			

Parent or Legal Guardian (First Name, Last Name): _____

Relationship to Child: ___ Father ___ Mother ___ Guardian

Address _____ Building _____ Apt # _____

Apartment Complex Name: _____

City _____ State _____ Zip Code _____

Cell Phone _____ Other Phone _____

Email Address: _____

Allergies or Special Needs (Be specific about the important needs of your children)

EMERGENCY CONTACT:

Emergency Contact (Relative or close friend):

Name: _____ Phone _____

MEDICAL INFORMATION (please provide a **copy or picture** of your Medicaid or Insurance Card):

Primary Doctor Name _____ Doctor Phone _____

Child Name	Medical Provider	Medical ID Number
1.		
2.		
3.		
4.		

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RELEASE, PERMISSION AND POLICY AGREEMENT

Read Before Signing

We are required to inform you that our camp is not required to be licensed as a child care center by the State of Georgia. Therefore we have received an exemption from the license requirement by the State. We operate independently of the State of Georgia.

THIS RELEASE, PERMISSION AND POLICY AGREEMENT (“Release”) is given by the undersigned parent or legal guardian of _____ (“My Child[ren]”) in favor of Clarkston Community Center, its officers, directors, employees, agents, volunteers, affiliated associations, organizers, sponsors, participants and persons supervising or transporting participants (collectively referred to as “Clarkston Community Center”). In consideration of My Child being allowed to enroll in and participate in Clarkston Community Center’ program known as the “Art at the Center,” I hereby agree as follows:

1. **RELEASE OF LIABILITY.** To the fullest extent permitted by law, I hereby agree for myself, my heirs, assigns, executors, and administrators to waive, release, discharge, indemnify, defend and hold harmless Clarkston Community Center, from and against any and all claims, demands, causes of action, liabilities, damages, costs and expenses, including attorney’s fees, for bodily injury, disease, death, or damage to property arising out of or resulting from my participation in Clarkston Community Center’s sponsored activities, provided that nothing set forth herein will require that I indemnify Clarkston Community Center for the consequences of his, her or its sole negligence. I agree that my providing the Release is a material inducement Clarkston Community Center, allowing me to participate in Clarkston Community Center, sponsored activities and that allowing my participation is good and adequate consideration for the Release.
2. **PERMISSION.** I hereby give permission to Clarkston Community Center for My Child to participate in activities, programs and excursions of Clarkston Community Center, including without limitation, the summer camp activity known as the Art at the Center (collectively the “Activities.”), and I further give permission for Clarkston Community Center to transport or to arrange for third parties to transport My Child to, from and during the Activities. I understand that the Activities involve a certain degree of risk. I have carefully considered the risk involved and hereby give consent for My Child to participate in the Activities. Further, I agree that Clarkston Community Center does not assume any liability for any personal or bodily injury, property damage or death to My Child while participating in the Activities, and I assume all risks and hazards incident to the Activities. I further state that my child is in proper physical condition to complete all Activities and further agree that Clarkston Community Center is under no obligation to provide physical examination or other evidence of My Child’s fitness to participate in any of the Activities.
3. **CONSENT FOR MEDICAL TREATMENT.** I understand and agree that Clarkston Community Center, Inc. does not have medical personnel available at the location of the sponsored activities. I understand and agree that Clarkston Community Center are granted permission to authorize emergency medical treatment, if necessary, and that such action by Clarkston Community Center shall be subject to the terms of this Release. I understand and agree that Clarkston Community Center shall have no responsibilities for any injury or damage which might arise out of, or in connection with, such authorize emergency medical treatment.

4.
By signing, I hereby warrant and represent that I am the legal parent or guardian of My Child and that I have read, understand and agree to the terms and conditions set forth above. I agree to release, discharge, indemnify, defend and hold harmless Clarkston Community Center from and against any and all claims, demands, causes of action, liabilities, damages, costs and expenses, including attorney’s fees arising out of or resulting from breach of the foregoing warranty and representation.

I have carefully read this Participant Agreement, Release, Waiver, and Policy Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between Clarkston Community Center and myself and I sign it of my own free will.

Signed (Parent or Legal Guardian) _____ **Date** _____

Print Name _____ **Relationship to Child** _____

PHOTOGRAPHER RELEASE

_____ By initialing here and signing this form above, I consent to any and all photography by Clarkston Community Center, Inc., as well as to the use of any and all such photographs in videos, articles, and/or brochures promoting Clarkston Community Center, Inc.

Questions? Contact Justine Okello (404)508-1050 or programs@clarkstoncommunitycenter.org

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Monday, JUNE 12th – Friday, JULY 28

Camp runs each week Monday to Friday

CHECKLIST (Check each box that applies)

- Payment of \$300 for STEAM-Plus Camp (4 weeks Session)
- Payment of \$150 for STEAM-Plus Camp (2 weeks Session)
- Copy of your insurance or Medicaid card (*with Child you are enrolling name on card*)
- Copy of Parent/Guardian License
- Do you have a Voucher from DeKalb County going toward your chosen Session?
- I want to volunteer at Summer Camp-Name: _____

What would you like to do?

- Food preparation or serving (Monday - Friday)
- Site Clean up at the CCC
- Carpool support for other families
- I want to donate a gift to help cover the cost of Summer Camp for a Clarkston Community youth.

Amount: \$_____

- I want to know about other Clarkston Community Center programs

How did you learn about Clarkston STEAM-Plus Summer Camp?

-(A Friend) -(Internet) -(Other)_____

Who registered you? _____