



2024 PSA/SB Application

Student Registration

Date: _____

CHECK ONE

- ☐ Plantersville Summer Academy -
☐ Summer Bridge Program (PES Students Only)

(Must complete the entire registration form for enrollment; incomplete applications will delay processing and opportunity for enrollment)

Last Name _____ **First Name** _____ **M.I.** _____

Date of Birth _____ **Grade:**(for 2024-25 school term) _____

Name of Current School _____ **City/State/ Zip** _____

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 \$9.00 and must be prepaid.

Of Additional shirts _____

Parent/Guardian: Name _____

Address: _____

Cell: _____ **Home Phone** _____

Email Address: _____

Emergency Contact 1

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: _____



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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 do not know why 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 allow 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 a 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 provided the immediate family or listed emergency contacts cannot be reached.

Photo Release: I further authorize The Village Group, its affiliates, its successors, or its assigns, the right to take photographs of my child/ward for marketing and other purposes, as it deems appropriate.

Student Name: _____

Parent/Guardian (Print): _____

Parent/Guardian (Signature): _____

Date: _____

OFFICIAL USE ONLY

Registration _____ Tuition _____ BB Camp _____ SWIM Camp _____

Payment Method _____ Staff Signature _____



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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/we understand that as a condition of admittance as program participants, my student records including but not limited to (attendance, test scores, class records, etc.) will be used in program evaluation. 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 _____

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

OR

____ As an eligible student or parent/guardian, I 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, through 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

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843-340 3628