

Enrichment Summer Program @ Oakhill

2805 Metropolitan Pkwy NE

Atlanta, Ga. 30315

A registration fee of $75 should accompany each application, with the balance being due one week prior to the start date of each week with the exception of the 1st week. The registration fee is non-refundable. Tuition for one child is $125 weekly and a $10 discount for each additional child. Drop in fees are $40 per day per child. No discounts or tuition refunds are allowed for late arrivals, early withdrawals, or cancellations. The only exception is in the case of illness or injury.

# Child Information

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/Female\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian information

Child lives with: \_\_Both parents \_\_Mother \_\_ Father \_\_\_Other (please specify)

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent /Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian y/n Legal Guardian y/n

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

Telephone, home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone, home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone, work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone, work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is it easiest to reach you? \_\_\_\_\_\_\_\_\_\_\_\_ Where is it easiest to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# School Information

Child’s current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade for 2016-17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is your child in a special education program? Y/N

What kinds of special services, if any, does your child receive both at school and outside of school? (For example, OT, speech and language therapy aid in classroom, pull-out services, IEP)

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

# Health/Medical

Child’s pediatrician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician’s phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications? If so please list, including dose and time taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions completely. Please enter N/A if any of the below are not applicable.

Significant health conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special diet/food restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any limitations or concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any behavioral difficulties that your child has. Please be specific. Withholding information may hinder our ability to handle any crises or challenging situations.

**Publicity Release**

Throughout the school year Lighthouse Tutoring and Enrichment, Camp Ions, or BWEC will conduct activities that may be publicized through local or national news media. Such activities may include interview sessions with news reporters; photographs for newspapers or various organization publications, including newsletters, calendars, and brochures; videotaping for local and national television newscasts, cable programming, and school system promotional videos; and photographs for the Internet pages of our organization.

Please check below.

\_\_\_\_\_ My child may participate in any publicity activities for events sponsored by Lighthouse Tutoring an Enrichment, Camp Ions, or BWEC

\_\_\_\_\_ My child may not participate in any publicity activities for events sponsored by Lighthouse Tutoring and Enrichment, Camp Ions, or BWEC

**Exemption Status**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign above acknowledging that you have been advised and understand thatBright from the Start Georgia Department of Early Care and Learning does not license Oakhill. However, Lighthouse has submitted an application to Bright from the Start to obtain their exemption status.

**Please provide the following important information on the attached page (or provide your own):**

1. What special interests and strengths does your child have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are your child’s current areas of need or challenges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please add anything else you think we need to know about your child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

**Late Arrivals**

\_\_\_\_\_\_\_I/We understand that if we arrive after the scheduled pick-up time a $5 late fee will be

Initial please

assessed every 3 minutes. If, I/we are 15 minutes late without notification the necessary officials will be contacted to handle this matter.

**I/We hereby make an application for my child to attend Lighthouse. I/We have filled out all of the information to the best of my/our knowledge. I realize that this is simply an application and that my child has not at this time been accepted to Lighthouse. I have enclosed the registration deposit of $75.00 with the understanding that the deposit is non-refundable. In signing this application, I agree to pay the balance of the camp fee no later than Friday at 6:00 P.M. prior to the next camp week, with the understanding that my child will be dropped from Camp Ions attendance until my past due balance plus the $25 late fee per child is paid in full. A fee of $45 will be assessed for all return payments from bank institutions.**

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

Parent/Guardian Signature Date

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

Parent/Guardian Signature Date

**Submit completed application checklist and $75 non-refundable application fee to:**

**pierce@Lthouse.org**

Make all checks payable to: Lighthouse Enrichment Camp

PayPal: lighthousetutoring.edu@gmail.com

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in physical activity organized by Lighthouse/Camp Ions/Pierce Academy and/or use of the property, facilities at 2805 Metropolitan Pkwy NE Atlanta, Ga. 30315 and services of Lighthouse/Camp Ions/Pierce Academy I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Lighthouse/Camp Ions/Pierce Academy or the employees, representatives or agents of Lighthouse/Camp Ions/Pierce Academy

2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Lighthouse/Camp Ions/Pierce Academy for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Lighthouse/Camp Ions/Pierce Academy whether caused by the fault of myself, my family, Lighthouse/Camp Ions/Pierce Academy or other third parties.

3. I agree to indemnify and defend Lighthouse/Camp Ions/Pierce Academy against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Lighthouse/Camp Ions/Pierce Academy

4. I agree to pay for all damages to the facilities of Lighthouse/Camp Ions/Pierce Academy caused by my or my family's negligent, reckless, or willful actions.

5. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Georgia consent to the participation of my son or daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the activity of physical activity, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. In the event of an injury to the above minor during the above described activities, I give my permission to Lighthouse/Camp Ions/Pierce Academy or to the employees, representatives or agents of Lighthouse/Camp Ions/Pierce Academy to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Lighthouse/Camp Ions/Pierce Academy shall have the following powers:

a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

b. The power to authorize medical treatment or medical procedures in an emergency situation; and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

8. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Lighthouse/Camp Ions/Pierce Academy has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

9. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

10. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

11. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

12. In case of an emergency, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Day), or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_