



7 Plantersville Road
Post Office Box 700
Georgetown, SC 29442
Phone: 843 240-0534
E-Mail: director@thevillagegroup.org
Web: www.thevillagegroup.org

January 31, 2020

Greeting Parents,

The official opening of PSA 2020 registration is February 1. Our primary focus continues to offer all of our participants 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 as soon as possible to the address listed or submit on-line with your payment. Please be reminded that students will be selected on a first come first served basis. **Special attention should be given to page 3 of the application**, Student Record Release Form, where we require your consent and signature in accordance with Federal Educational Rights and Privacy Act of 1974.

As you know, with all the educational opportunities offered your child your financial commitment must be met. Your cost per child is \$240 Tuition for the entire summer program and \$30 non-refundable Registration Fee.

- PSA 2020 students only pay \$40 per week (Mon. – Thurs.)
- The tuition cost for the summer (June 8 – July 23, 2020) is \$240 per child, not including non-refundable Registration fee of \$30 and associated field trips or camps.
- NEW this YEAR – for your convenience you can pay on-line
 - Application *(MUST be Return with a Nonrefundable Registration fee of \$30.00-per child).*
After May 3, 2020 Nonrefundable registration fee is \$40.00
 - Tuition Fee (June 8-July 23, 2020) \$240.00 *(Must be paid in Full by May 11, 2020).* Field trips and special camps are not included.
 - Tuition Fee paid after May 11th will be \$260
 - Summer Swim and Basketball Summer Fun Mini Camps are \$35 each, and are optional events. (Limited Space Available, first come first served)

*Field trips and additional mini camps are being develop. The dates and associated cost will be available before May 18th.

We look forward to working with you and your child over the summer. It is our hope that your child will have a life changing experience that excites and challenges them.

Sincerely,

*Queen Funnye,
Program Director*



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 2020-2021 school term Date of Birth _____

School attended 2019-20 school year _____

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 (Final order date May 11th) _____

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 our 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 to The Village Group staff/volunteer to proceed with emergency treatment in the event of accidental injury or illness if 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_____



Plantersville Summer 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
843-340 3628