

# STEAM Academy at River Islands Summer Program 2020

STEAM Academy would like to welcome you to our Summer Program. We are excited to have you join us for part of the Summer and hope this will be a great help to many of you. We look forward to your feedback and partnership.

First, rest assured your children's safety is our number one concern. We want you to know that our staff is committed to your child's fun and activities while in our care. We will have plenty of FUN! We have many crafts, activities, including water play, that will keep your child active and make new friendships along the way.

Secondly, morning and afternoon snacks will be provided, however, please include a lunch for your child to get them the proper nutrition for the day. They will need the energy to keep up with the daily activities.

Lastly, a calendar will go out soon! Our calendar will inform you of the daily/weekly activities that will take place. Our field trips will happen on-site and any and all vendors will come to our campus. Please be sure that you know what is needed from your child for that particular activity.

We look forward to encouraging each individual child to be the best human possible while exhibiting all the character traits we stand behind. Thank you again for taking interest in our program. We look forward to serving your family and our community to the best of our abilities. If you have any questions, please don't hesitate to contact me.

Warm Regards,

**Pam Parrish**  
Summer Program Director  
pparrish@bantasd.org  
Main: (209) 851-4806  
Cell: (209) 663-6137



**Child's Information**

# STEAM Academy at River Islands

## Summer Program 2020

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender:  Male  Female Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child resides with:  Mother  Father  Both  Other \_\_\_\_\_

### Parent/ Guardian Information (Both parents must be listed; use N/A if not applicable.)

**#1 Parent/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ -mail: E \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Driver's License Number and State \_\_\_\_\_

**#2 Parent/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ -mail: E \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Driver's License Number and State \_\_\_\_\_

Is there a custody order in place?  No  Yes (If YES please provide a copy with registration.)

**\*\*\*\*\*Proof of custody will be required before accepting to the program\*\*\***

### Authorized Adults to Pick Up Child/Emergency Contacts

*Must be 18 years or older and will only be called in case of emergency or when a parent cannot be reached*

**#1 Emergency Contact** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Daytime/Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**#2 Emergency Contact** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Daytime/ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If someone other than the parents or persons listed on this form will be picking up your child, you MUST notify us in advance via email or by phone in case of emergency. Anyone not listed on this form must have a "code word" to pick up your child. Individuals must present a valid ID upon arrival.**

**"Code word":** \_\_\_\_\_

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## Summer Program 2020

### Days Attending

#### June

Week of June 8th- 12th

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-12:00pm / **\$85.00 PER WEEK**

Week of June 15th - 19th / **Wednesday, June 15- The Reptile Guy will be here!**

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-12:00pm / **\$85.00 PER WEEK**

Week of June 22nd - 26th/**Wednesday, June 24- Pottery Magic will be here!**

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-12:00pm / **\$85.00 PER WEEK**

#### July

Week of June 29th - July 3rd/**VENDOR TO BE DETERMINED**

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-12:00pm / **\$85.00 PER WEEK**

Week of July 6th - 10th / **Wednesday, July 1- Lisa Rowe's Kids Paint Day (Paint a picture with Lisa's step by step instruction -more information to follow)**

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-1:00pm / **\$85.00 PER WEEK**

Week of July 20th - 24th-**VENDOR TO BE DETERMINED**

- Full Time 5 days a week, 6:30am-6:00pm / **\$125.00 PER WEEK**
- Summer Camp: Part Time 4 days a week, 8:00am-1:00pm / **\$85.00 PER WEEK**

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### PROGRAM FEES

**Summer Program Date: Monday, June 8 Friday, July 24, 2019**

**Full Days:** 6:30am.-6:00pm., \$125 per child, 5 days a week

**Summer Camp** 8:00am.-12:00pm, \$85 per child, 4 days a week

**Payments will not be prorated if your child is absent. A \$10.00 sibling discount will be offered.**

**DROP-INS WILL BE \$40.00 PER DAY, PER CHILD**

Payments are due at the beginning of the week, Monday. If payment is not received by the end of the week, your child will not be admitted into the program until paid in full. If a check is returned,

**you will be charged a \$12 non-sufficient funds fee .**

Checks are to be made payable to NextGeneration STEAM Academy.

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I accept and accept the financial responsibility for payments, in full, as mentioned above for all days requested.       

I understand I will not be credited for any days my child is absent.       

I understand that payments are due at the beginning of the week, Monday.       

I understand that if payment is received after the beginning of the week, \$10 late fee will incur.       

I understand payments must be received on the last program day prior to any holidays and weekends.       

I understand if payment is returned for nonsufficient funds, my tuition is due immediately, plus a \$10 late fee, as well as, a bank nonsufficient fee of \$12.       

I understand that if payment is not received by the last day of the week, Friday, that my child will be suspended from the program until payment is in current status.       

I understand that if I wish to withdraw my child from the program that I must submit a Withdrawal Form and provide 1 weeks' (10 days) notice.       

Name of Person Responsible (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Requesting Start Date \_\_\_\_\_

\*\*\*\*\* **FOR STAFF ONLY** \*\*\*\*\*

Payment Received \_\_\_\_\_ Date Received \_\_\_\_\_

### BEHAVIOR CONTRACT

We are so excited to provide this new service to you but with that comes expectations for student behavior. A student shall conduct himself to reasonably comply with the following character codes of conduct

- ★ A student shall cooperate fully with everyone authorized by the Coordinator to provide
- ★ education programs and other services.
- ★ Comply with the rules of the school/program.
- ★ Be accountable to his/her teachers for his/her conduct.
- ★ Respect the rights of others.

Appropriate behavior by students is critical to STEAM Academy's Summer Program. Appropriate behavior helps children learn such fundamental skills as respect, compliance, good manners, and courtesy. Also, a peaceful and productive learning environment is essential to providing optimal learning. We strive to listen to the concerns of everyone affected and respect student privacy and confidentiality. The goal of our Behavior Contract is to help students learn to behave appropriately with and without direct adult supervision. We want them to make proper decisions about their behavior, now and in the future.

**The following expectations form the foundation of our Behavior Contract:**

1. Students must comply with the instructions of program staff members.
2. Students must treat program guests, fellow students, and staff members with respect.

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3. Problems must be solved in a manner which respects the dignity and safety of all members of the program community.
4. If a child repeatedly chooses **NOT** to make good choices, they will lose any free choice activities and the staff will choose their activities for them.
5. If inappropriate behavior is serious or becomes a chronic problem (including but not limited to violence, threats, or repeated disruptions), it could result in program suspension, we would use a method of progressive suspension.
- 6.

### **Progressive Suspension:**

1<sup>st</sup> Incident - The student goes home that day and program suspension for the next day.

2<sup>nd</sup> Incident – The student goes home, followed by two day program suspension.

3<sup>rd</sup> Incident – The student goes home, followed by three day program suspension.

After the 3<sup>rd</sup> incident Summer Program Administration will determine if enrollment in the Summer Program should be discontinued.

Our Summer Program is a service to families by providing a quality program and safe environment for all our students. By signing this agreement, the student and parent(s) choose to support the philosophies of the agreement with words and actions, as well as the policies and practices discussed in this contract.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT CONTRACT**

**Please read contract in its entirety and initial**

- I understand that I am responsible for weekly payment in full for all days in my contract.
- **Missed days will not be credited.** Full payment for each week is due at the beginning of each week.
- Payment is considered late if not received by the Friday at the end of each week. It will include a **\$10.00** late fee.
- I understand that payments are due on the last day of the week prior to holidays and weekends.
- Payments may be turned in directly to the NGSA office and placed in the blue box. Checks are to be made payable to **Next Generation STEAM Academy.**
- I understand that if payment is not received by the end of each week, care will be suspended until my account is paid in full.

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- I understand that when the program is not in session, my tuition **will not** be prorated and full payment will be due.
- I understand that to withdraw from the *STEAM Academy Summer Program* will need to submit a Withdrawal Form 10 days prior to my child's last day of attendance OR I will be held responsible for payment in full.
- I understand that my child is to be picked up no later than 6:00 p.m. Any child not picked up by 6:00 p.m. with no prior communication and/or becomes habitual will be charged **\$2** for each minute past 6:00 p.m. If there is a second occurrence there will be an increase to **\$4** per minute. A third time would be an automatic dismissal from the program.
- I understand that there will be a **\$12** charge for non-sufficient funds/ returned checks. If there is a second NSF check against my account, further payments will only be made by cash, money order or cashier check.
- I understand that if my child remains in the STEAM Academy Summer Program after 6:00 p.m. and the staff has not heard from me, the staff will contact the emergency contacts I have listed on the Student Emergency Information Form as authorized to take my child from the facility. If after one hour my child has not been picked up, the local child protective services agency or Sheriff will be called.
  
- I understand that I, or any person(s) designated on the enrollment form and/or emergency contact form will sign (full signature) my child in and out daily. I understand that my child will not be released to any person(s) not listed on the form or previously authorized.
- All individuals must provide proper identification at the time of pick up until stated otherwise.
- I understand if the staff notifies me or my authorized adult(s) that my child is ill, I must pick up my child immediately.
- If my child is absent due to a reportable disease, my child may return only with a physician's note indicating that he or she is no longer contagious.
- It is my responsibility to report if my child has a serious medical condition that the supervising staff should be aware of.
- I am aware that the staff does not administer any medication.
- I am solely responsible to administer any medication my child may need, unless allergy related. In such a case, a physician's note stating a child is able to administer medications on their own must be

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on file. [REDACTED]

- I understand that STEAM Academy Summer Program reserves the right to terminate child care services if it is determined that placement is unsatisfactory. [REDACTED]
- I understand that unforeseen things beyond our control like natural disasters may occur, (i.e. fires, earthquakes) thereby forcing school closures. I understand payment for those days closed are not refunded. If conditions arise during the school day and school is closed, I will pick up my child immediately. [REDACTED]
- I understand that the STEAM Academy Summer Program does not provide snack after school hours and that I need to provide my child with an afterschool snack. [REDACTED]
- I understand that my child **may not bring toys or items from home** to STEAM Academy Summer Program at any time, for any reason. If so, items will be confiscated given to parents at the time of pick up. [REDACTED]
- I understand that absolutely **NO MEDIA DEVICES** will be allowed, unless school approved, in the STEAM Academy Summer Program at any time, for any reason. If discovered media devices will be confiscated and returned to the parent/guardian picking up. I understand that if I need to contact my child I may do so at the following number **(209) 851-4806** or cell phone **(209) 663-6137**. **Text is welcome** [REDACTED]

### ACKNOWLEDGEMENT

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms, policies and fees outlined within the enrollment agreement. I understand it is my responsibility to contact the STEAM Academy Summer Program Coordinator with any questions I have about the information contained in this document relating to enrollment policies, procedures, fees, or behavior. I give my permission for my child to participate in all daily activities while attending NGSA After School Program. I believe that the necessary precautions and plans for the care and supervision of my child during the day will be taken. I agree to indemnify and hold harmless NGSA and Phoenix Rises After School Program from all claims, losses, expenses, fees including attorney fees, costs and judgements that may be asserted against NGSA/Phoenix Rises After School Program that result from the acts or omissions of the Contractor, the Contractor's employees, if any, and the Contractor's agents.



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Person Responsible for Payment \_\_\_\_\_ Date \_\_\_\_\_  
PLEASE PRINT

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### Medical and Behavioral Information

1. Has your child had any of the following? ~~No~~, please explain.

- Asthma     Allergies     Autism     ADD/ADHD  
 Cognitively or Learning Disabled     Diabetes     Dietary

Restrictions: \_\_\_\_\_

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**Food/Milk Allergies with alternatives:**

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**Non-Food Allergies:**

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2. Triggers or red flags that may cause any concern (specify):

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3. Signs or symptoms to watch for:

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4. Steps the staff should follow:

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5. Identify any staff to whom you have given special training and/or instructions:

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6. Additional information that may be helpful to us:

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7. Physician Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

8. Is your child currently taking any medications?  Yes  No

If yes, list medications and what they are taken for:

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If medication needs to be taken by your child during the Summer Program, please request the "Parental Consent and Directions to Staff for the Self Administration of Medicines" form from the Summer Director and/or office staff. This form MUST be completed, signed by a parent/guardian and returned to the office prior to the child attending the Summer Program.

### Permission To Seek Medical Treatment

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of a parent or guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or an emergency situation, I authorize a staff member of Manteca Parks and Recreation to notify emergency personnel and the above-named physician for such emergency treatment and measures as are deemed necessary for the safety and protection of my child(ren) at any expense.

Signature \_\_\_\_\_

Parent

Guardian

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Authorization / STEAM Academy Summer Program : 2020 Summer Camp

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# STEAM Academy at River Islands

## Summer Program 2020

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Liability and Photo Waiver

In consideration of the acceptance of my application for entry into the above program/event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the STEAM Academy as a result of my participation in the event. This release is intended to discharge STEAM Academy at River Islands of Lathrop, its administration and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. STEAM Academy at River Islands reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the STEAM Academy at River Islands and may be used for art projects, good behavior

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recognition, and occasional publicity and promotional purposes. My signature releases STEAM Academy at River Islands from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to view G/PG Movies

I give my permission for the abovenamed child to watch both G- and/or PG-rated movies during the STEAM Academy Summer Camp/Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Apply Sunscreen/Insect Repellent

I understand that I am expected to provide sunscreen (minimum SPF 30) if needed, labeled with my child's name, to STEAM Academy Summer Program staff. If my child's sunscreen runs out or is missing, I authorize my child to use any sunscreen provided by STEAM Academy Summer Program staff. I also understand and authorize that insect repellent may be used on my child for protection purposes only. I authorize STEAM Academy Summer Program staff to (check all that apply) :

Apply sunscreen/insect repellent to my child    Allow my child to self-apply sunscreen only

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization to Participate in Organized Activities on Campus

I understand that throughout the course of the Summer program, vendors will be on campus providing a variety of activities for the children. Staff will notify parents/guardians in advance of each field activity date and time. I give my permission for the above-named child to participate in these activities. If I do not wish for my child to attend a particular activity, I understand that I will need to make other arrangements for my child's care for that day.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Rules and Policies Acknowledgement

I have received and read the 2020 Summer Program policies and procedures and I understand and agree to abide by them. I understand the Fees and Payments policy on page 3 of this Guide and know that I am expected to pay in full in advance for each week my child attends Summer Program.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_