



Summer Camp Enrollment Form

Jennifer Holland, Afterschool and Summer Director

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Attendance Dates and Fees

Summer Camp is open from 7:30am – 5:30 pm. Breakfast serving line closes at 8:30am.

Weekly

Please check the weeks you want your child to attend. The weekly fee for Summer Camp is \$120 for the 1st Child and \$110 for each additional child. Summer Camp will be closed on July 4th, and the cost is the same for that week of camp.

June 2-6	June 9-13	June 16-20	June 23-27	June/July 30-4	July 7-11	July 14-18	July 21-25
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Daily

For weeks you did not select a full week, please write the individual dates you want your child to attend. The daily fee for Summer Camp is \$40.

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Payment Agreement

To be enrolled in the Summer Camp Program, a SmartCare Account must be created for your family and a working Credit Card kept on file for payment on the account. Payment will be processed on the Monday the week before the camp week/day attending. **If you want to cancel a requested week/day of camp and not receive a charge, you MUST cancel in writing by 2:30 on the Friday before the processing day.** This will ensure that the Camp Director will have time to remove the charge from your account before it is automatically processed on Monday. If your Credit Card is declined when automatically processed, you will be contacted that same Monday and asked to provide an alternative Credit Card to be placed on your SmartCare account and charged that business day. **If you are not able to pay for the upcoming requested week/day of camp, your child's registration for that week/day will be removed.** Please remember that we have a scholarship application available upon request for families in need. **Please be advised that NO refunds will be given once a charge is processed through SmartCare.**

Parent/Guardian Name

Parent/Guardian Signature

Student and Health Information

First Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

Parent/Guardian Signature

Date

Student and Health Information

Second Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

Parent/Guardian Signature

Date

Student and Health Information

Third Child

Child's Name: _____ Birthdate: _____

Grade: _____ School: _____

Allergies/Dietary Concerns:

Diagnosed Special Needs:

Physical Limitations / Other Medical Concerns:

Family Physician: _____ Phone #: _____

Address: _____

Family Dentist: _____ Phone #: _____

Address: _____

Health Insurance Provider: _____

Certificate of Immunization: ☐ YES ☐ NO ☐ N/A, please explain: _____

Additional Comments:

List individual approved to approve emergency medical treatment for this child. (Individual must be over 18 years of age.)

Approved Adult 1: _____ Phone #: _____

Approved Adult 2: _____ Phone #: _____

Approved Adult 3: _____ Phone #: _____

Parent/Guardian Signature

Date

Family Information

Home Address

Father's Information

Father/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Other Phone: _____

Mother's Information

Mother/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Other Phone: _____

Demographic Information

All demographic information will be kept private and only used for internal purposes and for collated reporting to funders.

How did you hear about our program? _____

Household Size:

Members of the Household over the age of 18 years old: _____.

Members of the household 18 years of age and below: _____.

Income Level: Please check the income level that is most appropriate.

<input type="checkbox"/> \$0-10,000	<input type="checkbox"/> \$10,000-\$20,000	<input type="checkbox"/> \$20,000-\$30,000
<input type="checkbox"/> \$30,000-\$40,000	<input type="checkbox"/> \$40,000-\$50,000	<input type="checkbox"/> Above \$50,000

Does your family qualify for Free/Reduced Lunch? YES ☐ or ☐ NO

Race/ Ethnicity: Please check **ALL** that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

Parent/Guardian Education Level: Please circle the highest level of education completed by the parents or guardians of the student. Levels include.

- | | |
|----------------------|--|
| Parent / Guardian 1 | <input type="checkbox"/> Some High School |
| | <input type="checkbox"/> High School/GED |
| | <input type="checkbox"/> Some College |
| | <input type="checkbox"/> Associate's Degree or Certification |
| | <input type="checkbox"/> Bachelor's Degree |
| | <input type="checkbox"/> Master's Degree or Higher |
| Parent / Guardian 2: | <input type="checkbox"/> Some High School |
| | <input type="checkbox"/> High School/GED |
| | <input type="checkbox"/> Some College |
| | <input type="checkbox"/> Associate's Degree or Certification |
| | <input type="checkbox"/> Bachelor's Degree |
| | <input type="checkbox"/> Master's Degree or Higher |

Emergency Contact and Pickup Information

At least one emergency contact, other than a parent/guardian is required.

Emergency Contact 1: _____ Phone #: _____

Emergency Contact 2: _____ Phone #: _____

Emergency Contact 3: _____ Phone #: _____

Additional adults approved to pick up your child(ren).

Authorized Pickup 1: _____ Phone #: _____

Authorized Pickup 2: _____ Phone #: _____

Authorized Pickup 3: _____ Phone #: _____

Authorized Pickup 4: _____ Phone #: _____

Release of Liability

In consideration of allowing the previously declared participant(s) to begin participation in the Summer Camp Program at Tamassee DAR School, while on the premises and property of the School, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Tamassee DAR School, its employees and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant, while in or upon the premises upon which the Summer Camp Program is conducted, or any premises under the control and supervision of Tamassee DAR School employees and volunteers, in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Tamassee DAR School employees and volunteers.

Parent/Guardian Signature

Date

Release for Publicity

☐ I **DO** give my permission to the Tamassee DAR School to use my child's name, photograph, or other identifying information in written or visual form for the school's newsletter or other media. I realize that many of the school's activities include groups of children, and I do not wish for my child to be excluded from photographs that are used as recognition of accomplishments or as information only.

Tamassee DAR School is completely committed to rejecting any use of children's names, photographs, or other identification in any manner whatsoever that could be considered exploitation. No child will ever be intentionally used in such a manner.

Tamassee DAR School will teach all children the basic principles of good citizenship, the ability to care for themselves, and the ability to relate to others. Best judgment will be used in all matters of publicity pertaining to my child.

☐ I **DO NOT** give my permission to the Tamassee DAR School to use my photograph in any and all forms of media.

Parent/Guardian Signature

Date



Authorization to Transport a Child from School

Child's Name: _____ Date of Birth _____

School: _____

Child's Name: _____ Date of Birth _____

School: _____

Child's Name: _____ Date of Birth _____

School: _____

We are pleased to have the opportunity to transport your child to and from school daily. Students are expected to engage in appropriate behavior while riding in the vehicle at all times. If there are changes in transportation arrangements, please notify the Afterschool Program Director and the child's school.

Your child will be expected to:

- Stay fastened in a seatbelt.
- Stay seated at all times.
- Use a quiet voice.
- Keep hands and feet to self (not in aisles or on others).
- Follow rules and directions of the driver.

Failure to maintain these rules may result in a loss of transportation privileges.

I hereby give permission to Tamassee DAR School to transport my child to and from school.

My signature below indicates that I have read and agree to the transportation rules.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Tamassee DAR School is an equal opportunity provider

YOGAFAITH

Jesus first yoga second

NEW STUDENT INFORMATION SHEET

DATE: _____ LOCATION: Tamassee DAR School

FULL NAME _____

FULL ADDRESS _____

TELEPHONE _____ EMAIL _____

YOGAEXPERIENCE: BEGINNER____IN INTERMEDIATE____ADVANCED____

Do you have any medical restrictions or conditions? YES NO

If yes, please explain:

Are you on medication: YES NO

Anything specific you are looking to gain from yoga?

Receive email communications & upcoming events & retreats? YES NO

YogaFaith Disclaimer

I hereby consent as a participant in YogaFaith classes and agree to assume all of the risks involved. I release YogaFaith from any known or unknown injury, accident, or hazard, previously, during, or after participation in a YogaFaith class and/or training or related activities; and that I cannot hold YogaFaith, affiliated YogaFaith teachers, or location host, personally responsible for any liability.

_____(Initial)

I recognize that any form of physical activity has potential risk of injury. I hereby affirm that I am voluntarily participating in a YogaFaith activity with the knowledge of the risk involved. I assume and accept any and all risks of injury and hazards.

_____(Initial)

I hereby affirm myself to be in physical condition to practice in YogaFaith with no medical condition or injury preventing me from participating. I declare that I have disclosed any and all medical issues to YogaFaith and/or their affiliates relevant to participation or have been cleared by a physician to participate in class and/or training.

_____(Initial)

SIGNATURE _____ DATE _____

Thank you, enjoy class: connecting to Him and others~



Blue Ridge Innovation Entrepreneurship Foundation

PHOTO CONSENT FORM

I, _____ (parent/guardian) with a
mailing address of _____ in the city of
_____, in the state of _____ (zip code) _____
grant permission and give my consent to Blue Ridge Innovation &
Entrepreneurship Foundation (BRIEF) to photograph
_____ (student name(s))
and post on social media for the purpose of sharing information
about BRIEF and promoting BRIEF programs to supporters,
partners and followers.

Signature Required:

Parent/Guardian _____

BRIEF representative _____

Summer Day Camp

Parent Manual Acknowledgment Form

____ I DO agree with and will follow the policies and procedures in the Summer Day Camp Parent Manual. If I have any concerns about the above policies and procedures, I will contact Jennifer Holland the camp director.

____ I DO NOT Agree with the policies and procedures in the Summer Day Camp Parent Manual and I wish to un-enroll my child(ren) for the summer camp program.

Parent/Guardian Printed Name

Parent/Guardian Signature _____