

# Cambridge Heights Academy Summer Camp 2017

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1959 Metropolitan Pkwy | Atlanta, Georgia 30315 |

Dear Parent;

We are delighted that you are interested in enrolling your child in our summer Camp at Metro Fun Center. Your child's summer camp experience will be enriching, educational, fun and very exciting. Such amenities include roller skating, laser tag, arcades, field trips, bowling, swimming, educational activities and much more. Lunch and Snacks are included.

Summer camp begins May 30<sup>th</sup> from 7:00a.m.-6:00p.m. Monday-Friday.

Our summer camp environment allows students to become engaged learners and positive risk takers. Most importantly, the culture of our camp help's students to acquire confidence in themselves and their abilities, learn healthy and virtuous habits, and develop a sense of personal responsibility and a commitment to the larger community.

Our exemplary curriculum formulated to enhance academic achievement and leadership, will ensure that when students return back to school, they will be well equipped for the academic school year.

Finally, thank you for enrolling your child in summer camp, their experience will be truly rewarding. Should you have any questions please call us at 770.875.5884

## **Summer Camp Location**

**Metro Fun Center**  
**1959 Metropolitan Avenue SW | ATL, GA 30315**  
**770.875.5884**

## POLICIES AND PROCEDURES

### **Administration and Staff**

The leadership is administered by the Program Director at the summer camp site, and staffed by trained and certified professionals, who have met all camp standards. We hire only the finest men and women whose educational background, social and moral standards are above reproach. Our student to staff ratio is 1:15, and our camp is designed for children ages 5-16.

### **Hours of Operation**

Summer Camp begins at 7:00a.m.-6:00p.m. Children will be served lunch and snack daily, and we ask that you make sure that your child eats breakfast before being dropped off to camp.

### **Medication and illness policy**

Staff will administer dated, labeled, prescribed medications or age-appropriate over-the-counter medication. Parents must sign an authorization form before any medication can be administered. Students will not be accepted on a given day if they are ill, this includes, but not limited to temperatures of 101 degrees or higher and any contagious symptoms. All of our staff are CPR/First Aid certified, and will administer such if a need shall arise until emergency services arrive.

### **Summer Camp Cost**

We have two fee options that you can select: The \$85 per week option includes all camp activities, but does not include field trips, or the \$110 per week option which includes all camp activities and field trips. Payment is due every Monday, and tuition is considered late if not received by Tuesday. Payments in the form of cash, money orders or certified funds are accepted payable to Cambridge Heights Academy.

### **CAPS**

If you are a CAPS participant, and you would like to use Cambridge Heights Academy as your provider, contact your caseworker and request that your contract be changed, and bring us certificate.

### **Waiting list & Questions**

Summer camp has a maximum capacity of 250 children and once those slots are filled, then your child will be placed on a wait list. In the event a child drops out of camp, then we will call parents in the order they signed the wait list. Please contact 770.875.5884 for questions.

## **Summer Camp Guidelines**

- Parents or legal guardian **MUST** enter the building daily to sign their child out of program. Children will only be released to an authorized parent or guardian as indicated on the registration form
- While not required parents are encouraged to volunteer 3hrs. per month with the summer camp program to include but not limited to assisting with homework, chaperon on special weekend events, etc.
- If your child has a medical problem/condition, please indicate on the medical release form.
- If your child becomes ill, you or the emergency contact will be contacted immediately.
- Periodically we will send your child home with supplemental work, designed to build upon the 5 fundamental pillars of the camp which are character development, academic excellence, physical wellness, technology, and community service. Please be sure to check your child's supplemental work folder daily to ensure all work with completed.

## **Summer Camp Discipline Policy**

We foster a positive, safe, and fun learning environment. Please read over the following camp expectations with your camper and sign the agreement at the bottom. All children are expected to maintain proper behavior during the camp sessions. If a child displays inappropriate, disruptive or disrespectful behavior toward teachers and other children, we will first approach the problem through positive discipline. If this does not work we will contact the parents. If the disruptive behavior continues the child will be dismissed from the program and no refunds will be given.

**COMPLETE THE REGISTRATION FORM AND RETURN TO THE CAMP LOCATION WITH YOUR NON-REFUNDABLE DEPOSIT OF \$25 AND YOUR FIRST WEEK'S PAYMENT. CASH PAYMENTS ARE ACCEPTED. MONEY ORDERS OR CERTIFIED FUNDS ARE PAYABLE TO CAMBRIDGE HEIGHTS ACADEMY**

# PARTICIPANT REGISTRATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Name of school \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Special dietary needs \_\_\_\_\_

## Emergency Contact information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

## Below are the persons that are authorized to pick up my child:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

## Parent/Legal guardian information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Cell number \_\_\_\_\_ Work Number \_\_\_\_\_

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Cell number \_\_\_\_\_ Work Number \_\_\_\_\_

Check one: [ ] \$85 per week option [ ] \$110 per week option

## HEALTH HISTORY & MEDICAL FORM

Student Name \_\_\_\_\_

Health History: Are there any physical limitations or health restrictions that would prohibit your child from participating in camp activities? If yes, please explain and list restrictions.

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

Is your child currently taking any prescription medications? If yes, please list information below.

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

Does your child have any allergies, including food, pollen, or medicine? If yes, please list.

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

**Metro Summer Camp/ Cambridge Heights Academy**

**1959 Metropolitan Pkwy**

**Atlanta, Ga 30315**

Parents, we are delighted that you have chosen to allow your child to attend Metro Summer Camp/ Cambridge Heights Academy STARTING MAY 30<sup>TH</sup> 2017

Please be advised that our summer day camp program is not licensed, but may be required to periodically update Bright from the Start with information related to our exemption approval.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature