Envision Children

Your Child's Future is Our Top Priority

ATTENTION SUMMER SCHOOL STUDENTS

Thank you for your interest in our Academic Summer Enrichment Program, ½ day Summer School Session! The Summer Program runs from July 4, 2018 –July 27, 2018. Hours are 9:00 p.m. – 3:00 p.m. each day.

During Envision Children's Academic Summer Enrichment Program, your child will participate in engaging, educational and fun activities throughout the week. As well as, attend one educational and fun field trip each week that will keep your child academically involved.

After Care is available and listed in the payment contract information included in this packet. If you wish to use these services, please inform us so that we can set up a payment plan.

Please submit the following application and a $50 non-refundable deposit per child by June 25, 2018, to hold your child's space. The cost of the program is $75 per child, per week. We do accept vouchers, which will cover the cost of the program.

Please call Envision at 513.772.5437 option #2, to set up a financial obligations plan. As per the financial obligations plan, all final payments will be due July 23, 2018, unless a payment plan is established by our Camp Director.

We are looking forward to working with your child this summer and are sure that they will enjoy their experience here at Envision!

*There will be no Program on July 4th, 2018. This date will not be prorated.

RETURNING PAPERWORK:

You can return your paperwork at:
825 Waycross , Cincinnati, Ohio 45240

You can drop it off at Winton Woods Intermediate School (825 Waycross) just please be sure to please it in an envelope marked "Envision Children" and drop off at the ASEP Sing in table.

Any questions please call 513-772-5437 ext. 3.

american CAMP association ACCREDITED

POLICIES AND PROCEDURES

ATTENDANCE

Program begins at 9:00 a.m. and ends at 3:00 p.m. Children should arrive at the center no more than 15 minutes before Program begins and should remain no more than 15 minutes after Program ends. For a child who is staying for After Care that is picked up late (after 5:00pm), you are given one courtesy late pickup in that you must call 15 minutes before pick-up time. After this courtesy late pickup, you will be charged $5.00 for every 10 minutes late. (Example: 11-20 minutes late is another $5.00). These fees must be paid directly to the provider at the time of pick-up.

Excessive abuse of the ultimately pick-ups will result in your child being dismissed from the program.

For a child that is not enrolled in After Care and is picked up late (after 3:15pm), he/she will be sent to After Care and the aforesaid fees will automatically begin at 3:15pm. These fees must be paid directly to the provider at the time of pick-up.

To ensure safety, children must remain inside the building until an authorized person arrives.

Assessment Testing- Must be fully enrolled in the program with consistent attendance minimum of 5 weeks, or there will be no final testing administered.

Students cannot begin the program on the day of a field trip. They will have to wait until the next day/week to begin.

TUITION

A service charge of $40.00 will be charged for any returned checks. Full-time tuition includes all field trips and part-time tuition does not. We will make it optional for parents to purchase an "ENVISION CHILDREN" T-shirts for the children to wear during any special event. This allows easy identification during group outings.

TSHIRTS ARE A SEPARATE COST ($15).

REQUIREMENTS

Students must bring their own frozen bottle of water, as well as another one to drink in the morning. Enrolled parents, please be on the lookout for a supplies list, which will be sent out before the program starts.



EVENTS

Friday, July 27th, 2018 at 1:00pm, the children will be putting on an End of the Summer Program, as well as making lunch together. Mark your calendars. You will be hearing more about it as the summer progresses. Place to be determined.

REFUND POLICY

This Agreement may be cancelled by the parent at any for any reason. To receive a refund of the tuition paid under this Agreement, the parent must provide written notification of his or her intent to cancel on or before July 7, 2018. If notice of cancellation is provided after May 25, 2018, no refund will be provided. You are, however, permitted to transfer the remaining amount of your child's tuition (based on a pro rata calculation of the total tuition amount vs. the amount of time remaining in the program) to a child of your choice to attend the program. Other than cancellation before July 7, 2018, Envision Children has a "NO REFUND" policy for its Academic Summer Enrichment Program. As a result, it is important that, when registering for the program, the parent and/or guardian ensure that the child is able to attend all weeks of the program. Envision Children does not offer any discounts or credits for time missed from the program.

If Envision Children determines, in its judgment, that a child should be dismissed from the program, an Envision Children committee will determine, in its discretion, the amount, if any, that should be refunded to the parent and/or guardian. Dismissal from the program may result whenever, in the discretion of Envision Children, the child's presence in the program is

detrimental to the program or other participants in the program, such as where behavioral problems interfere with or disrupt the program. In the event such behavioral problems occur, Envision Children will provide the parent/guardian with written notice of such problems and no

dismissal shall result until after the third such notification. The parties understand and agree that the Deposit is not refundable under any circumstances.

SUPPORT

By enrolling your child in Envision Children's Academic Summer Enrichment Program, you are showing your commitment to enhancing your child's education while making it enjoyable. We applaud your dedication to enriching your child's life and encourage your continued support.

I have read and fully understand these policies and procedures.

Parent's Signature: _____ Date: _____



First Time Enrollment _____ Returning Student _____

Envision Children's Academic Summer Enrichment Program Application

Child's Name_____ Date of Birth _____ Child's Age_____

Address_____ Zip Code_____

Parent or Guardian's Name_____

Relationship to child: parent (s)____ grandparent (s)____ other_____

Guardian Number: (H)_____, (W)_____, (C) _____

Best number to contact: [ ] home [ ] work [ ]cell

Email address for correspondence: (please print neatly)

_____

Child's grade beginning September 2018 _____ Child's t-shirt size: _____

School your child attended 2017 – 2018 school year _____

Will your child be utilizing Before Care supervision? _____

If so, which days: M _____ T _____ W_____ TH_____ FR_____

Will your child be utilizing After Care supervision? _____

If so, which days: M _____ T _____ W_____ TH_____ FR_____



PICK–UP PERMISSION FORM / EMERGENCY CONTACTS

Please list persons who will be permitted to pick up your child(ren) or contact in case of an emergency. If someone comes to pick up your child and he/she is not on this form, your child will NOT be released!!!!

****must provide copies of photo ID for those listed below before or on the first day of the program**

Contact Information: (authorized to pick up your child)

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

What are your child's top 3 interests (please be specific)?

1). _____

2). _____

3). _____

What expectations do you have of Envision Children's Academic Summer Enrichment Program?

_____

_____

_____



MEDICAL INFORMATION FORM

Child's Name _____
Past Medical History/Treatment (ex. Epilepsy, recurring ear infection, etc.)
_____
_____

Past or Current Physical, Mental, and/or Psychological Conditions (that require medications, treatment, or special restrictions while at the program):
_____
_____

Dietary Restrictions:
_____
_____

Known Allergies (food, medications, environment)
_____
_____

Description of any activities your child should be exempt from:
_____
_____

Child's Physician_____ Physician's Number_____

Child's Dentist_____ Dentist's Number_____

Immunization History: (**will need copy from doctor's office of up to date shots**)

Date of last tetanus shot (month/year): _____

I, _____ (Parent/Guardian), attest that

_____(Child), is up to date on all immunizations required for school.

Any other pertinent medical information:
_____
_____
_____

Prescribed/Nonprescription Medications Release: (if none, please write none on line, Pick either A or B)

A) I, _____(Parent/Guardian), give Envision Children staff permission to give my child, _____, any prescribed or non-prescribed medications listed below.

****

B) I, _____(Parent/Guardian), ***DO NOT*** give Envision Children staff permission to give my child, _____, any prescribed or non-prescribed medications.

Medication	Dose	How to Administer	Time

All medications (prescribed and nonprescription) administered must be tracked on the "Medication Log" and initialed by parent when administered.

PERMISSION TO TREAT FORM
(including simple first aid ex: bandages, ice, etc)

Please read both statements and fill out the one of your choice (A or B):

A) I, _____as parent or legal guardian/custodian of _____ (child's name) authorize Envision Children to provide routine health care and administer prescribed medications (if/when needed).

B) I, _____as parent or legal guardian/custodian of _____ (child's name) ***DO NOT*** Envision Children to provide routine health care and administer prescribed medications (if/when needed).

Parent/Guardian: _____ Date:_____

EMERGENCY AUTHORIZATION FORM

Please read both statements and fill out the one of your choice.

A) I, _____ (Parent/Guardian Name) give Envision Children the permission to have my child, _____ (Child's Name) transported to _____ (Hospital's Name) in the event of an emergency as determined by the staff of Envision Children.

****

B) I,_____(Parent/Guardian Name) ***DO NOT*** give Envision Children the permission to have my child, _____(Child's Name) transported to the hospital in the event of an emergency as determined by the staff of Envision Children.

PARTICIPANT RELEASE FORM

I, _____ as parent or legal guardian/custodian of

_____ (child's name) authorize Envision Children and/or their authorized agent to release publicly my child's name, use videotapes, photography, and otherwise publish or cause to be published any information relevant to his/her achievements. This information may be used in local, regional, state or national publications of the agencies listed above as well as be released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purpose stated.

Parent/Guardian: _____ Date: _____



FIELD TRIP PERMISSION SLIP AND RELEASE AND WAIVER OF CLAIMS

My child, _____ has my
(Child's Name)

permission to attend all of Envision Children's field trips for the 2018 Academic Summer Enrichment Program.

The undersigned are the parents and legal guardians of the child named above. Said child is a participant in Envision Children's summer program. The undersigned recognize that full participation in the program requires their child to be transported by bus to various activities. In consideration of the child's participation in the summer program, the undersigned agree that they will release and hold harmless Envision Children, Sheryl McConney, and all of their employees, officers, directors, agents, members, insurers, and associates, from any and all claims, of any sort, type, nature, or description, whether known or unknown, foreseen or unforeseen, which could be asserted against any of the above-listed entities or persons, and they expressly waive any and all such claims. Said release and waiver shall not apply to bar claims for intentional or willful conduct.

Parent/Guardian's Signature _____ Date_____

Envision Children Solution Agreement/Response

Thank you for choosing Envision Children. Envision Children is dedicated to servicing each child and parent with the upmost respect and looks for the same respect to be reciprocated from each child and parent. If there are any behavioral issues, Envision will discuss the issues with the child's family. The issues will be documented and signed off on by a parent/guardian and EC staff member. Upon the documentation of the 3rd and final issue, the child will no longer be able to participate in the current EC program. If there are any violent outbreaks or attacks, the student will be immediately dismissed from the program to help ensure safety for both staff and students. Envision Children is dedicated to providing the best service possible for each child and parent and looks forward to doing so in an orderly manner.

Parent Signature _____ Date_____

DOCUMENTS ENVISION CHILDREN WILL NEED BEFORE PROGRAM STARTS

1. Enrollment Packet
2. Application with $50 Enrollment Fee
3. Scholarship Application (if applying)
4. Photo ID's for parents/those authorized to pick up child
5. Copy of child's insurance cards (incase an emergency does happen)
6. Shot records

ENVISION CHILDREN FINANCIAL CONTRACT

Academic Summer Enrichment Program

June 4 – July 27

Child Care *

After Care (3:15 pm. – 5:00 pm) $10.00

(Fees must be paid **before** the child(ren) is/are able to stay)

*Payment for Before and After Care will not rollover if your child is absent.

Enrichment Programs

After Summer School Session $75 per week (4 weeks)

Monday – Friday 9:00 p.m. – 3:00 p.m.

PERSONAL PAYMENT PLAN

(Please fill out how you are making payment, the amount(s) and date(s) you are agreeing to)

(Ex. 4/10/2018, I'm paying $250)

_____
_____
_____
_____
_____
_____
_____

*Need final payments July 1, 2018 (unless otherwise discussed and agreed upon)

*There will be a $40.00 service charge for any returned checks.

I, _____ agree to the personal payment plan (as described above).

Parent/guardian Name

Parent/Guardian Signature _____ Date_____