



March 30, 2019

The official opening of PSA 2019 registration is April 1. Our primary focus continues to provide all our participants with a summer that provides Common Core Standards in Reading and Math, educational/ fun field trips and several other life changing experiences. We encourage you to return the completed application soon as possible 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 of the application, 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.

As you know, with all these educational opportunities financial commitments must be met. The actual cost per child is \$110 per week per. However, great measures have been taken to reduce this cost to our families.

- ***PSA 2019 students will only pay \$40 per week.***
- ***The total cost for the summer is \$240.00 per child, not including Registration of \$30 and associated field trips.***
- Application (*MUST be Return with a Nonrefundable Registration fee of \$30.00-per child*).  
After May 3, 2019 Registration fee will be \$40.00.
- Tuition Fee (June 10-July 26, 2019) \$240.00 (*Must be paid in Full May 24, 2019*). Field trips are not included.
- Summer Swim and Basketball Summer Fun Mini Camps are \$35, each, and are optional events. (Limited Space Available, first come first served)

\*Field trips are being develop; dates and associated cost will be available before June 3.



Student Registration, page 1/3

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 2019-20 school term)

Date of Birth \_\_\_\_\_

School attended during 2018-19 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 2/3

### 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: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>
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Registration \_\_\_\_\_ Tuition \_\_\_\_\_ BBCamp \_\_\_\_\_ SWIM Camp \_\_\_\_\_

Payment Method \_\_\_\_\_ Staff Signature \_\_\_\_\_



**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](mailto:academy@thevillagegroup.org)  
 843-340 3628