



"Providing Academic Enrichment in a Spiritual Environment"



1202 Old Edgefield Road, North Augusta, SC 29841 (803) 279-3584

www.summerhillcommunityresourcecenter.org



Registration Packet

(2019)

Summer Enrichment --- Phone: 803-279-3584
A Project of the Summerhill Community Resource Center, Inc.



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Payment & Program Information Sheet

S.T.E.A.M.

Grades K4–8th

June 17–July 12, 2019

July 15 – July 26, 2019

The goal of the Summerhill Community Resource Center Summer Enrichment Program is to improve academic performance and success of youth entering K4 through 8 grades by providing a summer of fun-filled activities in a spiritual environment for the youth of the CSRA.

Program Dates: Monday, June 17, 2019 – Friday, July 12, 2019

Program Hours: 6:00 am – 5:30 pm **Monday–Friday**

6:00 am – Parent Drop Off Begins

7:00 am – 7:45 am – Breakfast

7:45 am – 8:00 am - Devotion

8:00 am – 12:00 pm – Academics (Reading, Writing, & Mathematics)

12:00 pm – 12:30 pm – Lunch

12:30 pm – 4:00 pm Exploratory and Cultural Enrichment Activities

4:00 pm – 4:15 pm – Snack

4:30 pm – 5:30 pm – Afternoon story time, movie, games, activities

Program Site: Fellowship Hall at **Second Providence Baptist Church**
1202 Old Edgefield Road
North Augusta, SC 29841

Cost: **Registration Fee: \$65 nonrefundable (per child)**
(Registration Fee Due at the Time of Registration)

Please Note: The nonrefundable registration fee secures a slot for your child and includes some field trips.

Weekly Fee: \$85 per week per child

(First week’s Tuition is due on or before June 17th)

You are responsible to pay for each week you are enrolled in the SCRC Program

Make Checks Payable To: Summerhill Community Resource Center or SCRC

Payment Schedule: Tuition is Due on Monday of Each Week.

Cashier Checks are preferred, but are required during the last 2 weeks of the program.

**Registration forms may be picked up at the office of Second Providence Baptist Church.
For additional information, questions, and/or concerns, please call 803- 279-3584**



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Mission Statement

The Summer Enrichment Program 2019 is designed to provide an enhancing curriculum for K4 through 8th grades that will allow the participants to acquire knowledge that will help them to experience good success (Joshua 1:8) in Math, Reading, and Writing for their upcoming grade. The program is also designed to allow students to experience enrichment in cultural activities. Emphasis will also be placed on the acquisition of spiritual knowledge.

Goals & Objectives

The main goal of the program is to improve academic performance and success of youth entering grade levels K4 through 8th grades by providing structured hands-on teaching times with recitations which will help the students acquire knowledge that enhances their ability to think critically and solve problems effectively.

Disciplinary Policy

As the parent/guardian, we ask that you read these rules aloud with your child. Make sure that he/she understands what type of behavior will be expected. The rules and regulations of the Summer Enrichment Program are as follows:

- You must respect all staff, volunteers, adults and fellow camp members in actions and words.
 - Obscene language and gestures will not be tolerated.
 - Lying, stealing, and name-calling will not be tolerated.
- You must respect our learning environment by keeping the school a clean and safe place.
 - All trash must be properly disposed.
 - Use indoor voices when inside the building.
 - No running and horse playing inside the building.

Failure to follow the rules will result in the following actions:

1st Verbal Warning – We are prone to make mistakes

2nd Verbal Warning – Time out 5 – 15 minutes / Silent Lunch

3rd Verbal Warning – Parent(s) Conference

4th Verbal Warning – Excluded from field trips

5th Verbal Warning - Suspension from the program for 1–3 days depending on the severity of the incident

(Notifications of incidents/infractions often help eliminate problem behavior)

NO REFUND will be given if your child is removed for disciplinary reasons

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Suspension/ Expulsion

Depending on the severity of the incident, a child may be suspended from participating in the Summer Enrichment Program. A letter of suspension detailing occurrences will be sent home. Before consideration for the child’s return to the program can be given, the suspension letter will be followed with a parent conference. Two or more suspensions may result in permanent dismissal. The Director reserves the right to determine the length of suspension.

No Refunds Of Any Kind Will Be Given!

_____ *Parent’s/Guardian Signature* _____ *Date*

_____ *Child’s Signature* _____ *Date*

Program Information

Please read each statement and initial each line below.
Your initial signifies that you have read and understand the information.

Child’s Name: _____ (First) _____ (Last)

\$65 Registration fee and the \$12 cost for Tee Shirts are due upon registration.
THE REGISTRATION FEE IS NONREFUNDABLE
(T-Shirts are required for all field trips.)

Tuition Schedule

Week of Program	Dates	Tuition Deadline	\$10.00 Late Fee Due After
Registration Begins	April 2019		----
Registration & 1 st week	June 17– June 21	June 17	June 17, 5:30 pm
2 nd week	June 24 – June 28	June 24	June 24, 5:30 pm
3 rd week	July 1 – July 5	July 1	July 1, 5:30 pm
4 th week	July 8 – July 12	July 8	July 8, 5:30 pm
S.T.E.A.M 1 ST week	July 15 – July 19	July 15	July 15, 5:30 pm
S.T.E.A.M 2 ND week	July 22 – July 26	July 22	July 22, 5:30 pm

*Registration Payments May be Mailed or Dropped off at the Second Providence Baptist Church Office
1202 Old Edgefield Road - North Augusta, SC 29841- Phone: 803-279-3584
Additional Forms may be retrieved at the following Web Site
www.summerhillcommunityresourcecenter.org

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_____ **All students must be picked up by 5:30 PM. A \$1.00 per minute late fee will be assessed starting at 5:35 PM.**

Note: All late fees must be paid when child is picked up.

_____ **NO REFUND** will be given if your child has been dismissed from the program due to behavioral problems. Please review our disciplinary policy.

I have read and understand the terms listed above.

_____ *Parent's/Guardian Signature* _____ *Date*

_____ *Print Name*



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PLEASE FILL OUT ONLY IF YOU WOULD LIKE TO PURCHASE A T - SHIRT

T-Shirt Order Form

Student's Name: _____ (First) _____ (Last)

Size: _____ Quantity: _____

Available Sizes: Youth: Small, Medium, Large

Adult: Small, Medium, Large, XL, 2XL, 3XL

*T-Shirt Cost is \$12 Per Student – (Youth Small – Adult Large); \$14.00(Adult XL, 2XL & 3XL)



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Registration Form

A Complete Registration Form is Required for Each Child Registering for the Program

Must have a copy of birth certificate for K4 - K5!

Must have a copy of most recent report card for 1st-8th grades!

Must have a copy of the most recent assessment of academic progress! (ex. MAP or CRCT Score Reports)

(Please, if report card is not available upon registration, please send a copy when you receive it)

This information will allow us to make informed decisions about academic enhancement opportunities.

Date of Application: _____

Child's Name: _____ (First) _____ (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Gender: (Please Circle) Male or Female

Name of Parent(s) or Legal Guardian: _____

Place of Employment: _____ Position: _____

Home Phone: _____ Work Phone: _____ Pager No.: _____

Cellular Phone: _____ Email Address: _____

Emergency Contact Person Other Than Parent or Legal Guardian:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____ Pager # _____

Child's Educational Background:

School Currently Attending: _____

Grade Promoted to: _____ Name of Teacher:(optional) _____

Please Share the Student's Weaknesses, Strengths and Interests

Weakness(es) _____ Strength(s) _____ Interest(s) _____



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Registration Form (continued)

The following individuals have the authority to pick up my child from Summer Enrichment. Students will only be released to parents or persons whose names appear on this form and proof of identification will be required. **A written note of instruction must be sent and signed by the parent each time there is a change in transportation from the names listed below.**

Name _____ Telephone # _____
Name _____ Telephone # _____
Name _____ Telephone # _____
Name _____ Telephone # _____

Name(s) and grade(s) of other siblings in this program:

Name _____ (First) _____ (Last) Grade _____
Name _____ (First) _____ (Last) Grade _____
Name _____ (First) _____ (Last) Grade _____

Does your child have any physical, emotional, or developmental handicaps that might need special attention?
Please Circle (Yes or No) If yes, please describe: _____

The Summer Enrichment Program reserves the right to discharge any member for excessive behavioral problems.

Fees will not be refunded for any reason.

I hereby give permission for _____ to participate in the Summer Enrichment Program, and will not hold the staff and/or volunteers of Summerhill Community Resource or Second Providence Baptist Church liable.

If you understand and agree to the policies stated above, please sign:

Parent's Signature: _____ Date _____



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Medical Information & Release

Any Updates or Changes to this Form After Submission Must Be Made With a Signed Note

Child's Name: _____ (First) _____ (Last) Date of Birth: _____

Name of Doctor: _____ Office Phone: _____

Hospital Preference: _____

Insurance Company: _____ Policy No.: _____

Name of Medication	Amount to Give	Time(s) to Administer
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note Only Medications Sent By Parent Will be Administered

Health History: (Please check all that apply.)

Allergies	Diseases	Other
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Poison Ivy, etc	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Insect stings	<input type="checkbox"/> German Measles	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps	<input type="checkbox"/> Convulsion/Seizure
<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Asthma	<input type="checkbox"/> Behavioral
<input type="checkbox"/> Food Allergies (Please List) _____		

Please list any other allergies or diseases that apply to your child. _____

Recommendations & Restrictions: _____

Can your child swim? yes no

May your child participate in outdoor activities? yes no

May your child participate in physical fitness activities? yes no

Does your child have ADD/ADHD yes no

If so, is he/she on medication: yes no

Please list any medical problems that your child has that we need to be aware of: _____

I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the Summer Enrichment Program is in no way liable for any injuries that may occur.

Parent/Guardian Signature: _____ Date: _____



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Permission for Field Trips

Registration Date: _____

To: Parents/Guardians

From: Sheryl Key, Director
Wayne O’Bryant, Assistant-Director

Reference: Permission for Field Trips

The Summer Enrichment Program has planned a summer filled with fun activities. We are happy to have your child participating in this program.

We have arranged several field trips for this summer. We urge all students to attend. A calendar of events will be available online. Your authorization is required in order for your child to attend these field trips. Please sign below.

Child’s Name: _____(First) _____(Last)

_____ Yes, my child has permission to attend all field trips.

_____ No, my child does not have permission to attend the field trips.

Parent’s Signature _____ Date _____



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Right of Denomination and Religion Form

The Summer Enrichment Program respects your right of denomination and religion. However, please be aware that Bible Study Classes will be offered to our students with the permission of their parents/guardians.

Please check one of the following:

Yes, my child, _____, has my permission to attend Bible Study Class.

No, my child, _____, will be unable to attend Bible Study Class.

Please note that if your child is unable to attend Bible Study Class, he/she will be placed in another class until Bible Study Class is completed, and then he/she will be returned to his/her proper class.

I have read and understand the terms of this agreement.

Parent/Guardian's Signature

Date



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Release Form For Media Recording

I, the undersigned, do hereby consent and agree that Summer Enrichment 2016, its employees, or local media agencies have the right to take photographs, videotape, or digital recordings of my child/(children) and to use these in any and all media, now or hereafter known, and exclusively for the purpose of Promoting the Summer Enrichment Program. I further consent that identity may be revealed therein or by descriptive text or commentary.

I waive any rights, claims, or interest I may have to control the use of my child/children identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration.

Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____



Registration Packet Checklist

Please use this form as a tool to ensure that your registration packet is complete. Each item listed is essential for registering your child for this summer’s program. **NO EXCEPTIONS.**

Child’s Name _____(First)_____ (Last)

Retained or Promoted Grade _____

- [] Each form completely filled out and signed
 - Disciplinary Policy (Page 3 of Packet)
 - Program Information Form (Page 4 of Packet)
 - T-Shirt Order Form (Page 5 of Packet) (**only if T-Shirt is being ordered**)
 - Registration Form (Page 6 & 7 of Packet)
 - Permission for Field Trips (Page 9 of Packet)
 - Right of Denomination and Religion Form (Page 10 of Packet)
 - Medical information and Release (Page 8 of Packet)
 - Release form for media recording (Page 12 of Packet)

- [] An attached copy of medical insurance

- [] An attached copy of the child’s birth certificate (K4–K5 students only)

- [] An attached copy of the child’s most recent report card for (1st – 8th grade students only) and a *copy of the most recent assessment of academic progress.(ex. MAP or GA Milestone Score Report)*

- [] \$65 nonrefundable registration fee

Parent/Guardian’s Signature

Date

Registration fees are due at the time of submitting an application.