

**Virtual Summer STEAM Camp
@ Alliance Therapy Centers
Registration Packet
2020**

Registration Information

Dear Parents,

Thank you for your participation in the Virtual Summer STEAM Camp at Alliance Therapy Centers. We have provided you with this handbook as a resource to help answer any questions you may have. Please read over the information provided and if you have any additional questions, feel free to contact Dr. Sylisa Lambert-Woodard and Alliance Therapy Staff members at the Woodbridge or Fredericksburg Therapy Centers, or Eric A. Jackson, M.Ed at SummerSTEAMcamp@gmail.com. They will be happy to assist you!

Our camp is designed to provide an innovative, project-based learning experience for each of the camp's participants. The experience and unique perspective of the instructors will help make this camp the experience of a life-time for your child.

Our hope is to transform students into people who understand what is to achieve success, and help them improve their skills in the areas of S.T.E.A.M., inquiry, and problem solving.

The Rules of Conduct, Liability Waiver, Acknowledgement Form, and Medical Information Forms must be signed and received by Alliance Therapy Center or Achievement Educational Services before your child may participate in the Summer Camp Program.

Tuition and Payment Policies

Tuition for the program is based on a per week/per student basis. Currently the cost is \$150 per week, **OR** \$50 per day. This includes cost of paper, pens, art supplies, supplemental Spanish materials, transported field trips, and recreational fees. There are no pro-rates for summer camp due to absenteeism or abbreviated weeks. A \$75 deposit will hold your place, with the remainder of the week's tuition due the first day of camp.

If payment is not received by Monday morning drop off time for the attending week, then your child will not be able to attend the Summer Camp until payment is made in full.

Alliance Therapy Information

The following information will help you understand the Alliance Program, its progression and supplemental structure. ([See Attached Site](#))

Rules of Virtual Conduct

Memorandum of Understanding

(Must be signed by parent/guardian. Please return one copy and keep one for your records)

Below is a general outline of the rules of conduct for the Summer STEAM Camp. We cannot articulate in writing every conceivable act of misconduct that a child could engage in. Please read over our rules of conduct and familiarize yourself with its content. You will be asked to sign a copy and return one back to us. The signed copy must be returned to Alliance Therapy Centers or Achievement Educational Services before your child can participate in the program.

Students are not permitted to engage in the following conduct:

- *The use of obscene or profane language or any acts, gestures, or innuendos directed at a student or Alliance staff member.*
- *The use of any derogatory language referring to color, religion, ethnic origin, or any aspects of a person's character, customs, and/or heritage.*
- *Acts of dishonesty, deception, deceit, and/or other relative behavior.*
- *Failing to follow stated instructions on a repeated basis*
- *Non-compliance of safety rules (Ex. Touching incorrect wires together purposely, Putting themselves at risk of injury, etc.).*
- *The possession of any narcotic, drugs, or other controlled substance. (This is a ZERO tolerance policy.)*
- *The possession of a firearm, weapon, or any item that resembles a weapon. (This is a ZERO tolerance policy.)*
- *Threatening another summer camper through intimidation, either verbal and/or non-verbal.*

- *Destruction of office, staff, or other summer camper's property.*
- *Physical horse playing while working with the Summer STEAM Camp materials. Under no circumstances are students allowed to engage in physical horseplay. This type of behavior causes injuries, especially when dealing with small and/or sharp objects.*
- *Any other acts or conducts which in the opinion of Alliance Therapy may cause harm to or injure another camper, the facility, its property, or staff members.*
- *Alliance Therapy Center reserves the right to dismiss anyone for reason's which in the opinion of the camp are necessary for the safety and well being of others, as well to maintain a productive and positive camp experience for all.*

I have read and understand the above rules of conduct. I have also explained them to my child and he/she understands the above rules of conduct.

(Parent signature)

(Child Signature)

(Date)

(Date)

Liability Waiver

By signing this agreement, I understand that under the terms of this agreement, Alliance Therapy Center obligates itself to furnish my child with professional instructions and a suitable facility for teaching lessons. Qualified personnel trained in identified instruction will supervise all class sessions. The student and Parent/Guardian hereby represents that the student is mentally or physically fit to take part in all identified aspects of the program. The student and Parent/Guardian knowing and voluntarily assume all risks of the students use of misuse of auncy equipment or facilities of Alliance Therapy Center. It is expressly made a condition precedent to participate in the Alliance Therapy Summer Camp that the student and parent/guardian waive, releases, indemnifies and saves harmless Alliance Therapy Center, its employees, agents, and partners from all claims of every kind of injury loss or damage occasioned by Alliance Therapy Center including any and all activities associated with the ATC Summer Camp.

(Parent Signature)

(Date)

Acknowledgement Form

I have read and understand the Alliance Summer Camp Handbook. I hereby authorize my child(ren) to attend Alliance Summer Camp Program. I authorize Alliance Therapy Center to transport my child(ren) for field trips. I understand and accept the risk associated with the Alliance Therapy Center Summer Camp Program, as well as risk of my own child(ren) and their actions and behavior.

I am aware that the pick up time from Alliance Therapy Center is at 5:00pm sharp. I understand that a late fee of \$1 per minute/per child will be assessed for late pick-ups. The fee is to be paid immediately to Alliance Therapy Center, upon pick-up of the child(ren). There is no billing or invoicing for late pick-up fees.

I also understand the policy for the payment and that there are no pro-rates for absenteeism or abbreviated weeks. Tuition for the Summer Camp is due on the first day of camp.

(Parent Signature)

(Date)

Emergency Information

Student Information:

Name _____

Age _____

Address _____

Home/Cell Phone _____

Parent/Guardian Information:

Mother Name _____ Phone (H) _____

(C) _____

Father Name _____ Phone (H) _____

(C) _____

Please provide alternative emergency contact information:

Name _____

Phone _____

Relationship to child _____

Name _____



Phone _____

Relationship to child _____

Pick up Information: (Please be prepared to show identification)

Name _____

Phone _____

Relationship to child _____

Name _____

Phone _____

Relationship to child _____

Any People NOT AUTHORIZED to pick child up:

Name _____

Name _____



Summer Camp Registration

\$150 per week

Child's name _____ Date of Birth _____

Parents name _____

Home phone _____ Work phone _____

Address _____

Emergency contact _____

Phone _____

Name of person **NOT** authorized to pick up child _____

Doctor's name _____

Phone _____

Does your child have any Allergies or Medical concerns? **Yes** **No**

Please explain _____

****By signing below I authorize Alliance Therapy Center to obtain immediate medical care for my child, if an emergency occurs and I will be responsible for medical care expenses.***

(Parent Signature)

(Date)