



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

S.M.A.R.T. Program Registration Packet

Hours of Operation	Weekly Cost	Daily	Registration Fee
SMART Camp 8:30a-5:30p	\$110	\$35	\$65
Before/Aftercare 8-6	\$25	\$5	NA
Afterschool 2:30-6:	\$75	\$25	\$65

Fees

All program payments must be made the Friday before the week of service to confirm attendance and availability. After-school care program fees must be paid every two weeks on Friday in advance of service to maintain enrollment and insure availability. Transportation may be provided at an additional cost, some restrictions do apply.

DEPARTURE

Children are required to sign themselves in and out. Your child will be released to authorized persons only. Proof of ID is required for those people we do not know.

Meals

We will provide a daily snack for afterschool or breakfast and lunch for all day programs your child may bring a bag lunch if you wish (no heating or preparation required) the field trips will cause us to be away from a place to prepare or heat meals, please make sure there are no glass containers and clearly mark the lunch with your child's name.

PERSONAL ITEMS

CHILDREN ARE RESPONSIBLE FOR ANY ITEMS THEY CHOOSE TO BRING. If a child is not acting responsibly regarding his property, personal items may be taken away and given to the parent at the end of the day.

MEDICATION and ILLNESS

If you wish to have us administer medication to your child, you must fill out an authorization form for each medication dispensed. Your child's full name and dosage must be clearly marked on the bottle. PGEC does not provide medicine and children should never be allowed to carry medicine to the center. Prescription medicine can only be dispensed to the child whose name is on the prescription. If a child is found to have the Flu, head lice, pink eye, ringworm or other communicable infections he/she will not be able to come back to the center until they have been treated.

ACCIDENTS

If your child is injured while at camp an accident report will be filled out and filed. Parents receive a copy. If the injury is minor we will administer first aid. If it is more serious you will be called to instruct us.

DISCIPLINE & GUIDANCE

Discipline/guidance is consistent, based on the child's individual needs and development, which promote self-discipline and acceptable behavior. If a situation requiring discipline persists, the parent will be notified.

OPEN DOOR POLICY

Parents & visitors are always welcome. For the protection of our children we do not allow unescorted adults in the center. We welcome constructive criticism and suggestions which will improve our service. We hope you feel comfortable enough to talk freely about anything concerning your child and our child care program. We are excited about our child care program and having your child with us.

Education Center Director

-

Vicki L. Jenkins-404-441-9425(C)

925 N. Indian Creek Dr., Clarkston, GA. 30021, www.positivegrowthinc.org, 404-298-9005



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

REGISTRATION (van & emergency form)

Child Last Name _____ **First Name** _____

Gender: M___F___ Date of Birth ___/___/___ School _____

Child Last Name _____ **First Name** _____

Gender: M___F___ Date of Birth ___/___/___ School _____

Child Last Name _____ **First Name** _____

Gender: M___F___ Date of Birth ___/___/___ School _____

Child Last Name _____ **First Name** _____

Gender: M___F___ Date of Birth ___/___/___ School _____

Child Last Name _____ **First Name** _____

Gender: M___F___ Date of Birth ___/___/___ School _____

Parent Name _____ Parent Name _____

Please Check Mother___Father___Other___ Mother___Father___Other___

Cell _____ Cell _____

email address _____ email address _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Home Address _____ Home Address _____
(if different)

City/Zip _____ City/Zip _____
(if different)

Home Phone _____ Home Phone _____
(if different)



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

(Duplicate for Mini Bus Transport Profile)

EMERGENCY CONTACTS/CHILD MAY BE RELEASED TO FOLLOWING PERSON(S)

NAME _____ RELATIONSHIP _____

PHONE: _____ ADDRESS _____

NAME _____ RELATIONSHIP _____

PHONE: _____ ADDRESS _____ In the

event of an emergency please specify who should be contacted first: Mom ___ Dad ___ Other ___ I give my

permission for the above listed student(s) to be transported by PGEC mini bus unless notified.

Parent or Guardian's Signature

Date

(Duplicate for Mini Bus Transport Profile)

Authorization for Emergency Medical Care

I understand I will be notified at once in case of an accident or illness and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate care, I hereby authorize Positive Growth Education Center (PGEC) to call 911 or contact:

Dr. _____

Doctor's Name

Doctor's Office Number

or the nearest hospital for emergency medical treatment.

DATE OF LAST FULL HEALTH SCREENING: _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S) , ALLERGIES, MEDICATION (S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

Parent or Guardian's Signature

Date

ACKNOWLEDGEMENTS AND SIGNATURE PAGE

Parent's Name _____ Date _____

Please read thoroughly and sign each statement:

1. I acknowledge that I have received and read a copy of PGEC policies pertaining to admission, care, discharge of children. I was given the opportunity to ask questions and/or voice any concerns. _____ Initial

2. I have been informed that a copy of Licensing Rules for Child Day Care Centers in Georgia is available at PGEC for review. _____ Initial

3. PGEC and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. _____ Initial

4. When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care. _____ Initial

5. I agree to pay for every day that my child is registered and give notice before removing my child. _____ Initial

6. I agree to pay a fee of \$1.00 per minute for every minute my child is picked up after 5:30 p.m. This money is to be paid in cash to the employee who must stay with my child after 5:30p.m. _____ Initial

7. I understand that my child may be observed by authorized persons for educational and training purposes. I understand that no identifying information of my child will be released without my consent. _____ Initial

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in the Positive Growth Education Center. If my child is placed in Positive Growth Education Center, I agree that my child will attend the program for the required number of hours and days as outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Parent or Guardian's Signature

Date



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

INTERNET AND TECHNOLOGY USAGE RELEASE

I hereby grant permission for _____ to be allowed to use the technology equipment and the Internet provided in the Center.

Guidelines for Internet Usage

- 1. All children must have a signed permission slip authorizing them access to the Internet.
2. Respect for the equipment of the Center and its network is a condition for use of the computers.
3. Children must notify staff immediately of disturbing material they encounter on the web or in e-mail.
4. Children are not to give out personal information like phone number, full name, address, etc. to anyone on the Internet.
5. Children are not to give anyone their password to any of their accounts or allow another student to use their account to access the Internet or center network.
6. Children must gain clearance from staff before downloading any programs from the Internet.
7. All USB devices to be used in the computers must first be scanned for viruses by the staff.

Violation of any of these rules may result in forfeiture of permission to use technology equipment, the Internet and the Center network. Please sign below if granting permission to use technology equipment and the Internet.

Student's Name: _____ DATE: _____

Student's Signature _____ DATE: _____

SIGNATURE (Parent/Guardian): _____ DATE: _____

Media Release Form

I give my consent for my child(ren) _____, _____ to be photographed during attendance at PGEC. This consent releases from liability all personnel of PGEC and any others who have received permission to take photos in the Center. This consent also gives permission for photos taken to be used in publications, shown at meetings, and/or settings where the development of children is being studied, and in publicity for PGEC.

Parent or Guardian's Signature

Date



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T (Science, Math, Art, Reading, Technology)

Liability Disclaimer

Positive Growth Education Center, does not provide liability insurance for the protection of individuals, groups, organizations, businesses, spectators, or others who may participate in the child care program.

In consideration for your participation in said child care program, the individuals, groups, organizations, businesses, spectators, or other, does hereby release and forever discharge PGEC, and its officers, board, and employees, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Child care program.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify PGEC and its officers, board and employees, joint and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the child care program.

It is further understood and agreed that said participation in the child care program is not to be construed as an admission of any liability and acceptance of assumption of responsibility by PGEC child care program, its officers, board, and employees, jointly and severally, for all damages and expenses for which PGEC, its officers, board and employees, become liable as a result of any alleged act of the child care program participant.

Parent Signature

Date

Return completed form with registration forms



POSITIVE GROWTH EDUCATION CENTER

Where Kids Grow S·M·A·R·T· (Science, Math, Art, Reading, Technology)

Thanks for choosing Positive Growth Education Center for your child's out of school time. Listed below are the forms and documents needed to register your child in the after school program or seasonal camps.

Items needed to complete the registration process:

1. A complete registration packet with no blank spaces. If it does not apply, please write N/A.
2. Copy of child's immunization record.
3. A complete DFCS income eligibility for each child, first page only for each child. Pages 2& 3 can be duplicated.
4. Copy of each child's social security card.
5. Georgia Nutrition completed
6. Each child must have the "Summer Bridge Activity Workbook."

Looking forward to a fun filled year of learning!!!!

If you have any questions, feel free to call me @404-298-9005 (o) or 404- 441 9425 (c)
Please log my cell phone number into your phone.

Thinking Positively,

Ms. Vicki
Positive Growth Education Center Director