

Purpose Learning Lab, Inc

"Camp Purpose"

June 14- August 20, 2021

2021 REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male DOB: _____ Age: _____ T-Shirt Size _____ (\$25.00 Fee)

School: _____ Last Grade attended: _____

Academic Concerns: _____

Child's Strengths: _____, _____, _____

Child's Weaknesses: _____, _____, _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's Day phone: _____ Father's Day phone: _____

Mother's cell: _____ Father's cell: _____

Person's authorized to pick up child: (Please provide a copy of their ID/ notify them of sign in/out policy)

1. _____ () _____
2. _____ () _____
3. _____ () _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people who are not permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

(The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.)

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that **Purpose Learning Lab, Inc and Hands of Purpose Childcare - "Camp Purpose"** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

___ **Lunch:** **Every child enrolled is required to bring lunch every day.** If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's first & last name. Glass bottles, glass containers, and food containing peanuts are not allowed.

___ **2021 Food Bank Potential Partnership:** **We are diligently working with the Food Bank to provide both Breakfast & Lunch or Lunch & Snack to our campers. More information will be provided prior to the start date.**

___ **Payments:** Tuition Payments are due every Monday Morning & may be paid by Zelle, Cash, or Cashier's Check. **Our preferred method of payment is Zelle.** Please use purposelearninglab@gmail.com Please make all cashier's check payable to: **Purpose Learning Lab, Inc**

___ **Late fees:** Parents who do not submit their payments on Monday prior to care will receive a \$25.00 late fee per child.

Camp Fees:

- Full Time 5-day camp \$175/week (Includes Field Trip, Activity, & Transportation fee)
- Part Time 3-day camp \$150.00 /Week (Monday, Wednesday, and Friday Only)
- Specialty 2-day camp \$120.00 (Tuesday & Thursday Only)
- 2021 Summer Camp Drop in rates \$60.00 per day (Includes field trip expenses for 2021)

Non-Refundable Registration fee: \$175.00 (Includes Camp T-Shirt, Test Prep Material, & Activities)
All registration fees can be paid using Cash App: \$dreambigempress

2021 Family Registration Discounts: \$175.00 for the 1st child, \$150 2nd & 3rd Child, \$125 4th child
2021 Sibling Tuition Discount: \$10.00 off 2nd child (Full Time 5-day Camp Discount only)

Contact Information

For more information, contact MyiShanka McMillian (919) 724-9733 or Shanicka Porter (919) 332-8697
Email: purposelearninglab@gmail.com

I understand that weekly tuition payments are due Every Monday Prior to care being provided. It is important to note, that we do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to "Camp Purpose" every day. All funds can be paid using Zelle: purposelearninglab@gmail.com

Parent Signature: _____ **Date:** _____
DROP OFF AND PICK UP TIMES Camp Hours: 8:00-5:30pm Ages: 5-14

Please Check your Drop off preference:

- 8:00am (@ Purpose Learning Lab, Inc 2919 Fayetteville Street Suite 3. Durham, NC 27707)
 - (Limited Early Drop off @ the Daycare may be arranged after reviewing additional fees/\$10.00 per day)
- 8:00-8:30am Purpose Learning Lab Durham, NC** or **7:30am Paid Early Daycare Drop off**

Please Check your Pick up preference:

- 5:30 pm (@ Purpose Learning Lab, Inc 2919 Fayetteville Street Suite 3. Durham, NC 27707)
 - 6:00 pm (Limited Late pick up @ the Daycare may be arranged after reviewing additional fees/\$10.00 per day)
 - A \$1 fee will be charged for every minute late after a 5-minute courtesy wait.
- 4:45-5:30pm Purpose Learning Lab, Inc** or **Emergency Only Late Pick Up Request**

Please check the weeks your child will attend camp

- WK 1** June 7-11, 2021 **WK 2** June 14-18, 2021 **WK 3** June 21-25, 2021 **WK 4** June 28- July 2, 21
(Closed July 1 & 2 in observance of Independence Day/ \$25.00 off Tuition per child) **WK 5** July 5- 9, 2021
 WK 6 July 12-16, 2021 **WK 7** July 19-23, 2021 **WK 8** July 26-30, 21 (Closed 7/30 Camp Family & Friends Day)
 WK 9 August 2-6, 2021 **WK 10** August 9-13, 2021 **Last Day of Camp 8/13/21**
Optional 2021 Limited Edition camp **WK 12** August 16-20

Please check if you would like to attend our 14th Annual Family & Friends Day set aside for our campers July 30, 2021 (Wet N Wild)

Transportation Release

I hereby give permission for the transportation of my child for official **Purpose Learning Lab, Inc** and **Hands of Purpose Childcare- "Camp Purpose"** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission to **Purpose Learning Lab, Inc and Hands of Purpose Childcare** to photograph and/or videotape the student for educational or promotional purposes. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Purpose Learning Lab, Inc **Hands of Purpose Childcare- "Camp Purpose"** and its affiliates.

Parent's/Guardian's Initials _____

Daily Water Bottle

I hereby give permission for my child to bring a water bottle on a daily basis to promote health and prevent dehydration.

Parent's/Guardian's Initials _____

Water Sports & Inflatable Play

I hereby give permission for my child to participate in water sports involving inflatables, Kayaks, and/or Paddle Boats.

Parent's/Guardian's Initials _____

Water Play

As the owner, all water play will be supervised by individuals who are certified through the American Red Cross. For your convenience, all staff, volunteers, and substitute caregivers are REQUIRED to get into the water with all of our campers at all times. To add, we have all been trained in Adult, child, and Infant CPR/First Aid Response.

I hereby give permission for my child to participate in ALL water, pool, and lake activities. I also give my child permission to submerge his/her entire body in the water as necessary to swim.

Parent's/Guardian's Initials _____

I do not give permission for my child to participate in ALL water, pool, and lake activities. Nor do I give my child permission to submerge his/her entire body in the water as necessary to swim.

Parent's/Guardian's Initials _____

Online & Paper Waivers

In order to participate in activities provided by Sky Zone Trampoline Park, Pump it Up, The Launching Pad, Defy Gravity, Galaxy Fun Park, Gymnasiums, and Urban Air all campers enrolled must have an additional liability waiver signed by their legal guardian in advance prior to using their facility.

I hereby give permission for my child to participate in ALL activities & field trips specified by Hands of Purpose Childcare & Purpose Learning Lab, Inc. I also agree to go online and sign all of the required waivers in advance prior to my child beginning summer camp 2021.

Parent's/Guardian's Initials _____

Please initial beside each line to indicate that you have completed the waiver.

_____ Sky Zone Trampoline Park (Durham) _____ The Launching Pad(Raleigh)
_____ Defy Gravity (Durham) _____ Galaxy Fun Park (Raleigh) _____ Pump it Up _____ Urban Air

<https://durhamstore.skyzone.com/waiver/>
<https://launchingpadraleigh.centeredgeonline.com/waivers>
<https://haveablast.rollerdigital.com/defygravitydurham/waiver/#/>
<https://galaxyfunpark.pfestore.com/waiver/>
<https://kiosk.pumpitupparty.com/1049>

Field Trips

*****Field Trips are optional as we understand concerns surrounding COVID19 SAFETY****

My Child (ren) will/ will not participate in Field Trips _____
(Please Circle and Sign)

Refunds, Lost or Stolen Items:

Purpose Learning Lab, Inc and Hands of Purpose Childcare - "Camp Purpose" and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded; however, if your child is unable to participate due to a severe accident and/or illness some funds may be transferred. Upon return, the child must have a physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Purpose Learning Lab, Inc.** I hereby release **Purpose Learning Lab, Inc, the owners and it's staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises of **Purpose Learning Lab, Inc,** including any event sponsored or sanctioned by **Purpose Learning Lab, Inc.,** and or travel to and from such activities.

I understand that **Purpose Learning Lab, Inc** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Purpose Learning Lab, Inc** or its scheduled program and that **Purpose Learning Lab, Inc** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Purpose Learning Lab, Inc & Hands of Purpose Childcare Waiver Durham, NC

In the event of injury, illness or other condition that in the judgment of the **Purpose Learning Lab, Inc** / Camp Purpose staff needs medical care, I hereby give my consent for the Purpose Learning Lab, Inc / Camp Purpose staff to obtain such care to be given. I consent to the signing of any releases by the camp staff which may be required by any medical provider and to the release of any additional information required by the medical provider or insurance companies. I understand that participation of my child/ren in the clinic is at sole risk of my child/ren. I assume that risk and hereby indemnify and hold harmless Purpose Learning Lab, Inc, Hands of Purpose Childcare, programs, all staff members, volunteers, youth camp counselors, contracted workers, and employees from all cost, damages or other liability arising from any acts or omissions that may occur while my child/ren attends the camp.

By checking in the box and submitting the registration, you hereby agree to the terms and conditions listed above.

Yes, I agree

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

FOR OFFICIAL USE ONLY

Director's Signature: _____ Date: _____

Enrolled: _____ Sibling Discount applied: Yes or No How much? _____

Adjusted Weekly Cost: \$ _____ \$ _____ Registration fee (Waived/ Payed/ Reduced)

*****Please Cut*****

2021 Camper's Supplies:

- A pair of durable Crocs (Please look on Amazon for the best deals, target, five & below, or Walmart)
- 3 Face Masks
- A swimsuit, a towel, and a small book bag (All swimwear go home after each use. All boys will need a rash guard and all girls will need a swimsuit & a cover)
- A pair of big & small face goggles or Diving Swimming Mask
- A snap back hat and/or visor because it will be very HOT especially during our Zoo, lake visits, and outdoor pool immersion.
- Lotion, Lip balm (Vaseline and/or Chapstick), and Spray Sunscreen
- Weekly Concession stand money (optional, but wise)
- Reusable BPA Water bottle or Plastic water bottle (Please label & Bring Daily)
- Pack Lunch & Snack on a Daily basis (Diligently working with food bank to provide 2 meals a day)
- Life Jacket (Mandatory for non-swimming kids)