





SUMMER SCHOOL REGISTRATION PACKET

Summer Adventures will be held June 4 – July 3. If you are interested in your child attending, please follow the step below to complete the registration Summer packet.

1. Membership form – If you have not recently renewed your membership for 2019 please complete the form. Dues are \$25.00 per family. Membership drive began January 2019.

2. Student Application – 2 pages (front and back) – complete all sections/blanks. Make sure you initial where indicated and sign permission as well. To ensure registration, you must include a minimal fee of \$25.00 (this is separate from membership). Thus to be fully registered you must have paid \$25 membership and \$25 summer adventures registration.

3. T-shirt form – will be distributed the first week of Summer Adventures. Remember that you can order t-shirts for other family members, friends, etc.

4. NOTE: If we receive your application by April 4 along with membership and registration fees, your name will be placed in a drawing for a \$100 scholarship for Summer Adventures.

5. Complete fee sheet. Also you should begin making payments now. You can choose to pay \$50 per month, etc. If you would like to set up a payment plan please reference Fee Sheet included in registration packet.

6. Note: Registration deadline is April 16. NO EXCEPTIONS TO DEADLINE!!! We accept a limited number of students, to ensure a spot for your child, return your application immediately in the enclosed envelope. Don't forget the stamp!

Mail to: The Arc P O Box 18800 Hattieshurg MS 39404 You can now apply and pay online!!! Visit www.hattiesburgarc.com and click on Summer Adventures



SUMMER ADVENTURE STUDENT APPLICATION

and developmental disabilities				Unite	
STUDENT'S NAME				Way	y S
DATE OF BIRTH	AGE	SEX			
PAREN'T'S NAME					
MAILING ADDRESS		CITY	ZIP		_
HOME PHONE	WORK PHONE		CELL PHONE		
EMERGENCY NUMBERS		NUME	BER		_
EMERGENCY CONTACTS: NAME					
NAME	·		PHONE		<u></u>
E-MAIL					
MEDICAID # NUMBER MEDICAL HISTORY/EMERGENCY precautions) LIST ALL MEDICATIONS YOUR CH	NOTES (i.e. seizures, s	special			
TAKES WILL YOUR CHILD TAKE MEDICA	ATION DURING THE			YES	NO
TAKES WILL YOUR CHILD TAKE MEDICA IF YES, PLEASE COMPLETE BELO	ATION DURING THE W:				NO ME
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SUMMER ADVENTURES SUMMER SCHOOL

STUDENT NAME_____

(Parent initial each blank)

____I GIVE PERMISION FOR MY CHILD TO PARTICIPATE IN ADVENTURES SWIMMING, COMMUNITY ACTIVITIES AND LUNCH PROGRAM.

____I GIVE PERMISION FOR MY CHILD TO BE PHOTOGRAPHED AS A STUDENT IN THE ADVENTURE PROGRAM AND AGREE THAT THESE PHOTOGRAPHS MAY BE USED IN THE FUTURE WITHOUT FURTHER NOTICE (WEBSITE, NEWSLETTERS, FACEBOOK, PRESENTATIONS).

____I RELEASE ARC/SOUTHEAST MS, IT'S EMPLOYEES, HATTIESBURG AND LAMAR COUNTY SCHOOLS FROM LEGAL RESPONSIBILITY FOR INJURY SUSTAINED BY MY CHILD WHILE TRAVELING TO/FROM OR ATTENDING ANY OF THE ADVENTURES ACTIVITIES.

AUTHORIZATION FOR TREATMENT

IN THE EVENT OF AN EMERGENCY, I WISH FOR THE FOLLOWING HOSPITAL TO TREAT MY CHILD (You may choose one or both).

_____FORREST GENERAL HOSPITAL

_____WESLEY MEDICAL CENTER

DOCTOR/PEDIATRICIAN_____

PHONE_____

PARENT SIGNATURE_____

WITNESS_____

DATE_____



The Arc Adventures Summer School 2019 Fee Sheet



NAME___

DIRECTIONS: Listed below are the prices for various programming and transportation options. Please select the options that best fit your needs. Also, please be aware that you can begin by making monthly payments. 75% of payment due by April 15! You are required to make a payment in full by June 5. You may email the bookkeeper at ccbmoss@gmail.com to establish a payment plan or you may attach a note to your fee sheet indicating your payment plan.

THE ARC MEMBERSHIP FEES (REQUIRED-CHECK 1):

____I have already paid my \$25.00 membership fee.

I am including \$25.00 membership fee for 2019.



You can now pay and enroll online!!! Visit <u>www.hattiesburgarc.com</u> and click

SUMMER ADVENTURES REQUIRED FEES: (REQUIRED—CHECK 1) on Summer Adventures (ONLY 2 OPTIONS AVAILABLE)

_____ SUMMER SCHOOL FLAT RATE (June 4—July 3) = \$250.00

_____ 3 DAY A WEEK OPTION = \$125.00

TRANSPORTATION IN AM (REQUIRED- CHECK 1)

____My child/adult will be a car rider EVERY morning!

____I would like a BUS (Hattiesburg Area ONLY) \$50.00 for 1-way, \$100 for 2-way

_____ A.M. Address: _____

TRANSPORTATION IN PM (REQUIRED-3 Options-CHOOSE 1)

____My child/adult will be a car rider EVERY afternoon!

My child/adult will participate in the DAYCARE program at The Arc! \$200 month of June additionally, \$50 transportation fee afternoon from summer Adventures to The Arc! If you are interested in the DAYCARE PROGRAM, you have to be registered by May 1 with the daycare director, Pam Hughes.

I would like a BUS (Hattiesburg Area ONLY) \$50.00 for 1-way, \$100 for 2-way

_____ P.M. Address: ______

FOR BOOKKEEPER ONLY:

AMOUNT DUE \$_____