

Girls University

PARENT ENROLLMENT GUIDE

SUMMER CAMPS

Please fax or email completed documents.

Motivate. Inspire. Educate.

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GENERAL INFORMATION

It is our pleasure to offer Girls University Leadership and Enrichment Academy. The program is located either onsite at your scholar(s) school or at one of our stand alone locations. Operation hours are Monday – Friday and times varies depending on the school academic day or school partnership.

Enrollment

Enrollment for Girls University Summer Camp Academy “Girls U” is offered weekly. Currently drop in service is optional per location and at the sole discretion of program partner. **All parents must speak with an approved Girls University employee and receive confirmation that a completed registration packet has been received before starting a summer camp.**

Daily Schedule

Snack, homework, physical fitness and Leadership and Enrichment education. For a detailed schedule, please consult with a Girls University Summer Camp Site Director.

Nutrition Policy

Girls University values the importance of eating healthy. We do not promote sugar sweetened products. We offer a peanut free snack menu, but you are welcome to send additional snacks with your scholar.

Hours of Operations *(varies per location)*

Girls University operations hours are Monday through Friday, 8:00 a. m. - 6:00 p. m., *vary per location and partnership*. If there is inclement weather, Girls University will try to adjust operational time to accommodate.

Late Pick Up

All programs close at promptly at 6:00 p.m. unless noted otherwise. **Any parent, guardian or approved person arriving after the designated closing time (6:00 p.m.) will access a late fee of \$10.00 per every 10 minutes.** The additional fee will be required to be made the next day of attendance. Your scholar is subject to dismissal from the program due to repeated late pick-up or non-payment of late fees.

Picking Up Your Scholar

Girls University staff will not allow any scholar to be dismissed with any unauthorized person(s), unless otherwise noted in communication (writing, email or call prior to pick-up).

For safety and convenience for parents and scholar, the following rules apply:

- At any time Girls University staff can request picture identification before allowing dismissal
- Please park your car in the appropriate area and sign your scholar out each day
- Please keep your scholar with you at all times when departing

Weekly Draft Process

All Girls University fees are collected using an automated payment process, if attending weekly. Payment can made online or at our location. The registration packet includes an **Automated Draft Form** form along with a completed Student Registration/Information form. Automated payment is available to all parents without any drafting fees charged to the parent. All fees are subject to change.

Reject or Return Draft Process

Girls University charges \$30.00 for any return items plus a nominal processing fee (fees are subject to change).

Attendance Policy

Daily attendance records are documented and kept on file. **Student's fees are charged regardless of attendance. If your scholar has an extended illness of one week or more, the acceptance of a medical excuse documented by the medical profession will be at the discretion of the Site Director concerning fees.** Girls University understand that scholars may have doctor appointments or unexpected incidents; therefore we will accept signed excused notes from approved provider offices.

A two week written notice must be presented to Site Director when withdrawing from program.

Forms are available by request.

Emergencies

Girls University follows the standard emergency, crisis policies and procedures plan associated to schools. If your emergency contact information changes, please provide this information to your Girls University Site Director immediately.

Inclement Weather

Approved personnel will contact parents during inclement weather and/or emergency situations. Parents are asked to provide complete contact information on their scholar's Girls University application.

Discipline Procedures

If your scholar receives two referrals, he or she will be suspended for one full week. If your scholar gets a third referral, he or she will be dismissed from the Girls University program for the remainder of the school academic year. Severe infractions are subject to immediately removal. Below is a list of examples scholar may receive a referral.

- Fighting
- Profanity,
- Hitting or Striking
- Threatening Others
- Endangering Self or Others
- Inappropriate Behavior
- Destroying Property
- Possession of a Weapon

Physical Fitness

Girls University values the importance of health and physical fitness. We encourage scholars to participate in our daily creative indoor or outdoor activities to promote exercise and physical fitness activity.

PARENT ORIENTATION FORM

Registration/ Supply Fee	\$50 per girl Supply fee Included for Summer Camp (subject to vary per location)
Camp costs	Weekly payments are processed every Monday. Any outstanding fees must be addressed before your scholar is allowed to attend the upcoming week. Cost varies per location.
Early dismissal days	Based on site location and school's academic calendar. Early dismissal requires a \$15 fee per each dismissal day.
Multiple scholar family discounts	Families with multiple siblings are allowed a 5% discount off their weekly tuition. Siblings must reside in the same household or have a like parent and same registration information.
Refunds and Credits	Refunds are not issued. We only provide credit for missed days with a signed doctor's or funeral home excuse, but must be received by Site Coordinator with 5 business days of the absence.
Method of Payment	Girls University <i>only</i> accepts automatic draft payments from a general bank account, debit or credit card.
Late Payments and Administrative Fees	If fees are not paid at the appropriate time, an additional \$10.00 late payment fee is charged per scholar. All weekly fees and late fees must be paid in full before your scholar can return to program.
Late Supervision Fees	Pickup after 6:00 p.m. is automatically a nominal 'late supervision fee' of \$10.00 for all or part of each 10 minute increment per scholar.
Student Holidays	Girls University observes district's academic calendar. Tuition is adjusted to compensate for holidays and school closings. Full tuition is charged regardless if the program is open 3 or more days.
School Approved Breaks	Camps are offered at the discretion of program availability and participation interest.
Record of Payments	All parents receive annual statements. Please keep check stubs and/or receipts for tax purposes. Tax Number is: 81-2424583

ACCEPTABLE USE POLICY (AUP)

for use of computers, email and the internet

Computers and the internet are powerful educational tools, and we believe that the benefits for students far exceed potential disadvantages. Everyone utilizing computers and the internet at Girls University is expected to act in a responsible, appropriate and ethical manner. We realize that there are concerns about scholar being exposed to materials that are illegal, defamatory or potentially offensive. Girls University and its affiliates have worked diligently to set up filters that block our computers from accessing the vast majority of these undesirable sites.

In addition, the following precautions are taken:

- Students are supervised while using the internet or any digital media while in the presence of Girls University.
- Students who do not follow the guidelines outlined in the AUP will not be permitted to use our school's computers for a given amount of time, depending on the offense.
- Parents/guardians are required to sign this agreement before students are allowed to use the Internet and any digital device associated with Girls University and are expected to support and instruct their scholar in Internet safety.

Please Note: It is important to understand that the skills of searching the Internet for data and images within the school environment has numerous protections and filters to assure greater appropriateness of results. However, in the home environment, these same types of searches could yield very different and very inappropriate results due to lack of stringent filters. Scholar must be rigorously monitored when using the Internet at home.

The following are not permitted:

- Use of personal equipment (computers, hard drives, wireless access points and etc...) that connects to the LAN (Local Area Network) without prior permission
- Sending, downloading or displaying offensive or inappropriate messages and/or pictures
- Peer-to-peer downloading (e.g. - Kazaa, LimeWire, etc.)
- Using obscene language
- Harassing, bullying, insulting or attacking others
- Violating copyright laws
- Using other people's passwords
- Trespassing in other people's folders, files or work
- Participating in chain-letter type emails

Violations may result in:

Loss of access and/or disciplinary action.

** Students are warned not to post any personal information and are informed that Girls University Learning SyLeadership and Enrichment School retains the right to review and edit, including deleting, any and all materials.*

ACCEPTABLE USE ACKNOWLEDGEMENT

Please INITIAL one option:

_____ As the parent or legal guardian, I have read the Acceptable Use Policy (AUP) and grant permission for my scholar to use Girls University networked computers and to access the Internet from Girls University network.

_____ I do NOT want my scholar to access the Internet or e-mail.

Please PRINT student name as it appears on CLASS LIST

Student Name _____ Grade _____

Parent/ Guardian Signature: _____ Date Signed: _____/_____/_____

Witness _____ Date Signed: _____/_____/_____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

On behalf of Girls University Administrators, thank you for completing the AUP and for allowing your scholar the learning opportunities that technology provides. If you have any questions or concerns please email or leave a telephone message for Girls University Director of Operations Programs at 843.468.4710. You may make a copy of this agreement for your reference

**BANK DRAFT FORM
ACH PRE-AUTHORIZED DRAFTS
AUTHORIZATION AGREEMENT**

I hereby authorize _____, hereinafter called Girls University, to initiate debit entries or such adjusting entries, either credit or debit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to debit (or credit) the same to such account.

PAYMENT DRAFT INFORMATION:

CREDIT CARD NUMBER	EXP DATE	ZIP CODE	CVV
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CARD TYPE _____

This authority is to remain in full force and effect until Girls University has received written notification from me of its termination in such time and in such manner as to afford Girls University a reasonable opportunity to act on it.

NAME _____

EMAIL	OFFICE NUMBER	CELL NUMBER
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Weekly Rate: _____ Scholar's Name: _____

Weeks attending: _____

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

PHOTO RELEASE FORM

At Girls University qualitative data is very important to our success, we pride ourselves on working with our partners and you the parents to secure photos and video footage of our program. The photos we take are emailed to you weekly and posted on our facebook page to provide you with insight to your scholar's enrichment time. Therefore; we ask each parent for permission to take, email and post pictures of your scholars during their enrichment time with us. If you do not oppose to Girls University collecting this data, please sign and initial the release statement below so we can ensure the safety of your scholar(s) photo.

I hereby give my consent for my scholar's picture to be taken and used by Girls University social media team *solely* for qualitative data, the use of posting to Girls University social media site, emailing to Partner Administrator and Parents.

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

ENROLLMENT FORM

Office Use Only

Approved Date:	Approval Officer's Name:	
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Application Date		Enroll Date		WD Date		Re Enroll Date:	
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SCHOLAR INFORMATION

Last Name First Name Middle Name

Complete Address:

Address City State Zip

Home Phone# _____ Cell Phone# _____

Office Phone# _____

Date of Birth: _____ Sex: _____ Race: _____ Grade Level: _____

Last Name First Name Middle Name

Complete Address:

Address City State Zip

Home Phone# _____ Cell Phone# _____

Office Phone# _____

Date of Birth: _____ Sex: _____ Race: _____ Grade Level: _____

Last Name First Name Middle Name

Complete Address:

Address City State Zip

Home Phone# _____ Cell Phone# _____

Office Phone# _____

Date of Birth: _____ Sex: _____ Race: _____ Grade Level: _____

SUMMER CAMP WEEKS attending:

PARENT/GUARDIAN INFORMATION

Student Lives With: ___Both Parents___ Mother___ Father___ Grandparents___ Foster Parent___

Mother Name: _____ Father Name: _____

Address (if different from above)

Address _____ City _____ State _____ Zip _____

E-mail addresses:

Mother _____ Father _____

Mother Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Father Place of Employment: _____

Office Phone# _____ Cell Phone# _____

Parent permitted to remove scholar (circle all that apply): Father: Yes No Mother: Yes No

IF THE ANSWER TO EITHER IS NO, LEGAL DOCUMENTATION MUST BE ON FILE

Other persons permitted to remove my scholar from the Extended Day Program:

Name	Relationship To Scholar	Telephone

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

EMERGENCY CONTACTS

1) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

2) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

3) Name _____ Relationship _____

Home Phone# _____ Cell Phone# _____

All Legal Guardian or Parents MUST complete, sign and return the information sheets.

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

CONSENT FOR EMERGENCY TREATMENT

In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to contact the physician indicated and to follow the instructions. If it is possible to contact this physician the school may make whatever arrangements necessary to provide care and treatment for my scholar.

In case of an accident or serious illness where immediate treatment of my scholar is indicated but where he/she is unable to remain at the school, the school will contact me to arrange transportation for my scholar. If the school is unable to reach me, I authorize the school to contact one of the persons listed on the Extended Day Enrollment Form and request them to come to the school to transport my scholar home.

I authorize first aid and/or emergency medical treatment for the above-named student in event of injury or illness. I realize that I am responsible for payment of the emergency medical treatment.

I voluntarily agree to expressly assume all risks which may result from the health and fitness activities or in any way related to my scholar participation in the after-school extended day program.

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

CONSENT FOR EMERGENCY TREATMENT

Student Name: _____

Parent / Guardian Name: _____

Address: _____
Address City State Zip

Home Phone# _____ Cell Phone# _____

Office Phone# _____ ext. _____

Any known Allergies: _____

Any severe medical conditions the afterschool director / staff should be made aware of:

Notify in case of Emergency if you cannot be reached:

Name: _____

Home Phone# _____ Cell Phone# _____

Name: _____

Home Phone# _____ Cell Phone# _____

If possible, the school will get your scholar to the emergency facility you prefer; however the student's well-being may dictate a different facility. All information will be kept private.

The emergency facility you prefer: _____

Your Insurance Carrier: _____

Address of Carrier: _____

Phone # of Carrier: _____ Policy Number _____

Please contact the school office or afterschool care director immediately if there is any change in the information given above.

GENERAL RELEASE OF LIABILITY

The undersigned hereby releases and forever discharges Girls University programs, offerings and their officers, servants, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has and hereafter may have an account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to _____ during Girls University.

(Please fill out one for each participating scholar, if you have more than one scholar attending)

Parent/ Guardian Signature: _____ Date Signed: _____/_____/_____

Witness _____ Date Signed: _____/_____/_____

Note: By signing and initialing above, you acknowledge that you have read and agree to request

ACKNOWLEDEMENT FORM

Scholar's Name: _____ Date Signed: ____/____/____

I understand that Girls University policies have been developed to ensure the safety and the well being of all scholars attending our program. I have read the Parent Handbook and understanding the program policies and procedures. I have discussed the rules of the program with my scholar.

I understand that failure to return this acknowledgement will not relieve me from knowing and following the policies of Girls University.

Parent/ Guardian Signature: _____ Date Signed: ____/____/____

Witness _____ Date Signed: ____/____/____

Note: By signing and initialing above, you acknowledge that you have read and agree to request