Dear Parent,

Thank you for your interest in our Academic Summer Enrichment Program!

The Summer Program runs from June 4, 2018 – July 27, 2018. Hours are 9:00am – 3:00pm each day.

During Envision Children’s Academic Summer Enrichment Program, your child will participate in engaging, educational and fun activities throughout the week. As well as, attend one educational and fun field trip each week that will keep your child academically involved.

Before and After Care are available and listed in the payment contract information included in this packet. If you wish to use these services, please inform us so that we can set up a payment plan.

Please submit the following application and a $50 non-refundable deposit per child by May 1, 2018, to hold your child’s space.

Please call Envision at 513.772.KIDS (5437) to set up a financial obligations plan. As per the financial obligations plan, all final payments will be due June 1st, 2018.

We are looking forward to working with your child this summer and are sure that they will enjoy their experience here at Envision!

Note: If you are applying for multiple children, please fill out a copy of pages 2-3 and 6 for each child. On all other pages, all children’s names can be listed.

*There will be no Program on July 4th, 2018. This date will not prorated.

RETURNING PAPERWORK:

You can mail it to our office:
8 Enfield Street, Cincinnati, Ohio 45218

You can drop it off at Winton Woods Intermediate School (825 Waycross) just please be sure to please it in an envelope marked “Envision Children”.

Any questions please call 513-772-KIDS (5437) ext 2.
POLICIES AND PROCEDURES

ATTENDANCE
Program begins at 9:00am and ends at 3:00pm. Children should arrive at the center no more than 15 minutes before Program begins and should remain no more than 15 minutes after Program ends. For a child who is staying for After Care that is picked up late (after 5:00pm), you are given one courtesy late pickup in that you must call 15 minutes before pick-up time. After this courtesy late pickup, you will be charged $5.00 for every 10 minutes late. (Example: 11-20 minutes late is another $5.00). These fees must be paid directly to the provider at the time of pick-up.

Excessive abuse of the ultimately pick-ups will result in your child being dismissed from the program.

For a child that is not enrolled in After Care and is picked up late (after 3:15pm), he/she will be sent to After Care and the aforesaid fees will automatically begin at 3:15pm. These fees must be paid directly to the provider at the time of pick-up.

To ensure safety, children must remain inside the building until an authorized person arrives.

Assessment Testing- Must be fully enrolled in the program with consistent attendance minimum of 5 weeks, or there will be no final testing administered.

Students cannot begin the program on the day of a field trip. They will have to wait until the next day/week to begin.

TUITION
A service charge of $40.00 will be charged for any returned checks. Full-time tuition includes all field trips and part-time tuition does not. We will require parents to purchase “ENVISION CHILDREN” T-shirts for the children to wear when we attend our weekly field trips. This allows easy identification during group outings.

TSHIRTS ARE A SEPARATE COST ($15).

REQUIREMENTS
Students must bring their own frozen bottle of water, as well as another one to drink in the morning. Enrolled parents, please be on the lookout for a supplies list, which will be sent out before the program starts.
EVENTS
Friday, July 27th, 2018 at 1:00pm, the children will be putting on an End of the Summer Program, as well as making lunch together. Mark your calendars. You will be hearing more about it as the summer progresses. Place to be determined.

REFUND POLICY
This Agreement may be cancelled by the parent at any for any reason. To receive a refund of the tuition paid under this Agreement, the parent must provide written notification of his or her intent to cancel on or before May 25, 2018. If notice of cancellation is provided after May 25, 2018, no refund will be provided. You are, however, permitted to transfer the remaining amount of your child's tuition (based on a pro rata calculation of the total tuition amount vs. the amount of time remaining in the program) to a child of your choice to attend the program. Other than cancellation before May 25, 2018, Envision Children has a “NO REFUND” policy for its Academic Summer Enrichment Program. As a result, it is important that, when registering for the program, the parent and/or guardian ensure that the child is able to attend all weeks of the program. Envision Children does not offer any discounts or credits for time missed from the program.

If Envision Children determines, in its judgment, that a child should be dismissed from the program, an Envision Children committee will determine, in its discretion, the amount, if any, that should be refunded to the parent and/or guardian. Dismissal from the program may result whenever, in the discretion of Envision Children, the child’s presence in the program is detrimental to the program or other participants in the program, such as where behavioral problems interfere with or disrupt the program. In the event such behavioral problems occur, Envision Children will provide the parent/guardian with written notice of such problems and no dismissal shall result until after the third such notification. The parties understand and agree that the Deposit is not refundable under any circumstances.

SUPPORT
By enrolling your child in Envision Children's Academic Summer Enrichment Program, you are showing your commitment to enhancing your child’s education while making it enjoyable. We applaud your dedication to enriching your child’s life and encourage your continued support.

I have read and fully understand these policies and procedures.

Parent’s Signature: ______________________________ Date: ___________
First Time Enrollment __________ Returning Student ______________

Envision Children's Academic Summer Enrichment Program Application

Child’s Name________________________ Date of Birth ________ Child’s Age________

Address_________________________________ Zip Code________________

Parent or Guardian’s Name__________________________________________

Relationship to child: parent (s)___ grandparent (s)___ other_____

Guardian Number: (H)__________________, (W)__________________, (C) _________________

Best number to contact: [ ] home [ ] work [ ]cell

Email address for correspondence: (please print neatly)
_________________________________________________________

Child’s grade beginning September 2018 _________ Child’s t-shirt size:_______________

School your child attended 2017 – 2018 school year _________________________

Will your child be utilizing Before Care supervision? __________

If so, which days: M _____ T _____ W______ TH_____ FR_____ 

Will your child be utilizing After Care supervision? __________

If so, which days: M _____ T _____ W______ TH_____ FR_____
PICK–UP PERMISSION FORM / EMERGENCY CONTACTS

Please list persons who will be permitted to pick up your child(ren), or contact in case of an emergency. If someone comes to pick up your child and he/she is not on this form, your child will NOT be released!!!! **must provide copies of photo ID for those listed below before or on the first day of the program**

Contact Information: (authorized to pick up your child)

Name_________________________ Phone________________________

Name_________________________ Phone________________________

Name_________________________ Phone________________________

What are your child’s top 3 interests (please be specific)?

1). __________________________________________________________

2). __________________________________________________________

3). __________________________________________________________

What expectations do you have of Envision Children’s Academic Summer Enrichment Program?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
MEDICAL INFORMATION FORM

Child’s Name __________________________________________

Past Medical History/Treatment (ex. Epilepsy, recurring ear infection, etc.)

______________________________________________________________________________

Past or Current Physical, Mental, and/or Psychological Conditions (that require medications,
treatment, or special restrictions while at the program):

______________________________________________________________________________

Dietary Restrictions:

______________________________________________________________________________

Known Allergies (food, medications, environment)

______________________________________________________________________________

Description of any activities your child should be exempt from:

______________________________________________________________________________

Child’s Physician_________________________ Physician’s Number_____________________

Child’s Dentist___________________________ Dentist’s Number________________________

Immunization History: (will need copy from doctors office of up to date shots)

Date of last tetanus shot (month/year): _______________________________________

I, ___________________________ (Parent/Guardian), attest that

_________________________ (Child), is up to date on all immunizations required for school.

Any other pertinent medical information:

______________________________________________________________________________

______________________________________________________________________________
Prescribed/Nonprescription Medications Release: (if none, please write none on line, Pick either A or B)

A) I, ______________________(Parent/Guardian), give Envision Children staff permission to give my child,__________________________, any prescribed or non-prescribed medications listed below.

B) I, ______________________(Parent/Guardian), **DO NOT** give Envision Children staff permission to give my child,__________________________, any prescribed or non-prescribed medications.

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<th>Medication</th>
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All medications (prescribed and nonprescription) administered must be tracked on the “Medication Log” and initialed by parent when administered.

**PERMISSION TO TREAT FORM**
(including simple first aid ex: bandages, ice, etc)

Please read both statements and fill out the one of your choice (A or B):

A) I, ______________________as parent or legal guardian/custodian of __________________________ (child’s name) authorize Envision Children to provide routine health care and administer prescribed medications (if/when needed).

B) I, ______________________as parent or legal guardian/custodian of __________________________ (child’s name) **DO NOT** Envision Children to provide routine health care and administer prescribed medications (if/when needed).

Parent/Guardian: ______________________ Date: ___________________
EMERGENCY AUTHORIZATION FORM

Please read both statements and fill out the one of your choice.

A) I, ________________________________(Parent/Guardian Name) give Envision Children the permission to have my child, ________________________(Child’s Name) transported to _____________________(Hospital’s Name) in the event of an emergency as determined by the staff of Envision Children.

B) I, ________________________________(Parent/Guardian Name) DO NOT give Envision Children the permission to have my child, ________________________(Child’s Name) transported to the hospital in the event of an emergency as determined by the staff of Envision Children.

PARTICIPANT RELEASE FORM

I, ________________________________ as parent or legal guardian/custodian of

_______________________________ (child’s name) authorize Envision Children and/or their authorized agent to release publicly my child’s name, use videotapes, photography, and otherwise publish or cause to be published any information relevant to his/her achievements. This information may be used in local, regional, state or national publications of the agencies listed above as well as be released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purpose stated.

Parent/Guardian: ________________________________  Date: __________________
FIELD TRIP PERMISSION SLIP AND RELEASE AND WAIVER OF CLAIMS

My child, ______________________________________ has my
                  (Child’s Name)
permission to attend all of Envision Children’s field trips for the 2016 Academic Summer
Enrichment Program.

The undersigned are the parents and legal guardians of the child named above. Said child is a
participant in Envision Children’s summer program. The undersigned recognize that full
participation in the program requires their child to be transported by bus to various activities. In
consideration of the child’s participation in the summer program, the undersigned agree that
they will release and hold harmless Envision Children, Sheryl McConney, and all of their
employees, officers, directors, agents, members, insurers, and associates, from any and all
claims, of any sort, type, nature, or description, whether known or unknown, foreseen or
unforeseen, which could be asserted against any of the above-listed entities or persons, and
they expressly waive any and all such claims. Said release and waiver shall not apply to bar
claims for intentional or willful conduct.

Parent/Guardian's Signature ___________________ Date__________

Envision Children Solution Agreement/Response

Thank you for choosing Envision Children. Envision Children is dedicated to servicing each child
and parent with the upmost respect and looks for the same respect to be reciprocated from
each child and parent. If there are any behavioral issues, Envision will discuss the issues with the
child’s family. The issues will be documented and signed off on by a parent/guardian and EC
staff member. Upon the documentation of the 3rd and final issue, the child will no longer be
able to participate in the current EC program. If there are any violent outbreaks or attacks, the
student will be immediately dismissed from the program to help ensure safety for both staff and
students. Envision Children is dedicated to providing the best service possible for each child and
parent and looks forward to doing so in an orderly manner.

Parent Signature _____________________________ Date________________
DOCUMENTS ENVISION CHILDREN WILL NEED BEFORE PROGRAM STARTS

1. Enrollment Packet
2. Application with $50 Enrollment Fee
3. Scholarship Application (if applying)
4. Photo ID’s for parents/those authorized to pick up child
5. Copy of child’s insurance cards (in case an emergency does happen)
6. Shot records

ENVISION CHILDREN FINANCIAL CONTRACT

Academic Summer Enrichment Program

June 4 – July 27

Child Care *

Before Care (7:30 am – 8:45 am) $10.00

After Care (3:15 pm – 5:00 pm) $10.00

Both Services in the same day $15.00

(Fees must be paid before the child(ren) is/are able to stay)

*Payment for Before and After Care will not rollover if your child is absent.

Enrichment Programs

Full- Time Student $1,200 (8 weeks)

Monday – Friday 9:00 a.m. – 3:00 p.m.

(Includes 7 – 9 field trips)

Sibling Discount Full – Time (Second Sibling - $900, Third Sibling - $800)
PERSONAL PAYMENT PLAN

(Please fill out how you are making payment, the amount(s) and date(s) you are agreeing to)

(Ex. 4/10/2018, I’m paying $250)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Need final payments July 13, 2018 (unless otherwise discussed and agreed upon)

*There will be a $40.00 service charge for any returned checks.

I, __________________________ agree to the personal payment plan (as described above).

Parent/guardian Name

Parent/Guardian Signature __________________ Date ______________