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 meet. 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: ____________________________________________________
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 expressively 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 _____________________
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) Return to: Queen D. Funn耶, Program Director
( ) Student The Village Group/Village Academies
( ) Parent Post Office Box 700
( ) Legal Guardian Georgetown, SC 29442
( ) Surrogate Parent academy@thevillagegroup.org
( ) Foster Parent 843-340 3628