



Vacation Program Registration, 2018

Name of Student _____ Prefer to be called _____

Date of Birth _____ Current Age _____ Current Grade: _____ Male Female

Student's Home Address _____

School student attends _____

Name of Parent/Guardian _____

Home Phone (____) _____ Cell Phone (____) _____

Business Phone (____) _____ Email Address _____

Please tell us a little about your child's strengths, interests, and talents. What topics do they hope to explore during our program? What are they most looking forwards to?

How did you hear about the Athenaeum Learning Center?

Non-Discrimination Policy

The Athenaeum Learning Center does not discriminate, in either employment or admissions, based on race, color, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, physical and/or mental disability, age, religion, medical condition, veteran status, marital status, or any other characteristic protected by institutional policy or state, local, or federal law. This applies to both students and families.

Child's Name: _____

Birthdate: _____

FOREST Power (for children ages 4-7)

Cost: \$65 per day, or \$275 for the week
\$225 for week of July 4th

BRIDGE Power (for children in 1st-3rd grade)

Cost: \$75 per day, or \$325 for the week
\$275 for week of July 4th

BRIDGE Power (for children in 1st-3rd grade)

Cost: \$75 per day, or \$325 for the week
\$275 for week of July 4th

February Vacation Programming

February 19 th -23 rd	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F

March Vacation Programming

March 12 th -16 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
March 19 th -23 th					h	
Full Day	Full Week	M	T	W	Th	F
Robotics Boot Camp	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F

April Vacation Programming

April 17 th -21 st	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F

Summer Vacation Programming: June 26th-September 1st

Week 1: June 25 th - 29 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 2: July 2 nd - 6 th	Full Week	M	T		Th	F
Aftercare (\$20 per day)	Full Week	M	T		Th	F
Week 3: July 9 th - 13 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 4: July 16 th - 20 st	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 5: July 23 th - 27 st	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 6: July 30 st -August 3 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 7: August 6 th - 10 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 8: August 13 th -17 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 9: August 20 st -24 th	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F
Week 10: August 27 th -31 st	Full Week	M	T	W	Th	F
Aftercare (\$20 per day)	Full Week	M	T	W	Th	F



Authorization to Remove

The purpose of this form is to designate individuals, besides parents or legal guardians, who are allowed to remove your child from our premises. You do not need to fill out every line. Please include any extended family members, child care providers, or others who may pick up your child (either regularly, or in an emergency). This list may be updated at any point during the school year, and you may also give emergency permission for an additional person to remove your child by emailing that permission to info@athenaeumlearning.org.

The following person/persons are authorized to remove my child, _____, as needed or in case of emergency. Please inform the people on this list that they will need to provide a valid form of photo ID before they will be allowed to leave the premises with your child. This list may be updated at any point in the school year.

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

The following person/persons are NOT authorized to remove my child, for any reason:

Name: _____ Phone: _____
Name: _____ Phone: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____



Topical Authorization

I, _____, give permission for the Athenaeum Learning Center's authorized instructional and/or administrative staff to administer topical ointments, including insect repellent and sunscreen, to my child, _____.

I understand that I need to provide the ointment in its original container, labeled with my child's name. Parents must supply any topical ointment to be used on their child(ren).

I give permission for my child to share topical ointment with other children from my household.

I DO NOT give permission for my child to share topical ointment with other children from my household.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Photo Release Form

I, _____, give consent for the Athenaeum Learning Center to use my child's photograph, video, or audio recordings for the following purposes:

For classroom projects and communication within the Athenaeum Learning Center community only.
For the above purposes, as well as to promote the Athenaeum Learning Center.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____



Emergency Medical Permission Form

The purpose of this form is to enable parents/guardians to authorize the provisions of emergency treatment for children who become ill or injured while under the care of the Athenaeum Learning Center, when the child's parents/guardians can not be reached. This form will authorize the release of medical information to school officials/employees who have responsibility for the students while the student is at school, at school events, or is being transported by the school.

Child's Name: _____ DOB: _____

Parent/Guardian #1 Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Alt. Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Alt. Phone: _____

Employer: _____ Work Phone: _____

Is there a legal or custody order that applies to this child? Yes No (If yes, please attach details)

Emergency Contacts: (will be called in the order given, if parents/guardian can not be reached)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Emergency Care Information:

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____

Identification Number: _____