



DISCOVER THE NATIONS
Kindergarten-5th Grade Registration
(Grade completed during 2016-17 school year)

Child's Name: _____

DOB: _____

Primary Caregiver: _____

Cell Phone: _____

<i>Check desired schedule</i>	<i>K-5th Grade Camp Registration is for the full 8-week program</i>	
_____	Standard Schedule Mon-Fri 7:30-3:30 \$135/week	Camp Themes June 5-June 9 India June 12-June 16 Russia June 19-June 23 Brazil June 26-June 30 China July 3-July 7 South Africa July 10-July 14 New Zealand July 17-July 21 The United Kingdom July 24-July 28 France
_____	Schedule Add-Ons + After School Care Mon-Fri 3:30-6:00 \$25/week (discounts do not apply)	
_____	Weekly Total before scholarships or discounts	
Complete program descriptions can be found at: www.prismeducationcenter.org		

Alternate Schedule Request

Requests for alternate schedules will be **considered on a limited basis** during the Priority Registration window of February 20-28. In order to request a part time schedule, please indicate your preferences below, and a staff member will follow-up with you:

___ I would like to enroll my child for Mon/Wed/Fri ONLY (\$85 per week)

___ I would like to enroll my child for Tue/Thu ONLY (\$65 per week)

___ I would like to enroll my child for ___ number of weeks instead of the full program. List preferred dates of attendance: _____

___ If an alternate schedule is not available, please enroll my child for full-time (complete table above).

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 permittable 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: _____

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: _____



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:



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

<p>FOR ADMIN USE ONLY: 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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