

Credit Card # _____



Enrollment Dates:
From: _____ To: _____

Expiration Date _____

Cool Ventures for Kids APPLICATION

(Only required for first enrollment; Forms kept on file; New Form required if information changes)

Name of Child _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City) (State) (Zip)

Sex: _____ Age: _____ Date of Birth _____ Grade: _____

School: _____ Email Address: _____

Guardian Info:

Mother's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. #: _____

Where Employed: _____

Father's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. #: _____

Where Employed: _____

Legal Guardian's Name (If needed): _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext. #: _____

Where Employed: _____

Emergency Information & Medical Release

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Hospital Preference (Be Specific) _____

Medical Insurance Co./Policy Number: _____

Information about Your Child:

Please give any information concerning your child that will be helpful in a group setting (such as play, eating, special fears, likes or dislikes.)

Child's Medical History

Previous Hospitalization: Yes _____ No _____ If Yes, Why? _____

Allergies (Including Food)? Yes _____ No _____ If Yes, What? _____

Current Medications? _____

Any relevant medical info? _____

In a medical emergency, I understand that every effort will be made to contact a child's parent or guardian. In the event that I cannot be contacted, I hereby give permission to the physician selected by Cool Ventures personnel to secure the proper treatment and to order injection, anesthesia, or surgery for my child as named above.

Date

Signature of Parent

In order to ensure the safety of our students a parent/guardian must accompany the child out of the facility each evening. Children must be signed out before leaving. We must have prior written permission if a child will be transported from the facility by anyone other than a parent or guardian.

Please list the names of those to whom your child MAY be released:

Please list anyone to whom your child CAN NOT be released:



Cool Ventures for Kids *Procedural Explanations*

1. Incident Reports will be sent home if any of the following behavior occurs:
 - a. Excessive use of inappropriate language or verbal abuse of another child or staff member.
 - b. Destruction or abuse of any property belonging to the Camp, another child or staff member. Intentionally harming another child or staff in a physical manor including, but not limited to hitting, pushing, shaking, pinching or throwing objects.
 - c. Blatantly disregarding any re-direction or behavior modification deemed necessary by the staff.

2. The staff at Cool Ventures reserves the right to send incident reports home for reasons other than what is stated above.

3. If your child receives three incident reports, he or she will not be allowed to attend the camp for one week. If behavior becomes too severe, Cool Ventures reserves the right to refuse re-admittance to the program.

4. Accident reports will be sent home for all situations in which your child is physically injured. In case of an emergency and a doctor's attention becomes necessary, Cool Ventures will make every effort to contact the parent or guardian immediately. Medication cannot be dispensed without written permission from the parent or guardian. Nor will any child be allowed to attend the camp if her or she is ill and is not permitted to attend school. Please obtain a recent copy of your child's medical records and immunization record and submit to the camp as soon as possible.

5. Services at the camp will only be provided for the following:
 - a. School Vacation days and Teacher Workdays
 - b. Track Out Camp/Traditional Camp

Services will not be available for personal time or by the hour. Please make arrangements in advance for full day care so that Cool Ventures for Kids can plan accordingly.

Parent/Guardian Signature

Date

Coordinator Signature

Date



Cool Ventures for Kids *Discipline and Behavior Management Policy*

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this program will practice the following discipline and behavior management policy:

As staff we:

1. Do praise, reward and encourage the children.
2. Do reason with and set limits for the children.
3. Do modify the classroom environment to attempt to prevent problems before they occur.
4. Do listen to the children.
5. Do provide alternatives for inappropriate behavior to the children.
6. Do provide the children with natural and logical consequences for their behavior.
7. Do treat the children as people and respect their needs, desires, and feelings.
8. Do explain things to children on their levels.
9. Do use short, supervised periods of "time out", appropriate to the age of the children.
10. Do stay consistent in our behavior management program.

In return, we as staff expect the children to abide by the following:

1. Do Not spank, shake, bite, pinch, pull, slap, or otherwise physically harm other children or staff.
2. Do Not criticize, make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse other children or staff.
3. Do Not break, destroy or abuse any property belonging to the camp, staff or other children.
4. Do Not make fun of, or otherwise belittle other children's parents, families, or ethnic background.
5. Do Not leave an area (game room, activity room etc.) without permission from a staff member.
6. Do Not leave an area without first making sure all games, crafts and toys are picked up and put away.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the Program's Discipline and Behavior Management Policy and that the Program's coordinator (or other designated staff member has discussed the Program's policy with me. I also agree to discuss and explain the above policies with my child.

Parent/Guardian Signature

Date

Coordinator Signature

Date



**COOL VENTURES FOR KIDS
ENROLLMENT AGREEMENT (Financial Terms and Conditions)**

Childs Name: _____

1. I agree to pay a **Registration fee** for camp. This fee will guarantee my child's space.
2. I agree to pay the tuition fee indicated below. Tuition will be due each **MONDAY before the week begins**. If tuition is not paid prior to the close of business on Monday, the late payment of \$5 will be added to my child's tuition.
3. If my child is absent from school or does not attend Cool Ventures for Kids for five consecutive days, your tuition payment will be credited to the following week. If absences are fewer than five consecutive days during one week, **full tuition will be due. Cancellation Policy** – after camp registration is paid there are no refunds, however a Cool Ventures credit will be given for money already paid
4. I agree to notify Cool Ventures for Kids if my child is **absent from school** on any given day and will not be attending camp. Cool Ventures for Kids must be notified by **12:00pm** for cancellations, or there will be a **\$5.00** charge added to the account.
5. I agree to pay a per child **late pick-up fee** of \$1 for each minute my child is not picked up from the Center by 6:00pm (7:00pm during the Summer).
6. I agree to pay the **return check fee** of \$25. If I have a returned check, Cool Ventures for Kids reserves the right to refuse any future checks.
7. In case of withdrawal of my child from the camp, I agree to give Cool Ventures for Kids two weeks written notice prior to withdrawal. If I fail to do so, I will be required to pay full tuition for the two-week period.
8. During **severe weather conditions** Cool Ventures for Kids follows Wake County Public Schools delays and opens at 9:00am on days that Wake County Schools are closed. Please stay tuned to **WRAL TV 5** for an updated list of delays and closings.
9. Legal authorities may be contacted for Children left at the camp after closing time.
10. Parents will need to send a bag **lunch or lunch money** with their child everyday to camp. Cool Ventures for Kids will provide a snack in the mid-morning and mid-afternoon.

This agreement is subject to change in whole or in part by Cool Ventures for Kids with two weeks notice.

FEE SCHEDULE:

Day Camp	\$45.00/day
Weekly Camp	\$165.00/week
Parents Night Out	\$15/night
Late Pick Up Fee:	\$1.00 per minute
Returned Check Fee:	\$25.00
Late Payment Fee:	\$5.00

I certify I have read and understand the information in this Enrollment Agreement. I agree to the Financial Terms and Conditions and to the Fee Schedule listed above.

Signature of Parent/Guardian

Date