**Moody Middle School**

696 High School Drive | Moody, AL 35004

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**Program Purpose**

This is the registration form for **MMS EdSTREAM Summer Camp**. Camp will be June 3 – July 26. **This is a camp experience. It is very fast paced with lots of outside activities, and currently, we have weekly field trips planned. We get hot and we sweat, but it's a lot of fun. Good behavior is a must since each teacher will be responsible for 15 students on all our field trips.** This program is completely optional.

**\*\*\*If your child doesn’t like heat, getting dirty or high energy, this is not the camp for him/her. Again, this is purely a camp experience! At this time, we are not sure if meals will be included like in the past. I will let you know just as soon as I know the details.\*\*\***

Only current Moody Middle School students are eligible for participation in the MMS EdSTREAM Summer Camp. Transfer requests will not be considered. This program is optional. It is not a requirement. The program is intended to be a high-quality enrichment experience, providing opportunities for growth and development of children in grades 4-6. We will provide workshops in science, technology, reading, engineering, arts (art and music) and mathematics weekly. The purpose of these workshops is to foster creativity, build curiosity and encourage learning.

**Hours of Operation and Site**

**We will be open from June 3rd - July 26th from 6:30 AM until 6:00 PM**

**Rates and Payment Procedures**

**Non-Refundable Registration Fee:** $200.00 per child **(This fee may be paid in full with this form.)**

**Weekly Fee:** $132.00 per child **(We do not offer daily or prorated rates, and we do not allow part-time campers. The commitment is for the entire eight weeks of camp.)**

**Payment may be made in the form of cash, check, or online through www.paypams.com.**

All payments are due on Mondays. **Checks should be made payable to MMS.** Please include your **phone number** on each check. Payments must be given to the site director. Past due accounts will require an additional $25.00 late fee per week per child. Parents will be contacted if a check is returned from the bank. Returned checks will be sent to Envision for collection. All correspondence will be handled by Envision. There is a $30.00 service charge for all returned checks. All future payments will result in cash, money order or cashier’s check ONLY. **If an account becomes more than two weeks late, the child will not be allowed to stay in the program. A child can be removed if late payments continue to occur.**

**Late Pick Up Fee:** We charge $1.00 per minute after 6:00 P.M.

***Our program is funded 100% by the weekly fees. We DO NOT receive any state or federal funding.***

**Discipline Policy**

Our staff will implement our discipline policy fairly, consistently and in a developmentally appropriate manner. Student safety is a major consideration. Our staff will not use any form of corporal punishment.

The following procedures will be used for refocusing and redirecting a child’s behavior.

1. If a student has inappropriate behavior, a member of the staff will meet with him/her. A clear explanation will be given of what is expected.
2. If behavior does not change, the student will be placed in “time out” for a period of time.
3. If the student fails to respond, he/she will be written up. This will require a parent conference with the site director. The student will be dismissed from the program if written up three times.

**Students Are Expected To:**

1. Follow the MMS EdSTREAM rules.
2. Follow the St. Clair County Board of Education Code of Conduct.
3. Remain with the staff in designated MMS EdSTREAM areas.
4. Show respect for others, staff and equipment.

**Parents Are Expected To:**

1. Direct all concerns to the site director.
2. Make all payments on time to the site director.
3. Pick up your child if notified of illness or disciplinary issues.
4. Present driver’s license or state ID to sign out your child each day.
5. Pick up your child by 6:00 P.M. each day.

***Our program reserves the right to remove any child for inappropriate behavior.***

***The program will maintain a 15:1 student/staff ratio.***

**Please keep the first two pages at home for your record. Return the last two to MMS. Registration and FULL payment must be received by Friday, April 12, 2024.**

**Mandatory Parent meeting to finalize waiver forms and give out summer shirts. There are two options for attending but you only need to attend one.**

 **Sessions are: Wednesday, May 15, 2024, at 4:30pm AND 6:00pm in the gym.**

**Parent/guardian MUST attend one of the two sessions being offered**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H)Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H)Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Lives With:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child covered by medical insurance? (Y) (N)

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to seek medical treatment if unable to reach parents or emergency contacts: o Yes o No

Please list a valid email address. Receipts for payment will be emailed to the address listed below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Shirt Size (circle one): YS YM YL AS AM AL AXL**

**Approved Pick Up List and Emergency Contacts**

Please list three responsible persons approved to pick up your child and to contact in case of an emergency.

***\*\*\*Only these designated persons with proper identification will be allowed to sign your child out of the program.\*\*\****

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (H) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (H) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (H) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand this registration form. I also understand that participation in MMS EdSTREAM is a privilege.**

* **I give permission for my child to view PG movies.**
* **I give permission for my child to be photographed or videoed to be published on the MMS website, MMS Facebook page and MMS EdSTREAM Facebook page.**
* **I understand and agree to follow each condition as listed.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**