



March 10, 2018

Dear Parent and Legal Guardian,

We are quickly approaching the official opening of PSA 2018. I am looking forward to another great period of Fun and Learning. I have enclosed Registration Application and we encourage you to return it soon at the address listed below. (Please be reminded that students will be selected on a first come first serve basis). Special attention should be given to page 3, Student Record Release Form, of the application where we require your consent and signature in accordance with Federal Educational Rights and Privacy Act of 1974.

- **Application** (MUST be Return with a *Nonrefundable Registration fee of \$25.00-per child*, After May 7, 2018 Registration fee will be \$30.00).
- **Medical & Waiver Release Forms**
- **Tuition Fee** (June 11-July 26, 2018) \$180.00 (Must be paid in Full May 21, 2018). Field trips are not included.
- **Summer Swim and Basketball Summer Fun Mini Camps** are \$30, each, and are optional events. (Limited Space Available, first come first served)
- **Other field trips** are being developed. The dates and associated cost will be available before June 4. Please note that mini camps and field trip fees are not included in the base tuition and will be assessed separately.
- **Summer Break/4th of July Holiday** - PSA will be closed July 2-5 and will resume on Monday, July 9
- **Pre-Testing** (Please abide by the schedule dates and time)

<i>April 14, 2018 Grades K- 3rd</i>	<i>May 5, 2018 grades 4th-9th</i>
Grades K-1 st – 9:00 AM	Grades 4 th -5 th -6 th - 9:00 AM
2 nd – 3 rd - 10:00 AM	Grades 7 th -8 th -9 th – 11:00 AM

**Continental Breakfast will be served beginning at 8:30 AM
- **Mail Completed Application Forms to:**

Queen D. Funnye
Plantersville Summer Academy
P. O. Box 700
Georgetown, South Carolina 29442
- **PSA 2018 Open House** May 7, 2018- 6:00 PM at Plantersville Elementary School.

Blessings Unlimited,

Queen D. Funnye

Queen D Funnye,

PSA Program Director

academy@thevillagegroup.org (please note that email address has been changed)

843 340 3628



Student Registration, page 1

Date: _____

CHECK ONE

_____ Plantersville Summer Academy

_____ Plantersville Enrichment Academy, After-School

_____ Summer Bridge Program (PES Students, Only)

(Please complete the entire registration form; incomplete applications will delay processing and possibly deny admittance into program)

Last Name

First Name

M.I.

Grade: _____ (for 2018-19 school term)

Date of Birth _____

School attended during 2017-18 school term _____

IEP Submitted: Yes _____

No _____

T-Shirt Size (Check One) ___YS___YM ___YL___S___M___L___XL___XXL

One T-shirt provided; additional T-shirt available for \$6.00 and must be prepaid before ordering.

List the number of extra shirts _____

Parent/Guardian: Name _____

Address: _____

Cell: _____ Home Phone _____

Email Address: _____

Emergency Contact 1

Last Name _____ First Name _____

Primary Phone _____ Secondary Phone _____

Emergency Contact 2

Last Name _____ First Name _____

Primary Phone _____ Secondary Phone _____

Physician and Medical Information

Last Name _____ First Name _____

Primary Phone _____ Secondary Phone _____

Preferred Hospital _____

Insurance /Health Coverage(Company) _____

List current medications: _____

List medication allergies _____

List food allergies: _____

List chronic health concerns: _____

Student Registration, page 2

Consent and Releases

General Parental/Guardian Consent: As Parent/Guardian I/WE hereby affirm that the student is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved by program staff. Furthermore, I have no knowledge of any reason the student cannot participate in vigorous physical activity.

I/We expressly agree to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I /We hereby consent to allowing any of the program supervisors to procure any medical treatment deemed advisable on behalf of your child or ward without prior consent.

I/WE understand that, as a condition of admittance as program participant, I/We, on behalf of all parents and guardians, and on behalf of the student, hereby release The Village Group and its affiliated programs, and all other employees or agents of The Village Group from any and all liability from injury or illness, mental or physical, suffered by the program participant during or related to the program, unless caused by a willful act or gross negligence by the person or entity against whom the claim is made

Medical Release: As Parent/Guardian I/We hereby give permission The Village Group staff/volunteer to proceed with emergency treatment in the event of accidental injury or illness provided of the immediate family or listed emergency contacts cannot be reached.

PHOTO RELEASE: I further authorize The Village Group, its affiliates, its successors or assigns, the right to take photographs for marketing and other purposes, as it deems appropriate.

Student Name: _____

Parent/Guardian (Print): _____

Parent/Guardian (Signature): _____

Date: _____

OFFICIAL USE ONLY

Registration _____ Tuition _____ BBCamp _____ SWIM Camp _____

Payment Method _____ Staff Signature _____

Student Registration, page 3



dba Village Academy

STUDENT RECORD RELEASE FORM

The purpose of the Federal Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records. By signing below, I hereby authorize Georgetown County School District to release my education records (individuals age 18 and older) or the education records of my child, as described below:

Student's Name _____

Date of Birth _____

____ I, as an eligible student or parent/guardian authorize Georgetown County School District to release my/my child's entire educational record.

OR

____ I, as an eligible student or parent/guardian authorize Georgetown County School District to release only the portions of my/my child's educational record as listed below:

- ____ Health and Immunization Records (including hearing and vision screenings)
- ____ Report Cards
- ____ Testing Information
- ____ Discipline Records
- ____ Special Education Records
- ____ Other: _____

Individual(s)/Organization(s)/Agency(ies) to Whom Records May Be Disclosed:

The Village Group

Purpose of Disclosure: **To obtain, thru power school and local school officials, student level participation (attendance), testing information, and report cards.**

Signature of Parent/Guardian or Eligible Student

Date

- I am the (check one)
- () Student
 - () Parent
 - () Legal Guardian
 - () Surrogate Parent
 - () Foster Parent

Return to: Queen D. Funnye, Program Director
 The Village Group/Village Academies
 Post Office Box 700
 Georgetown, SC 29442
academy@thevillagegroup.org
 843-240 0534