

KIP Learning Center

2009 Summer Camp

Parent / Camper Handbook



"Education is not received. It is achieved!"

2470 Bruce Street – Lithonia, GA 30058

(770) 482-6112 – Office

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Sharon D. Woods, Director

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Knowledge Is Power (KIP) Summer Camp Enrichment Program

Summer vacation can have a chilling affect on a child's learning. It has been estimated that children lost approximately 80% of the skills learned during the previous school year. Therefore, KIP Learning Center has integrated academics into summer fun. Established in 1999, KIP Learning Center offers before and after school tutorial assistance during the school year and a summer camp enrichment program. Knowledge Is Power Summer Camp Enrichment Program (KIPSCEP) offers campers a structured academic and recreational program focusing on self-worth, self-knowledge, self-control and self-confidence. It is designed to enhance self-esteem and the development of social skills. We strive to have all campers cultivate a sense of good sportsmanship, sharing and responsibility.

Three-to-four mornings out of the week, campers will have guidance to keep their basic academic skills maintained over the summer in the areas of math, reading and writing. Students will have the opportunity to expand upon skills learned from the previous school year, and get a boost on new skills that will prepare them for the next school year.

Students will receive personalized attention from the staff due to small groups and low staff to student ratios. Offered at age appropriate levels, each week will include academic learning and activities, such as arts and crafts, computers, playground activities, water activities, lunch, board games and team sports. Transportation will be provided weekly for off-site field trips.

STUDENT'S ACTIVITY CHECKLIST

******To prevent loss of personal belongings please label your child's belongings with his/her name.**

Swim List:

- ✓ Suntan lotion
- ✓ Regular lotion
- ✓ Swim shoes or flip flops
- ✓ Swimsuit
 - ❖ Girls should wear their swimsuit underneath their clothes on swim day.
 - ❖ Boys should wear their swim shorts and a t-shirt to camp on swim day.
- ✓ Plastic bag for wet clothes
- ✓ Book bag or a bag to store personal items
- ✓ Comb/brush (girls)
- ✓ Change of dry clothes
- ✓ Bug spray
- ✓ Sun hat (optional)
- ✓ Water bottle
- ✓ Towel

Skate List:

- ✓ Skates (Optional)
- ✓ Thick socks
- ✓ Knee / Elbow pads (beginning skaters)
- ✓ Pants

Movie Day List:

- ✓ Light Jacket
- ✓ \$5.00 for kids snack pack
- OR
- ✓ Bring your own snack

Meal Options

*Breakfast will be provided by DeKalb County School Nutrition Department (DCSND) or KIP.

LUNCH OPTIONS:

1. DeKalb County School Nutrition Department (DCSND) – begins 6/1/09
*DCSND restricts KIP from alternating their meals in any way.
2. Bring your own lunch (microwave use is prohibited).
3. KIP Lunch \$2.00 per day or \$10.00 per week – begins 6/1/09

Afternoon Snack:

Each camper is required to bring his/her own afternoon snack each day. Students can bring a light or heavy snack depending on his/her appetite. Please be mindful that students are usually very hungry after skating and swimming activities because of the constant movement and exposure to the sun.

**To give you an idea of the type of food DCSND offers, menus will be available at the center the first week of camp.

**KIP menus are enclosed.

Since the Summer Food Program does not begin until Monday, June 1st, KIP will serve lunch Tuesday, May 26th – Friday, May 29th at no additional cost. However, the lunch options mentioned above will go into effect beginning Monday, June 1, 2009. (Students who do not bring his/her own lunch or money for KIP meals will automatically be served a Summer Food lunch).

KIP Learning Center Lunch Program

\$2.00 Per Day / \$10.00 Per Week

***KIP does not serve pork products in any of its food**

*Salad and bread served daily

Monday, May 25 Closed- Memorial Day	Tuesday, May 26 Fried Chicken., mash pot., mixed veg., dessert or fruit and juice	Wed., May 27 Tacos (hard & soft) with sides, dessert or fruit and juice	Thursday, May 28 Hot dog, fries, green beans., dessert or fruit and juice	Friday, May 29 Pizza corn, salad., dessert or fruit, and juice
Monday, June 1 Hamburgers, fries, corn, salad, dessert or fruit and juice	Tuesday, June 2 Cheese Sticks Green beans, rice dessert or fruit and juice	Wed., June 3 Lasagna, salad, garlic bread, dessert or fruit and juice	Thursday, June 4 Chicken nuggets, rice, sweet peas, dessert or fruit and juice	Friday, June 5 Meatballs, noodles, with Alfredo sauce, corn, salad, dessert or fruit and juice
Monday, June 8 Hot wings fries, mixed veg. dessert or fruit and juice	Tuesday, June 9 Fish, potatoes, cole slaw, dessert or fruit and juice	Wed., June 10 BBQ Chix, green beans, rice, dessert or fruit and juice	Thursday, June 11 Spaghetti, corn, salad, garlic toast, dessert or fruit and juice	Friday, June 12 Baked chicken, rice gravy, peas dessert or fruit and juice
Monday, June 15 Fried Chix., rice, mixed veg., dessert or fruit and juice	Tuesday, June 16 Fish, potatoes, cole slaw, dessert or fruit and juice	Wed., June 17 Chicken Fajita wraps with sides, rice, dessert or fruit and juice	Thursday, June 18 Hot dog, fries, baked beans., dessert or fruit and juice	Friday, June 19 Tacos (hard & soft) with sides, dessert or fruit, and juice
Monday, June 22 Hamburgers, fries, corn, salad, dessert or fruit and juice	Tuesday, June 23 Cheese sticks Green beans, rice dessert or fruit and juice	Wed., June 24 Lasagna, salad, garlic bread, dessert or fruit and juice	Thursday, June 25 Chicken nuggets, rice, sweet peas, dessert or fruit and juice	Friday, June 26 Meatballs, noodles, with Alfredo sauce, corn, salad, dessert or fruit and juice
Monday, June 29 Hot wings, mixed veg. fries, dessert or fruit and juice	Tuesday, June 30 Fish, potatoes, cole slaw, dessert or fruit and juice	Wed., July 1 BBQ Chix, green beans, rice, dessert or fruit and juice	Thursday, July 2 Spaghetti, corn, salad, garlic toast, dessert or fruit and juice	Friday, July 3 Closed Holiday – In observation of July 4
Monday, July 6 Fried Chix., rice, peas., dessert or fruit and juice	Tuesday, July 7 Fish sticks, pot., green beans, dessert or fruit and juice	Wed., July 8 Chicken Fajita wraps with sides, rice, dessert or fruit and juice	Thursday, July 9 Hot dog, fries, baked beans., dessert or fruit and juice	Friday, July 10 Tacos (hard & soft) with sides, dessert or fruit, and juice

Monday, July 13 Hamburgers, fries, corn, salad, dessert or fruit and juice	Tuesday, July 14 Cheese sticks Green beans, rice dessert or fruit and juice	Wed., July 15 Lasagna, salad, garlic bread, dessert or fruit and juice	Thursday, July 16 Chicken nuggets, rice, sweet peas, dessert or fruit and juice	Friday, July 17 Meatballs, noodles, with Alfredo sauce, corn, salad, dessert or fruit and juice
Monday, July 20 Hot Wings, mixed veg. fries, dessert or fruit and juice	Tuesday, July 21 Fish, potatoes, cole slaw, dessert or fruit and juice	Wed., July 22 BBQ Chix, green beans, rice, dessert or fruit and juice	Thursday, July 23 Spaghetti, corn, salad, garlic toast, dessert or fruit and juice	Friday, July 24 Pizza, corn, salad rice, mixed veg., dessert or fruit and juice
Monday, July 27 Fried Chix., rice, mixed veg., dessert or fruit and juice	Tuesday, July 28 Turkey or Ham sub-sand., with sides, chips, dessert or fruit and juice	Wed., July 29 Chicken Fajita wraps with sides, rice, dessert or fruit and juice	Thursday, July 30 Hot dog, fries, baked beans., dessert or fruit and juice	Friday, July 31 Tacos (hard & soft) with sides, dessert or fruit, and juice
Monday, August 3 Hamburgers, fries, corn, salad, dessert or fruit and juice	Tuesday, August 4 Cheese sticks Green beans, rice dessert or fruit and juice	Wed., August 5 Lasagna, salad, garlic bread, dessert or fruit and juice	Thurs, August 6 Chicken nuggets, rice, sweet peas, dessert or fruit and juice	Friday, August 7 Meatballs, noodles, with Alfredo sauce, corn, salad, dessert or fruit and juice

May 2009

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
					KIP's First Annual Community Spring Fling	
4	5 Cinco De Mayo	6	7	8	9	10 Mother's Day
11	12	13	14	15	16	17
18	19	20	21	22	23	24
				Last Day of School		
25 Memorial Day	26 First Day of KIP Summer Camp NO	27 CRCT Activities	28 DIAGNOSTIC This	29 TESTING Week	30	31

June 2009

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	2 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	3 Skating 6-8 yrs. old 12-3:00p.m. \$4.00	4 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	5 Summer Camp Kick Off Party-Talent Show	6	7
8 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	9 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	10 Skating 6-8 yrs. old 12-3:00p.m. \$4.00	11 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	12 Tybee Island Beach – Savannah, GA (based on 60+ people)	13	14
15 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	16 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	17 Skating 6-8 yrs. old 12-3:00p.m. \$4.00	18 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	19 Centennial Olympic Park	20	21 Father's Day
22 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	23 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	24 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	25 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	26 Six Flags	27	28
29 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	30 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00			Students who do not participate in Friday Fieldtrips will be given several activities at KIP Learning Center		

July 2009

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	2 Atlanta Fun Center	3 KIP Learning Center Closed	4 Independence Day	5
6 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	7 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	8 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	9 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	10 Rainbow Ranch Fishing	11	12
13 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	14 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	15 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	16 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	17 Atlanta Beach	18	19
20 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	21 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	22 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	23 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	24 Stone Mountain Park	25	26
27 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	28 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	29 Skating 6-8 yrs. old 12-3:00p.m. \$4.00 Movie -TBA	30 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	31 Malibu	<div style="border: 1px solid black; padding: 5px;"> Students who do not participate in Friday Fieldtrips will be given several activities at KIP Learning Center </div>	

August 2009

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3 Swimming 6-8 yrs. old 12-3:00p.m. \$2.00	4 Swimming 9 & up yrs. old 12-3:00p.m. \$2.00	5 Skating 6-8 yrs. old 12-3:00p.m. \$4.00	6 Skating 9 & up yrs. old 12-3:00p.m. \$4.00	7 End of Summer Bash @ Golden Corral	8	9
10 Back to School	11	12	13	14	15	16
17	18	19	20	21 Ramadan	22	23 Virgo
24	25	26	27	28	29	30
31						

Students who do not participate in Friday Fieldtrips will be given several activities at KIP Learning Center.

Summer Camp Daily Schedule

(Monday, Tuesday & Thursday)

6:00 – 7:15 am	Morning arrival
7:15 – 7:45 am	Breakfast/Restroom Breaks
7:45 – 8:00 am	Prep for Instructional Time/ Restroom
8:00 – 8:15 am	Dear time (Drop Everything and Read) *Bring your own book
8:15 – 11:15 am	Instructional Time
11:00 – 1:00 pm	Lunch (1 st & 2 nd lunch)
12:00 – 4:00 pm	Activities / Fieldtrips
4:00 – 4:30 pm	Afternoon snack (bring your own snack)
4:30 – 7:00 pm	Afternoon activities / dismissal

***No instructional time on Wednesday & Friday.**

**KIP Summer Camp Enrichment Program
Weekly Activity Schedule
Explanation**

Monday Activity

Campers will go swimming at the Lithonia Public Pool.

Location: 2501 Park Drive
Lithonia, GA 30058
770-484-3051

Time: Between 12-3 pm

Cost: \$2.00 per camper per visit

Tuesday Activity

Campers will go roller skating at Golden Glide Rink.

Location: 2750 Wesley Chapel Road
Decatur, GA 30032
404-288-7778

Time: 11-4 pm

Cost: \$4.00 per camper per visit

Wednesday Activity

Campus will enjoy a movie at Stone Crest Mall

Location: 8060 Mall Parkway
Lithonia, GA 30038

Time: 9:00 – 12:30 pm

Cost: TBA

****Thursdays and Fridays are reserved for KIP Campers long distance fieldtrips.***

KIP SUMMER CAMP

Our Policies & Procedures

1. Hours of Operation:

Summer Camp: 6:00a.m. to 7:00p.m. (Mon.- Fri.)

2. Annual Registration Fee

There is an annual registration fee of \$35.00. This fee must be paid at initial registration.

3. Tuition fees are as follows:

Preschool Age (age 1-4): \$85.00 per week

School Age (age 5+): \$65.00 per week

Tuition fees are due every Monday or the first day of service. The only time your payment is not due is if you withdraw your child from the summer camp program.

4. Payments:

The center will accept cash, money order, checks or credit/debit card to pay for tuition. Late payments will be assessed a \$5.00 per day late fee, unless payment arrangements are made with the center director.

If you prepay, and withdraw your child from the program without a two weeks notice, no refund will be allowed.

5. Late Pickup Fees:

If you arrive after the center closes, you are considered late. The fee is \$5.00 for every five minutes that you are late. The fees are due, when you pick up your child. Payment by cash or check is accepted.

6. Returned Checks:

Returned checks will receive a \$35.00 NSF (Non-Sufficient Fund) fee. After the second returned check, only cash will be accepted.

7. Withdrawal: Parents are required to give two weeks advanced notice if a child is to be permanently withdrawn from the center or two weeks tuition, if notice is not given. Parents will receive two weeks notice, if the center cannot provide service for your child.

8. Holidays:

The center is closed during the following school holidays:

- New Year's Eve
- New Year's Day
- Martin Luther King, Jr. Birthday
- Memorial Day

- Fourth of July
- Labor Day
- Thanksgiving Day (and the day after)
- Christmas Eve
- Christmas Day

If there are any changes to the above holidays listed, you will be notified by the center.

9. Parental Responsibility:

Sick children will not be allowed to remain in the center. Parents will be called immediately and should advise the staff on the necessary actions to take. We will assist you, as much as possible.

10. Health Notification:

You will be notified immediately, should a communicable disease, i.e. pink eye, be introduced in the center. We request that you notify the center immediately, if your child contracts a communicable disease. Children with communicable diseases are not allowed to attend the center and are required by the state to be home for 24 hours after a communicable disease is cleared. A doctor's written permission to return back to the center may be required.

11. Child Illness:

Your child will not be accepted or allowed in the center, if he/she has a temperature of 101 degrees or higher, and/or any other contagious symptoms, such as, but not limited to a rash, diarrhea or sore throat. Should these conditions occur; the center will contact you, as well as require you to pick up your child within two hours.

12. Medical Release Form:

A medical release form is required for the center to administer medicine(s) to your child. The medication must adhere to the following criteria: prescribed by a doctor and have its original prescription label from the pharmacy. We will not give your child over the counter medication.

13. Personal Belongings:

Toys and other personal belongings are not allowed in the center. The center will not be held responsible for items brought, without the center director's knowledge.

14. Food and Snacks:

The center will provide breakfast during summer camp which will be served at 7:15-7:45am and lunch at 11:00am-1:00pm. Each camper must bring a snack to be eaten at 4:00pm.

15. Child Pickup Authorization:

Only the custodial parent(s) will have access to areas of the center. He/She must make the center director aware of his/her presence, prior to removing the child from the premises. If another individual is authorized to pick up your child, please inform the director. Also, inform the authorized individual that identification is required to pick up the child.

16. Program Termination:

It is the center's goal to accept children who will prosper from the experiences of the center. If it is determined that your child is not benefiting from the program, you will be notified in writing and asked to make other arrangements for your child.

17. Inappropriate Behavior:

Smoking, alcoholic beverages, drug use, inappropriate touching, sexual gestures/languages, stealing, profanity and all other inappropriate behaviors not listed are not allowed in or on the premises of the center. The director has the right to suspend students for inappropriate behavior. After the 3rd suspension, students will be terminated from the program. The director holds the right to terminate any student at anytime depending on the seriousness of the behavior and the effect it has on other students/staff.

18. Library Items:

Books, as well as educational compact discs, are available for you to check out. However, if the items are lost or damaged, it is your responsibility to replace the lost or damaged item.

19. Supplies:

All students are responsible for their own school supplies. Some of these supplies are, but not limited to, 1" binder, notebook paper, (3) dividers, pencils, pens (blue/black ink). Please ensure that your child has the necessary materials to complete daily work and/or homework.

20. Tornado Drills:

Every child will participate in fire and tornado drills. The drills are held each month. In the event of severe weather that may cause the center to close all parents will be contacted by phone and/or email.

FORMS to RETURN to the OFFICE

1. Enrollment Form
2. Medical Care and Emergency Contact Information
3. Child Pickup Form
4. Emergency Contact Form
5. Shuttle Service Form
(see shuttle service form for additional details)
6. Permission for Field Trips Form
7. Parent Release Form for Media Recording
8. Internet Standards Use Condition Form
9. General Information / Behavior / Children with Disabilities & Liability Waiver Form
10. Vertical Emergency Contact Form
(This form must be completed for students who did not attend KIP Before/After School Program for the 2008-2009 school year.)

ENROLLMENT FORM – SUMMER CAMP

Child's Name _____

Start Date _____ T-Shirt Size _____

School _____ Grade (previous) _____

Sex _____ Age _____ Date of Birth _____

Home Address _____ City/State/Zip _____

*The child lives with: Mother Father Both Parents Other

Mother's Name _____

Mother's Address (if different) _____

City/State/Zip _____ Home Phone _____

Cellular Phone _____ Pager _____

Place of Employment _____ Work Phone _____

Email _____

Father's Name _____

Father's Address (if different) _____

City/State/Zip _____ Home Phone _____

Cellular Phone _____ Pager _____

Place of Employment _____ Work Phone _____

Email _____

Medical Care and Emergency Contact Information

Child's Name _____ Birth Date _____

Address _____

Mother's Name _____ Phone (C) _____

Phone (H) _____ Phone (W) _____

Father's Name _____ Phone (C) _____

Phone (H) _____ Phone (W) _____

Alternate Emergency Contact 1) _____ Phone _____

Alternate Emergency Contact 2) _____ Phone _____

Child's Physician _____ Phone _____

Family Physician _____ Phone _____

Known Allergies of Child (Medicine, food, etc.) _____

Describe past serious illnesses or hospitalization, with dates: _____

Medicines taken by child _____

Date of last tetanus injection _____

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.)

Health Insurance: Company _____ Policy Number _____

I hereby give **KIP Learning Center** permission to provide first aid care for my child, _____ . In the event I cannot be reached, I hereby authorize **KIP Learning Center** to transport my child to the emergency room of the hospital listed below. And I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Nearest Hospital: DeKalb Medical Hillandale - 2801 DeKalb Medical Parkway – Lithonia, GA 30058

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

KIP Child Pickup Form – SUMMER CAMP

The following people have permission to pick up my child/ren _____
_____, from KIP Learning Center during 2009 Summer Camp. Please also include
the child's parents name on the list. It would be helpful to have a phone number included beside
each name. Please inform your pickup person we will need to check their I.D.

- | | | | |
|----|-------|---------------|--------------------|
| 1) | _____ | Phone # _____ | Relationship _____ |
| 2) | _____ | Phone # _____ | Relationship _____ |
| 3) | _____ | Phone # _____ | Relationship _____ |
| 4) | _____ | Phone # _____ | Relationship _____ |
| 5) | _____ | Phone # _____ | Relationship _____ |
| 6) | _____ | Phone # _____ | Relationship _____ |

Parent/Guardian Signature

Date

**If this list needs to be updated, please let us know and we will be happy to send you another form. Thank you.*

Emergency Contact

I, the parent(s) of _____ give the staff of KIP Learning Center permission to pursue emergency care at a licensed facility in the event that I am unable to be contacted or notified.

All attempts of contacting the following relatives of the above named child will be made:

Please fill in phone numbers: Use Blue or Black ink

	Work #	Home #	Cell #
Mother	_____	_____	_____
Father	_____	_____	_____

Who should we contact next:

Name _____

Relation to child _____

Telephone Number _____

Name _____

Relation to child _____

Telephone Number _____

Parents/Guardian signature

Date

FREE SHUTTLE SERVICE

A.M. Shuttle

Time: 7:00 – 7:15 a.m.

Location: Wal-Mart Parking Lot (in front of Dot's Fashion & Radio Shack)

Driver: Drivers name and cell number will be provided at a later date.

Contact Number: 770-482-6112 (Office)

P.M. Shuttle

Time: 5:45-6:00 p.m.

Students not picked up by 6:00 p.m. will be transported back to the center. **After your child has been returned twice he/she will not be allowed to ride the shuttle for a period of one week. After a total of four returns your child will be removed from the shuttle for the remainder of the program (summer/school year).** If you need to take your child off or put your child on the shuttle, please contact the center before 5:00 p.m.

Location: Wal-Mart parking lot (in front of Dot's Fashion & Radio Shack)

Driver: Drivers name and cell number will be provided at a later date.

Contact Number: 770-482-6112 (Office)

KEEP TOP PORTION AND RETURN BOTTOM PORTION TO THE OFFICE

Child's Name _____

Parent's Name _____

Parent's Home Number _____

Parent's Cell Number _____

Parent's Work Number _____

Emergency Contact Name _____

Emergency Contact Number _____

Emergency Contact Name _____

Emergency Contact Number _____

Permission for Field Trips

Every child enrolled in KIP Summer Camp Enrichment Program has the privilege of participating in field trips each week.

My Child _____ has my permission to attend Monday – Friday field trips.

My Child _____ does not have my permission to attend the following field trip(s) _____ each week.

Parent's Comments: _____

Parent's Signature _____ Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission to KIP Learning Center to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the KIP Learning Center Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the KIP Learning Center setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within KIP Learning Center or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by KIP Learning Center for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Internet Standards Use Conditions

Student Responsibilities

- Students will observe the standard of courtesy and behavior consistent with the practices and policies of KIP when sending or publishing messages or transmitting data or other information on the internet
- Students may not attempt to access information for which they are not authorized. If students are caught violating computer lab rules he/she will be suspended from the computer lab for the remainder of the summer and parents will be notified.
- Students will use the system for instructional and fun purposes only as it relates to classroom and curricular assignments and activities.
- Students must never disconnect any component of any workstation
- Students are not allowed to use any illegal copies of software on any workstation.

Student Name _____
Please Print

Parent/Guardian Signature _____

Date _____

GENERAL INFORMATION / BEHAVIOR / CHILDREN WITH DISABILITIES & LIABILITY WAIVER

GENERAL INFORMATION

I understand that KIP Learning Center does not provide insurance to cover any child who may sustain any injury while participating in this program.

If my child _____ should become ill or injured during this activity, I understand that KIP staff will: 1) contact me immediately, or 2) contact the person I have designated if I cannot be reached. Should I or the persons designated be unable to be reached, KIP Learning Center is authorized to contact my child's physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

BEHAVIOR

KIP Learning Center youth programs cannot accommodate children who exhibit aggressive or disrespectful behavior. Children who are unruly or who present a disciplinary problem may be dismissed from the program to ensure the safety of all. I understand that if my child's behavior presents a problem, he/she may be removed from the program.

CHILDREN WITH DISABILITIES

KIP Learning Center will make reasonable accommodations for children with mild mental disabilities.

LIABILITY WAIVER

All athletic and recreational activities involve some risk of accident or injury. KIP Learning Center does not provide insurance, nor does it assume responsibility for such accidents or injuries. Your participation in this program activities and the use of its equipment is at your own risk.

Your signature below indicates that you have read and agree with and will abide by these terms.

SIGNATURE OF PARENT/OR GUARDIAN: _____

DATE: _____

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's name _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Mother's Name _____ Phone(H) _____

Phone (W) _____ Phone (C) _____

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

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses: ***DeKalb Medical Hillandale***
2801 DeKalb Medical Parkway
Lithonia, GA 30058
404-501-8000

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if ***KIP Learning Center*** 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.

Child's Name _____

Signature of (Parent/Guardian) _____

Witnessed by _____ Date _____