



February 10, 2025

We are **HAPPY** to announce that as of February 10, 2025 registration will be open for our Plantersville Summer Academy and Summer Bridge Programs. Our Planning Team has been diligently working to provide our Scholars with another educational-fun-packed summer.

The summer programs will provide common core standards in Reading, Math, STEAM, educational/fun-filled field trips, and several other life-changing experiences.

We will begin on Monday, June 3, 2025, at Plantersville Elementary School on 1668 Exodus Drive, Georgetown, South Carolina.

The tuition cost per child is \$240 {\$40 per week} for the summer and a \$30 nonrefundable registration fee. The costs of the field trips are not included. The total cost being paid by May 12, 2025.

The tuition cost per child residing outside of the Georgetown County School District is \$300 {\$50 per week} for the summer, and a \$30.00 non-refundable registration fee. The costs of field trips are not included. The total cost being paid by May 12, 2025.

We encourage you to complete and return the attached registration application as soon as possible. **Online registration will be available on February 10, 2025.** Please be reminded that students will be selected on a first-come-first-serve basis. Be sure to check our website for program updates <http://www.thevillagegroup.org/>

- **TUITION FEE** (June 3 -July 10, 2025) \$240.00 **Must be paid in Full May 12, 2025.** Field trips are not included.

- **MAY 13, 2025, THE NON-refundable registration fee will be \$40.00**
- Summer Swim Mini Camp is \$35 (First come First served)

- OPEN HOUSE – MAY 1, 2025, AT PLANTERSVILLE ELEMENTARY SCHOOL -5:30PM.
PRE-TESTING is required and will be administered during the 1st week of the Summer Academy, June 3-5, 2025.

- Field trips are being developed, dates and associated costs will be available by May 1, 2025.

- END OF THE YEAR EDUCATIONAL TOUR for July 10-14, 2025- initial fundraiser will take place on May 1, 2025. Additional information will be provided ASAP

Under the Federal Educational Rights and Privacy Act of 1974, The Village Group requires your signature of consent for the Student Record Release Form in the application.

Thank you,

Queen D. Funnye
Program Director



2025 Student Registration, page 1/3

Date: _____

Plantersville Summer Academy

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

LastName _____ FirstName _____ M.I. _____

Present Grade Level: _____ Date of Birth _____

School attended during 2024-2025 school term _____

IEP Submitted: Yes _____ No _____

T-Shirt Size (Check One) ___YS___YM ___YL___S___M___L___XL___XXL___3XL

One T-shirt provided; *additional T-shirts are available for \$10.00 each and must be prepaid before ordering.* List the number of extra shirts _____

Parent/Guardian: Name _____

Address: _____

Cell: _____ Home Phone _____

Email Address: _____

Emergency Contact 1

LastName _____ First Name _____

Primary Phone _____ Secondary Phone _____

Emergency Contact 2

LastName _____ First Name _____

Primary Phone _____ Secondary Phone _____

Physician and Medical Information

LastName _____ 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: _____



2025 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 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.

PHOTORELEASE: 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 _____ SWIM Camp _____

T-Shirt _____ Field Trips _____

Payment Method _____ Staff Signature _____



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 Name _____

Date of Birth _____

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

OR

_____, 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 Funnye,
Program Director
The Village Group
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Georgetown, SC 29442
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843-340-3628