



Dear Parent,

Thank you for your interest in our 2010 Summer Academic Enrichment Camp!

The Summer Camp runs from June 7, 2010 - July 30, 2010. Hours are 9:00am – 3:00pm each day.

During Envision Corporation's Academic Summer Enrichment Camp, your child will participate in engaging, educational and fun activities throughout the week and on each Friday, attend educational and fun field trips 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 application and a \$50 non-refundable deposit per child by March 9, 2010, 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 May 15, 2010.

Note: If you are applying for multiple children, please fill out a copy of pages 2, 4 and 7 for each child. On page 6, all children's names can be listed.

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

Sincerely,

The Summer Camp Staff



First Time Enrollment _____ Returning Student _____

Location Preference: Roselawn _____ Mason _____
(Please Check One for enrollment status and location preference)

Envision Corporation's Academic Summer Enrichment Camp 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 _____

Email address for correspondence: _____

Child's grade beginning September 2010 _____

School your child attended 2009 – 2010 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 _____

In case of emergency, please contact:

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 Corporation's Summer Academic Enrichment Camp? _____



POLICIES AND PROCEDURES

ATTENDANCE

Camp begins at 9:00am and ends at 3:00pm. Children should arrive at the center no more than 15 minutes before camp begins and should remain no more than 15 minutes after camp ends. For a child who is staying for After Care that is picked up late (after 5:30pm), 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.

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 CORPORATION" T-shirts for the children to wear when we attend our weekly field trips. This allows easy identification during group outings.

REQUIREMENTS

Students must bring their own lunch and drink daily. A refrigerator and microwave will be on the premises for storing drinks and heating any necessary food items.

EVENTS

Thursday, July 29th at 6:00pm, the children will be putting on an End of The Summer Program. Mark your calendars. You will be hearing more about it as the summer progresses.

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 31, 2010. If notice of cancellation is provided after May 31, 2010, 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 31, 2010, Envision Corporation has a "NO REFUND" policy for its Academic Summer Enrichment Camp. 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 Corporation does not offer any discounts or credits for time missed from the program.



If Envision Corporation determines, in its judgment, that a child should be dismissed from the program, an Envision Corporation 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 Corporation, 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 Corporation 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 Corporation's Academic Summer Enrichment Camp, 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/Guardian Signature: _____ Date: _____



MEDICAL INFORMATION FORM

Child's Name _____

Age _____

Birth Date _____

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

Medications _____

Known Allergies (food, medications, environment)

Child's Physician _____

Physician's Telephone Number _____

Child's Dentist _____

Dentist's Telephone Number _____

Any other pertinent medical information:



ENVISION CORPORATION FINANCIAL CONTRACT

Academic Summer Enrichment Camp

June 7 – July 30

Child Care *

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

After Care (3:15 pm. – 5:30 pm) \$10.00

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

Enrichment Programs

Full- Time Student \$1,100 (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 payments and agreeing to)

*There will be a \$10.00 late fee and a \$40.00 service charge for any returned checks.

*Discount is not available for partial scholarship students

I, _____ agree to the payment option of Advance Pay/ I/II.
Parent/guardian Name

Parent/Guardian Signature _____ Date _____



PARTICIPANT RELEASE FORM



Name of Participant _____

Address _____

Zip Code _____

Phone Number _____

I, _____ as parent or legal guardian/custodian of
_____ (child's name) authorize Envision Corporation 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 Signature _____

Date _____



PERMISSION SLIP AND RELEASE AND WAIVER OF CLAIMS

My child, _____ has my permission to attend

(Child's Name)

all of Envision Corporation's field trips for the 2010 Academic Summer Enrichment Camp.

The undersigned are the parents and legal guardians of the child named above. Said child is a participant in Envision Corporation'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 Learning Center, Envision Corporation, Sheryl Garner, 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.

Child's name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



EMERGENCY AUTHORIZATION FORM

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

I, _____(Parent/Guardian Name) give Envision Corporation the permission to have my child, _____(Child Name) transported to _____(Hospital Name) in the event of an emergency as determined by the staff of Envision Corporation.

I, _____(Parent/Guardian Name) **do not** give Envision Corporation the permission to have my child, _____(Child Name) transported to _____(Hospital Name) in the event of an emergency as determined by the staff of Envision Corporation.

Parent/Guardian Signature_____ Date_____



PICK-UP PERMISSION FORM

Please list persons who will be permitted to pick up your child(ren). **If someone comes to pick up your child and he/she is not on this form, your child will NOT be released!!!!**

Child's Name _____

Those Authorized to pick up my child

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____

Name: _____
Address: _____
Phone Number: _____