

Cornerstone Schools



2024

CAMPER'S NAME _____ AGE _____ DOB _____ SEX _____

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HOME ADDRESS _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____ PHONE _____ EMAIL _____

EMPLOYER _____ PHONE _____

PARENT/GUARDIAN _____ PHONE _____ EMAIL _____

EMPLOYER _____ PHONE _____

STATUS OF PARENTS: MARRIED _____ SEPARATED _____ DIVORCED _____

EMERGENCY CONTACTS: (Other Than Parent/Guardian)

NAME ADDRESS PHONE

1. _____

2. _____

MY CHILD(REN) MAY BE RELEASED TO THE PERSON(S) DESIGNATED BELOW:

1. _____ Relationship to child _____ Relationship to parent _____

2. _____ Relationship to child _____ Relationship to parent _____

Emergency Medical Release:

Camper's Name _____ Special Needs _____

Allergies _____ Prescribed Medication _____ Time _____ Amt. _____

Camper's Name _____ Special Needs _____

Allergies _____ Prescribed Medication _____ Time _____ Amt. _____

Dr. Name _____ Phone # _____

Should my child become ill during the time that he/she is in the care of Cornerstone Schools or suffer an accident of any nature the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent/guardian shall assume responsibility for payment.) I agree to keep Cornerstone Schools informed of changes relating to emergency telephone numbers, physicians and all emergency contacts. Cornerstone Schools uses Northside Forsyth Hospital for emergencies.

Parent's/Guardian's Signature _____ Date _____

Fees: \$450.00 per 2 week session.
\$250.00 per week.
\$1700.00 for all weeks.
All payment are due in advance.

Registration Fee: (non-refundable) \$75.00
(Campers will receive two T-shirts to be worn on all field trips .

Campers must bring lunch and belongings in a back pack. Paper or plastic bags are not acceptable.

Payment is due in advance and for the weeks that the camper is pre-registered for. There is no deduction if the camper is absent. A thirty (\$30.00) fee will be charged on all returned checks.

I would like to register my child(ren) for the following sessions:

	<u>One Wk. Only</u>
Session 1..... May 28 to June 7	_____
Session 2..... June 10 to June 21	_____
Session 3..... June 24 to July 5	_____
Session 4..... July 08 to July 19	_____
Session 5..... July 22 to July 26	_____

I AGREE TO PAY \$ _____ FOR EACH REGISTERED SESSION OR _____ FOR EACH SINGLE WEEK. I UNDERSTAND THAT PAYMENT IS DUE EVEN IF MY CHILD (REN) ARE NOT PRESENT. PAYMENT IS DUE IN ADVANCE.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

Camp Hours-Mon. to Fri. -9:00 a.m. to 4:00 p.m. (Extended Day 6:30 a.m. to 9:00 a.m. and 4:00 p.m. to 6:00 p.m.)

Lunch: Campers are expected to bring a nutritious lunch & snack daily. All lunches must be brought in lunch bags. Ten dollars (\$10.00)per day will be charged for forgotten lunches

Emergency Situations: If the following emergency situations occur, (fire, loss of power or water, gas leak, tornado damage, or any other emergency condition that requires evacuation of the center for an extended time) all campers will be taken to CornerstoneStone Schools - Building B (Elementary School) 4888 Browns Bridge Rd. Cumming Ga. 30041
770-205-8202 In case of tornado campers will go into their emergency positions.

Child Abuse, Neglect or Deprivation : Any suspected incident of child abuse, neglect or deprivation shall be reported to the local DFCS, as required by law.

Illness & Emergency Treatment : Campers will not be accepted or allowed to remain in the center with a hundred degree (100 F) or higher temperature, a communicable disease and or other contagious symptoms. Parents/ guardians will be notified immediately of any illness or injury requiring professional medical attention, or any illness that produces discomfort to the child. If an emergency occurs the camper will be taken to the nearest hospital. Cornerstone Schools uses Northside Hospital Forsyth for emergencies.

Discipline: Campers will be expected to behave appropriately. Disrespect to other campers and to teachers will not be tolerated. Failure to follow rules, fighting and profanity will result in the camper being restricted from field trips. Parents will be informed of the behavior problem. If the problem persists the camper will not be able to return to the program.

Pick-ups and Parent Visits: Parents are permitted access to the center anytime their child is present. Campers will only be released to parents/ guardians or other persons listed on the release form.

Medicine: Staff shall only dispense medications that are provided by the parent/guardian and meet the following requirements. Medicine must be signed in and left at the front desk, in the original container, listed with the child's name, dosage amount and prescription number.

Field Trip Release:

_____ Has my permission to participate in the field trips for the following sessions.
Camper's Name

- _____ **Session 1**-May 28 to June 7
- _____ **Session 2**-June 10 to 21 Closed June 19th
- _____ **Session 3**-June 24 to July 5 (Closed July 4th.)
- _____ **Session 4**-July 08 to July 19
- _____ **Session 5**-July 22 to July 26

Parent's Signature _____ Date _____

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- _____ **Session 5**-July 22 to July 26

Parent's Signature _____ Date _____

Swimming Pool Release:

_____ has/ my permission to participate in water activities at Cornerstone Schools Pod
(4888 Browns Bridge Rd. Pool Cumming Ga. 30041). Distance-100 yards. Monday to Friday 8:00 am to 6:00 pm.

My Child: Cannot swim _____ Is afraid of water _____ Swims less than 15 yards _____ Is a very strong swimmer _____

_____ has/ my permission to participate in water activities at Cornerstone Schools Pool
(4888 Browns Bridge Rd. Pool Cumming Ga. 30041). Distance-100 yards. Monday to Friday 8:00 am to 4:00 pm.

My Child: Cannot swim _____ Is afraid of water _____ Swims less than 15 yards _____ Is a very strong swimmer _____

Parent's/Guardian's Signature _____ Date _____