



January 18, 2026

We are **EXCITED** to announce that registration for the **Plantersville Summer Academy and Summer Bridge Programs** will open on **January 26, 2026!** Our planning Team has been working diligently to create another enriching and engaging summer experience for our Scholars.

These summer programs are designed to support academic growth while making learning fun. Scholars will participate in instruction aligned with **Common Core standards** in **Reading, Math, STEAM**, along with educational and fun-filled field trips and a variety of other impactful experiences.

The summer programs will begin on **Tuesday, June 2, 2026**, and will be held at **Plantersville Elementary School**, located at **1668 Exodus Drive, Georgetown, South Carolina**.

Due to the rising national costs for goods and services, tuition rate have increased. The cost for the six-week program for **in-county residents** is **\$300 per child**, with a **\$40 non-refundable registration fee**, due at the time of registration and applied to your total cost. Field trip costs are not included. The remaining balance must be paid in full by **May 18, 2026**.

For students attending schools **outside of Georgetown County School District**, the tuition for the six-week program is **\$325 per child**, with a **\$50 non-refundable registration fee** due at the time of registration and applied to your total cost. Field trip costs are not included. Full payment is due by **May 18, 2026**.

We encourage families to complete and submit the attached registration application as soon as possible, as enrollment is limited and students will be accepted on a **first-come, first served basis**. Online registration will be available beginning **January 26, 2026**. For program updates and additional information, please visit our website at www.thevillagegroup.org.

- **IN-COUNTY TUITION FEE** (June 2 -July 9, 2026) \$300.00 Must be paid in Full May 18, 2026. Field trips are not included.

- **NON-GCSD TUITION FEE** (June 2 -July 9, 2026) \$325.00 Must be paid in Full May 18, 2026. Field trips are not included.

- **NON-REFUNDABLE** registration fee will be \$40.00 and \$50.00 respectively.

- **Summer Swim Mini Camp is \$35 (First come First served)**
- **OPEN HOUSE** – May 7, 2026, Plantersville Elementary School, 5:30 PM.
- **PRE-TESTING is REQUIRED** and will be administered during the 1st week of the Summer Academy, June 2-4, 2026.
- **Field trips are being developed. Dates and associated costs will be available by May 7, 2026.**
- **END-OF-YEAR EDUCATIONAL TOUR, KENTUCKY, JULY 10-13, 2026** – The initial fundraiser will take place on March 1, 2026. Additional information will be provided AS AVAILABLE.

Thank you,

Queen D. Funnye
Program Director



2026 Student Registration

Date: _____

Plantersville Summer Academy

Please complete the entire registration form; incomplete applications will delay processing and potentially cause a denial of admittance into program.

Last Name: _____ First Name: _____ M.I.: _____

Present Grade Level: _____ Date of Birth: _____

School attended during 2025-2026 school term: _____

IEP Submitted (check which applies): Yes ☐ No ☐ N/A ☐T-Shirt Size (Check one): YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL ☐

One T-shirt is provided; additional T-shirts are available for \$12.00 each and must be prepaid before ordering. List the number of extra shirts

Parent/Guardian Name: _____

Address: _____

Cell: _____ Home: _____ Email Address: _____

Emergency Contact 1

Last Name: _____ First Name: _____ Primary Phone: _____

Emergency Contact 2

Last Name: _____ First Name: _____ Primary Phone: _____

Physician and Medical Information

Last Name: _____ First Name: _____ Primary 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 RELEASE: As the Parent/Guardian, I hereby affirm that the student is in good health and does not suffer from any illness, disability or condition requiring regular medication unless such condition has been fully disclosed to and approved by program staff. I further affirm that I am unaware of any reason the student is unable to participate safely in vigorous physical activity.

I understand that, as a condition of participation, I, on behalf of the student and all parents or guardians, hereby release and hold harmless **The Village Group**, its affiliated programs, employees, agents, and volunteers from any and all claims or liability for injury or illness, whether mental or physical, that may occur during or in connection with program activities, except in cases of willful misconduct or gross negligence by the person or entity against whom the claim is made.

MEDICAL RELEASE: As Parent/Guardian, I hereby authorize **The Village Group** staff and volunteers to obtain emergency medical treatment deemed necessary for my child in the event of injury or illness if I or the listed emergency contacts cannot be reached. I agree to assume full responsibility for all medical expenses incurred as a result of such illness or injury.

PHOTO RELEASE: I hereby grant **The Village Group**, its affiliates, successors, assigns, permission to photograph, record, and use images or recordings of my child for promotional, marketing, educational, and other lawful purposes, in any media now known or later developed, without limitation or expectation of compensation.

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 Federal Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of student education records and limits the disclosure of such information. 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, to the party identified below, as specified in this authorization:

The Village Group

Purpose of Disclosure: To obtain, thru power school and local school officials, student level participation (attendance), testing information, and report cards.

Student 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: Individuals/Organizations/Agencies to Whom Records May Be Disclosed:

This authorization shall remain in effect until _____, or for one (1) year from the date of signature, whichever occurs first, unless earlier revoked in writing by the parent/guardian or eligible student.

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
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