

# Inspiring Scholars STEAM Summer Camp 2025

13671 Veterans Memorial Hwy, Winston, GA 30187

May 27th- July 25th Monday- Friday 6am-6pm (**Max 10hrs**)

## REGISTRATION

1. CHILD'S NAME: \_\_\_\_\_  
CHILD'S D.O.B. (MM/DD/BY): \_\_\_\_\_ SEX:  M  F  
GRADE JUST COMPLETED: \_\_\_\_\_ Allergies: \_\_\_\_\_ T-Shirt size \_\_\_\_\_
2. CHILD'S NAME: \_\_\_\_\_  
CHILD'S D.O.B. (MM/DD/BY): \_\_\_\_\_ SEX:  M  F  
GRADE JUST COMPLETED: \_\_\_\_\_ Allergies: \_\_\_\_\_ T-Shirt size \_\_\_\_\_
3. CHILD'S NAME: \_\_\_\_\_  
CHILD'S D.O.B. (MM/DD/BY): \_\_\_\_\_ SEX:  M  F  
GRADE JUST COMPLETED: \_\_\_\_\_ Allergies: \_\_\_\_\_ T-Shirt size \_\_\_\_\_
4. CHILD'S NAME: \_\_\_\_\_  
CHILD'S D.O.B. (MM/DD/BY): \_\_\_\_\_ SEX:  M  F  
GRADE JUST COMPLETED: \_\_\_\_\_ Allergies: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City /State/ Zip: \_\_\_\_\_

Phone:Cell: \_\_\_\_\_

Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**List individuals you give permission to pick-up your child. Your child will not be released to anyone not listed below.**

Those listed will be required to show a picture ID.

Authorized Pick-Up List Emergency Contacts (Please List @ least 2)

Name (1)	Relationship to Camper	Phone #
Name (2)	Relationship to Camper	Phone #
Name (3)	Relationship to Camper	Phone #

I give Permission for my child to be photographed, these photos may be used in publicity related to Inspiring Scholars Initial Here \_\_\_\_\_

Summer Camp Hours: 6:00am- 6:00pm (**max 10 hours**)

Tuition: \$175 weekly (no cash accepted)

Registration Fee: \$125

Transportation available for an additional charge

\_\_\_\_ I understand my child is exempt if they don't attend for the first week (May 27- May 30) and one additional week during the 9 week Summer Camp program, without mandatory payment. **Your Exempt week must be provided on this application during registration. (no exceptions)**

Child attending week (May 27- May 30st ) **YES** **NO**

**Exempt Week Date:** \_\_\_\_\_

\_\_\_\_ I understand a 2-week notice is required to terminate service for the STEAM Summer Camp Program offered by Inspiring Scholars. If a notice is not provided, parents are responsible for the 2- week tuition payment.

**Inspiring Scholars Medical Form:**

Name of Child: \_\_\_\_\_

List Medications and reasons for taking:

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Is your child restricted from any activity or food? If so, please list

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Sunscreen (provided by ISA) can be applied to my child(ren): **YES** **NO**

**RELEASE AND WAIVER OF LIABILITY**

\_\_\_\_\_ Medication Administration: Inspiring Scholars has a **NO MEDICATION** Administration Policy. If your child requires life sustaining medication a Consent form for administration of medication must be completed by parent/legal guardian and given to the Program Director for approval. Inspiring Scholars has the right to refuse to accept medication. If accepted all medication must be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter medications.

\_\_\_\_\_ In the event my child suffers any illness or accident requiring emergency treatment while involved in the care of Inspiring Scholars Academy LLC. activities, I hereby give permission for any necessary hospitalization, medication, recommendation of medical personnel, in which case all such expenses shall be paid by me the parent/legal guardian. In the event of sickness or accident, I waive all claims against volunteers, staff, or its agents that may arise from participation in the activities with/at Inspiring Scholars.

Has your child suffered a serious accident or illness within the past twelve months or is subject to a more serious health condition? \_\_\_\_\_ yes \_\_\_\_\_ no

If there is any question about your child's ability to perform a physical activity the program Director may ask for physicians consent. activity restriction, at the discretion of the Program Director, further information or specific Registration to participate in activities may be required for which the doctor may be contacted and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Inspiring Scholars program may be made  
(Describe)\_\_\_\_\_

Please state any additional information we may need to be aware of. If your child has special needs, please let us know in order to help our staff handle those needs.  
(Describe)\_\_\_\_\_

The undersigned hereby acknowledges that participation in recreational activities involves inherent risks of physical injury, illness, or loss of personal property and assumes all such risk. The undersigned hereby agrees that for the sole consideration of Inspiring Scholars Academy LLC. allowing the participant in programs for which or in connection with which the center has sponsored or made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Inspiring Scholars Academy LLC., and employees form all claims.

Doctor Name\_\_\_\_\_ Doctor Number\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## FEE AGREEMENT (INITIAL EACH LINE)

All custodial parents and/or legal guardians are required to sign a Fee Agreement prior to enrollment at **Inspiring Scholars Academy**. Parents are required to indicate to whom all billing information and correspondence is to be addressed. Please read and initial this agreement.

\_\_\_\_ (Initial) I understand Inspiring Scholars Academy will charge a **\$5** service fee for check and money orders

\_\_\_\_ (Initial) I understand Inspiring Scholars Academy will charge a \$36.00 fee for tuition checks returned by the bank. Returned tuition checks will not be re-deposited.

\_\_\_\_ (Initial) I understand that Inspiring Scholars Academy does not accept cash

\_\_\_\_ (Initial) I understand payments are due each Friday for the next week of care.

\_\_\_\_ (Initial) I understand Inspiring Scholars Academy will charge a **\$25.00** late fee if payment is not received by close of business day Monday. Late fees will be charged weekly on all accounts with outstanding balances no matter the enrollment status.

\_\_\_\_ (Initial) I understand my child will be withdrawn Wednesday if payment including late fees are not made by close of business Tuesday. Termination of services for non-payment does not eliminate the mandatory two-week notification for your child(s) withdrawal.

\_\_\_\_ (Initial) Official notification for withdrawal from Inspiring Scholars requires a minimum of two week notice in writing.

\_\_\_\_ (Initial) I understand I will lose my sibling discount if my payment is late twice (2 times) within a school year.

\_\_\_\_ (Initial) I understand tuition is not prorated and is due in full whether or not my child attends Inspiring Scholars Academy.

\_\_\_\_ (Initial) I understand there is no credit/reimbursement given for scheduled school holidays, child illness, children with behavior issues, or for closings due to emergency situations, or inclement weather.

\_\_\_\_ (Initial) **Late fees:** 1st occurrence \$1 per minute per child, 2nd occurrence \$3 per minute per child, 3rd occurrence \$5 per minute per child, After the 4th occurrence \$10 per minute per child and possibly withdrawn.

\_\_\_\_ (Initial) I understand my child has to be in school by 9:30 am or have a Doctor's excuse to sign in.

\_\_\_\_ (Initial) I acknowledge that Inspiring Scholars charges \$125 for annual summer registration.

\_\_\_\_ (Initial) Delinquent accounts sent to collections will be charged a 30% collection fee in addition to the remaining balance.

\_\_\_\_ (Initial) I understand my child can stay for up to 10 hours per day

\_\_\_\_ (Initial) Children are allowed one week of vacation during summer camp

Parents must provide a two-week notice in advance of vacation. If a notice is not provided, parents will be responsible for weekly payment.

\_\_\_\_ **CAPS Clients Only** I understand that if I do not sign my child in/out daily, I may be charged full weekly payments for my child(s).

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **DISCIPLINE POLICY**

We are excited to have your child attend our STEAM Camp. Our goal is to provide an atmosphere that is safe and fun both physically and emotionally for everyone. Our program is designed that sets every child up for success. Most children will make mistakes at times but improve their behavior if they are reminded. However, a child continues to misbehave and other actions have been taken to correct behavior. If your child does not follow the rules or is disrespectful to Instructors or other participants, the following actions will be taken. As it relates to discipline the Inspiring Scholars subscribes to the "3 strikes policy." No refund will be given if your child is removed from the program due to behavior.

Any child who needs special attention or who has behavioral disorders must have notations made on the emergency form. A behavior action plan must be made available. This will help the Instructors better attend to the individual needs of the child. General Classroom Rules:

1. Camp Instructors are in charge at all times.
2. Students will respect peers and adults.
3. Students must not leave the classroom without an adult.
4. Students must keep hands to themselves at all times.
5. Students must report all injuries to Instructors.
6. Students must always walk inside the buildings.
7. Students must keep workspaces orderly.
8. Students must always follow the rules.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field trips are a privilege and Teachers or Director can restrict a child from participating and no refunds will be given.**

# Inspiring Scholars Academy

## Parent /Provider Transportation Agreement

I, \_\_\_\_\_, give permission for Inspiring Scholars Academy LLC., to transport my child(ren)

\_\_\_\_\_  
(Name(s) of child(ren))

for the following reasons (check all that apply):

\_\_\_\_\_ Field Trips \_\_\_\_\_ Emergency Purposes

It is agreed that:

1. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
2. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
3. The caregiver will notify me in advance of any instances where my child(ren) will be transported while in care.

**Father's Name** \_\_\_\_\_ **Father's Cell** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Mother's Cell** \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses :Douglasville Wellstar Hospital

Address: 8954 Hospital Dr, Douglasville, GA 30134

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if **Inspiring Scholars** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child(ren).

\_\_\_\_\_  
(Name(s) of child(ren))

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_



**PART I: Child(ren) or Adult enrolled to receive day care**

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)  
income received by child household members listed in PART I here. \$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**C. Total Household Members (Adults and Children) listed in Part I and Part II \_\_\_\_\_**

**Social Security Number.** If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

**PART III: Enrollment Information: Children Only**

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

**PART IV: Signature**

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.***

Signature: **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.**

Check (✓) one ethnic identity:  Hispanic/ Latino  Not Hispanic/ Latino

Check (✓) one or more racial identities:  American Indian or Alaskan Native  Asian  Black or African American  Hawaiian or other Pacific Islander  White  Multiracial

**Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

Total income: \_\_\_\_\_ Per:  Week  Every 2 weeks  Twice a month  Monthly  Year Household Size: \_\_\_\_\_

Categorical Eligibility: check (✓) if applicable  Eligibility: check (✓) one Free  Reduced  Paid

Day Care Homes Only: check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_Lancaster Early Education Center\_\_\_\_\_  to initiate credit card charges to the below referenced credit card account (Section A) OR,  initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)	Account Number (see sample below)		

#### For Official Use Only

Date Received
Employee Signature



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## Inspiring Scholars Academy Summer Camp 2024

Inspiring Scholars Academy Summer Camp is packed with challenging, interactive, hands-on activities led by our enthusiastic staff. The purpose of the parent handbook/guidelines is to ensure all students have an enjoyable experience.

**Camp Hours** 6:00am-6:00pm (max 10 hrs.)

**Breakfast 8AM- 8:30PM**

**Outside Food: Inspiring Scholars does not allow outside food, snacks, drinks, etc...**

**Late Pick-up:** 1st occurrence \$1 per minute per child, 2nd occurrence \$3 per minute per child, 3rd occurrence \$5 per minute per child, After the 4th occurrence \$10 per minute per child and possibly withdrawn.

**Camp Fee** is \$175 per week per child and must be paid Friday prior to week attending. Late Fee is \$25. I understand my child is exempt for the first week (May 28 – May 31) and one additional week during the 10-week STEAM Summer Camp program, without mandatory payment if they don't attend.

**Exempt week must be provided on the application during registration. (No exceptions) The sibling discount benefit will be discontinued if there are 2- consecutive late payments of summer camp tuition.** Inspiring Scholars will be closed May 26th, June 19 and July 4<sup>th</sup> in observance of Memorial Day, Juneteenth, and Independence Day. A written **2-week notice** is required to terminate service for the Summer Camp Program offered by Inspiring Scholars. If a notice is not provided, parents will be responsible for 2 week tuition payments.

**Refund Policy:** No refunds will be given.

**Sign-In and Sign-Out:** Students must be signed in and out by an adult each day. Adults listed on the "authorized pick-up list" section of the registration form with photo ID will be permitted to pick-up your child. Please be sure to include anyone that you may want or need to pick-up your student on the camp registration form.

**Personal Items:** Students should not bring toys, electronic devices, backpacks or unsecured personal items. Inspiring Scholars will not be held liable for any lost and/or damaged items.

**Camp Dress:** Students will be most comfortable in appropriate shorts, t-shirts and sneakers. Please be aware that some activities involve messy materials. Inspiring Scholars T-shirts **must** be worn on field trips. Additional shirts can be purchased for \$10.

**Safety:** Students must follow all proper safety instructions.

**Medication:** We have a **NO MEDICATION** policy. Exceptions may be made for life sustaining medication. If accepted, a consent form must be filled out and put on file.

**Staff and Volunteers:** All Instructors are currently employed by the Inspiring Scholars Academy. All volunteers and assistant instructors are of ages 15 years and older. All instructors and volunteers receive proper training.

**Items to Bring Daily:** Water Bottle & Headphones

**DISCIPLINE POLICY** We are excited to have your child attend our camp. Our goal is to provide an atmosphere that is safe and fun both physically and emotionally for everyone. Most children will make mistakes at times but improve their behavior if they are reminded. However, a child continues to misbehave and other actions have to be taken. If a participant does not follow the rules or is disrespectful to Instructors or other participants, the following actions will be taken. As it relates to discipline the Inspiring Scholars subscribes to the “3 strikes policy.

**Strike One** – The Instructor will talk with the student about his/her behavior and document the situation in the log book. Participants will be encouraged to make better choices. Participants will continue to be involved in the program. Instructors will make every effort to make sure the participant is engaged in a way that sets him/her up for success.

**Strike Two** – The Instructor will talk with the student about his/her behavior and document the situation in the log book. The Instructor will notify the Program Director. The Program Director and Instructor will talk with the participant about his/her behavior. Participants will be given time to think about how he/she is going to make better choices. The Program Director will contact parents and a plan will be developed to ensure an improvement in the level of respect/discipline the participant is showing.

**Strike Three** – The Instructor will talk with the student about his/her behavior and document the situation in the log book. The Camp Instructor will notify the Program Director of the situation. The student will be removed from the class and the Program Director will contact the parent/guardian to discuss further attendance. Depending on the situation, the student may be expelled. There is no refund if a student is expelled. In addition, there are certain situations for which a “No Tolerance Policy” is in effect. Based on the desire to operate the Inspiring Scholars activities in such a way that all participants, instructors are kept as safe as possible, there are certain behaviors that will not be tolerated. The behaviors not accepted: bullying, fighting, profanity and bringing weapons or any type of dangerous objects. Any child who needs special attention or who has behavioral disorders must have notations made on the registration form. A behavior action plan must be made available. This will help the Instructors better attend to the individual needs of the child.

**Field trips are a privilege and Teachers or Director can restrict a child from participating and no refunds will be given.**