



**THE GREAT DEBATE**  
**5th-11th Grade Registration**  
(Grade completed during 2016-17 school year)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<i>Check desired options</i>	<b>Dates</b>	<b>Theme</b>	<b>Rates</b>
_____	June 5-June 9	Blank Check	• Full 7-weeks \$135/week
_____	June 12-June 16	Heated Debate	• 4-6 weeks \$150/week
_____	June 19-June 23	Dunks and Divas	• 1-3 weeks \$175/week
_____	June 26-June 30	The Huddled Masses	
<i>NO CAMP</i>	July 3-July 7		
_____	July 10-July 14	Farms and Famines	
_____	July 17-July 21	Fighting Fear	<b>Schedule Add-Ons</b>
_____	July 24-July 28	Supply Chain Reaction	+After School Care, 3:00-6:00
_____	+ADD-ON	After School Care	\$25/week
_____	<b>Weekly Total before scholarships or discounts</b>		

**Intersession**

Prism will offer "intersession" child care for a limited number of school age students during the weeks that the summer program is closed. Registration will be considered on a first come, first serve basis with a confirmation sent via email. Intersession will be canceled if less than 10 students enroll.

Scholarships are not applicable for Intersession. Please indicate your preferences below:

May 22-26                       May 29-June 2  
 July 31-August 4               August 7-11

**Scholarship Assistance**

I would like to apply my 2016-17 tuition discount to my Summer Program tuition (current students)  
 I would like to apply for tuition assistance; please fill out financial assistance form (new students)

**Additional CAMP PRISM Consents/Acknowledgements**

**Bug Spray Consent:**

I hereby give  /do not give  written permission for the use of bug spray for my child in permissible weather. School age children may apply bug spray themselves with supervision. I understand that providing bug spray is my responsibility, and that each container should be clearly labeled with my child's name.

➤ Initial Here: \_\_\_\_\_



## Prism Education Center Summer Program Registration

### **Photo/Social Media Consent:**

Occasionally Prism Education Center will photograph children at the center. These photos may be used for marketing purposes or special events. These photographs may show up on our website, our Facebook page, social media websites, brochures and/or other printed materials. Children's names will not be identified when photos are used. We fully support and respect the right of parents to choose to not have their child's photo disseminated. Please check the appropriate statement below to inform our staff and administration whether or not we have authorization to use your child's photos for marketing purposes.

Yes, Prism Education Center may use my child's photo for marketing purposes. This authorization includes the use of photos on the Prism website, Facebook page, social media websites, brochures, and/or other printed documents.

No, Prism Education Center may not use my child's photo for marketing purposes.

➤ Initial Here: \_\_\_\_\_

### **Transportation consent:**

I give permission for my student to ride in the van to and from all summer field trips under the direct supervision of Prism staff throughout the 2017 summer program.

➤ Initial Here: \_\_\_\_\_

### **Email – Preferred Communication:**

Prism utilizes email as the *primary* form of communication with families. Please include the email address you would like to be used by teachers and staff:

No access to email

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

### **Prism Beneficiary Report**

Thank you for answering this section. This information is confidential and required by some donors/grantors.

Child's Name: \_\_\_\_\_

Is this child Hispanic or Non-Hispanic?  Hispanic  Non-Hispanic

Please check the race that best describes your child:

White

Black/African American

Asian

Multiracial

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Is the head of your household female?  Yes  No

### **Application Signatures**

Parent Name (printed): \_\_\_\_\_ Student Name: \_\_\_\_\_

➤ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete program descriptions can be found at [www.prismeducationcenter.org](http://www.prismeducationcenter.org)



**1. Student's Name:** \_\_\_\_\_ Gender \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2016-17 Grade \_\_\_\_\_  
 Student Phone (if applicable): \_\_\_\_\_ Student Email (if applicable): \_\_\_\_\_  
 Student Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

**Primary Caregiver:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work Hours: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Education Level: \_\_\_\_\_

**Secondary Caregiver:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Education Level: \_\_\_\_\_

**2. Emergency Contact Information (Name of person to call if parents cannot be reached):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Is this person authorized to take the child from the center?  Yes  No

**3. List all other adults who are authorized to take the child from the center:**

Name	Address	Relationship to Child	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. Medical Information:**

Child's Physician or Emergency Treatment Facility with physical address \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_ (parent's name), mother/father/guardian (**circle one**) of \_\_\_\_\_ (Child's name), do hereby give my consent to the Director of Prism Education Center, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Health Insurance: \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Signature of Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



Health History:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Measles                               | <input type="checkbox"/> Yes <input type="checkbox"/> No – Contracted Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent Throat Infections   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Mumps                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No – Defective Heart         | <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent Headaches/Migraines |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – German Measles                        | <input type="checkbox"/> Yes <input type="checkbox"/> No – Diabetes                | <input type="checkbox"/> Yes <input type="checkbox"/> No – Hearing Loss                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Chicken Pox                           | <input type="checkbox"/> Yes <input type="checkbox"/> No – Fainting Spells         | <input type="checkbox"/> Yes <input type="checkbox"/> No – Physical Handicap            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Whooping Cough                        | <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent Colds          | <input type="checkbox"/> Yes <input type="checkbox"/> No – Sun Sensitivity              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Asthma                                | <input type="checkbox"/> Yes <input type="checkbox"/> No – Frequent Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No – Seizures                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No – Attention Deficit Disorder (ADD/ADHD) |  | <input type="checkbox"/> Yes <input type="checkbox"/> No – Vision Problems              |

Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Special Food Needs: Diabetic Diet \_\_\_\_\_ Other: \_\_\_\_\_

Behavioral:  Yes  No – Biting  Yes  No – Temper Tantrums

Siblings?  Yes  No Name(s) of sibling(s): \_\_\_\_\_

**5. Consents**

I hereby  give /  do not give the Director of Prism Education Center or her appointed representative permission to give \_\_\_\_\_ (Student's name) Acetaminophen (preferred strength: \_\_\_\_\_)

I understand I will be notified that the medication has been administered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby  give /  do not give written permission for the use of suntan lotions/sunscreen for my child in permissible weather. School age children may apply sunscreen themselves with supervision. In accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 1100.1101.17

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Acknowledgements**

This is a statement of verification that I have been informed that child care licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for investigative purposes. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: 200.201.5.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is a statement of verification that I have been informed of the behavior guidance policy practiced. DCCECE/Child Care Licensing Unit: 500.501.7.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. I, the parent/guardian of this child, understand that I may ask for a conference with my child's teacher(s) and/or school administrator(s) as needed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### School Information

Student Name: \_\_\_\_\_ 2016-17 School Grade: \_\_\_\_\_

Principal(s) at current school: \_\_\_\_\_

Teacher contact(s) at current school: \_\_\_\_\_

Name of Schools Attended	City, State	Phone	Year(s)/Grade(s)

By signing below, I authorize Prism Education Center to contact the schools provided on this form for additional information regarding student history.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Behavior & Accommodations

Has the applicant ever been suspended?

Yes  No

Has the applicant ever been expelled?

Yes  No

Has the applicant had any encounters with law enforcement or juvenile authorities?

Yes  No

Has the applicant received testing/counseling by a psychologist, psychiatrist, or family counselor?

Yes  No

Has the applicant ever been diagnosed or in a program for a learning disability?

Yes  No

Has the applicant ever been in IEP (Individualized Education Plan) with or without ARD (Admission, Review, and Dismissal)?

Yes  No

Has the applicant ever been in a bilingual, ESL or LEP program?

Yes  No

If yes to any of the above questions, please explain:

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**Applicants**

Prism Education Center provides limited need-based financial assistance. General guidelines can be found on our website. Financial assistance is not guaranteed, but is our hope to ensure our world class education system is accessible to students from all income backgrounds.

The purpose of this worksheet is to help you determine if you qualify for financial assistance.

- I would like to apply for financial assistance.
- I am not interested in applying for financial assistance (skip this form)

Please list all children you would like considered for financial assistance, and check the program for which you are applying. (Only one application required per family)

Name(s)	Early Child	Private School	After School	Summer

**Family Members**

Please list all family members that live with the child. This includes step-parents and step-siblings.

Parent Name(s)	Relationship	Names of Children	Age

**Financial Documentation**

In order to determine income eligibility, one of the following document types must be provided for each adult that contributes towards the child’s tuition. Please check next to the document you have provided.

- Federal Income Tax Forms/Adjusted Gross Income  
Yearly Amount: \$\_\_\_\_\_
- One full month’s worth of pay stubs from each income source  
Pay Type:  paid weekly     paid bi-weekly     paid twice monthly     paid monthly
- Income Documentation Letter from employer or accountant

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<p><b>FOR ADMIN USE ONLY:</b> Were all required documents provided: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>_____ Financial Assistance Level      _____ Financial Assistance Amount</p>
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