



2024 Sensational Summer Camp Application

\$30 Non-Refundable Registration Fee

Camper Information

<u>Camper's First Name:</u>	<u>MI:</u>	<u>Last:</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Birthdate:</u> ____/____/____	<u>Sex:</u> [] M. [] F	<u>Grade & School in Fall 2024:</u>

Parent/Guardian Information

<u>Parent/Guardian's First Name:</u>	<u>MI:</u>	<u>Last:</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Phone Number:</u> _____		

Camp Information

Please select the weeks that your camper will be attending.

<input type="checkbox"/> All 10 Weeks	
<input type="checkbox"/> June 10 th - June 14 th	<input type="checkbox"/> July 15 th - July 19 th
<input type="checkbox"/> June 17 th - June 21 st (No Camp on June 19th)	<input type="checkbox"/> July 22 nd - July 26 th
<input type="checkbox"/> June 24 th - June 28 th	<input type="checkbox"/> July 29 th - August 2 nd
<input type="checkbox"/> July 1 st - July 5 th (No Camp on July 4th)	<input type="checkbox"/> August 5 th - August 9 th
<input type="checkbox"/> July 8 th - July 12 th	<input type="checkbox"/> August 12 th - August 16 th

Sensational Summer Camp staff will be based on the registration numbers each week, so it is important that Ely Chapman be notified of any changes in the above schedule as far in advance as possible. This ensures proper staffing is available. This is for the safety of all campers. Less than a two weeks' notice of change in schedule will result in a charge for that week due to staffing requirements.

I understand that I am signing up for the weeks listed above. If my campers schedule changes I must give a two weeks' notice, or I will be charged for the weeks indicated on this form.

Parent/Guardian Signature: _____ **Date:** _____

Payment Information

Amount Paid: \$ _____ Payment Method: [] Cash [] Check _____ [] Card



Sensational Summer Camp (SSC) 2024 Tuition Agreement

Date: _____

Basic Information

New Student Returning Student

Student Name: _____

Birth Date: _____

School/Grade: _____

Parent's Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Payment Information

Registration Fee \$30.00 per student. **This fee is non-refundable.**

Please select one:

Attendance per week (\$125.00)

Sibling Discount per week (\$100.00)

Payment Schedule

Weekly

Bi-Weekly

Monthly

Tuition Agreement and Payment Schedule

1. Payment is due at the beginning of each week!
2. Payments should be given to a Leadership Team member. Please get a receipt so the payment can be credited properly.
3. Make checks payable to ECEF and list the student's name(s) in the memo.
4. Credit card payments are accepted but must be made in the main office on the second floor. All credit card payments will be charged a \$3.00 processing fee.
5. All late payments will be charged a \$20.00 late fee.

403 Scammel Street
Marietta, Ohio 45750
Phone Number: 740-376-9533



Tuition Agreement

- I agree to pay on or before the beginning of the selected time period all the Tuition and Fees indicated on the front of this Agreement according to the time schedule checked. **If tuition is not paid by the end of the month a late fee of \$20.00 will be charged per month and services WILL be withheld.** (Special payment schedules are only permitted with approval of the ECEF Business Manager.)
- I agree that I am responsible for payment for any week listed on the registration form unless I give a **2 week** prior notice to the SSC Director or the Business Office.

Financial Assistance Information

1. Families requesting financial assistance are asked to contact Washington County Jobs & Family Services regarding eligibility for Title XX funding. Please present to the ECEF Administration any acceptance/denial letters from JFS Title XX before applying for ECEF financial aid.
2. Financial Aid Forms are available from the Business Office and must be completed in a timely manner.
3. No parent/guardian is to assume that their child has qualified for tuition assistance until they have been notified in writing/verbally by either the ECEF Business Manager. financial support is based on available funds.
4. Any child qualifying for a scholarship must be either full time or have an acceptable regularly scheduled appointment such as therapy/special class that results in the student missing on the same day each week. Each recipient must meet attendance requirements of a minimum of 85 - 90% per week. Failure to maintain that attendance without specific doctor's notes will result in termination of the financial aid.
5. Failure to make Co-payments in a timely manner will result in termination of services. Services will be terminated, and the full amount will be turned over to collections.
6. No reduced fees/scholarships will be provided without this form being completed and signed.

Note: The non-refundable registration fee is NOT covered by tuition assistance

By signing below, I indicate that I have read both sides of this Tuition Agreement and agree to comply with the SSC tuition payment policy and all Financial Aid/Scholarship Policies.

Parent/Guardian Signature

Date

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**Sensational Summer Camp (SSC)
Enrollment Agreement**

1. I understand that I am enrolling my child, _____, in the Sensational Summer Camp (SSC) program.
2. I understand that my student may not start the program until enrollment forms are complete.
3. I understand that the SSC program is open according to the schedule determined each spring. SSC is closed on the official celebration of Juneteenth (June 19th) and Independence Day (July 4th).
4. I understand that I am responsible for payment of weekly fees according to the signed tuition agreement form.
5. I will give 7 days' notice in writing to the leadership team before withdrawing my child from the program or changing his/her schedule. During this time, I am responsible for all required fees.
6. I understand that if my child is absent on his/her scheduled day I will inform the program as soon as possible.
7. ECEF will have full responsibility for my child for the time he/she arrives at the program until my child is signed out of the program.
8. I understand that if my child is attending another program in the building that starts during or after SSC, he/she will be signed out of the SSC program at the requested time. At this time the student will be escorted to the activity by staff. Should the student return to the SSC program after the program finishes, he/she will be signed back into the SSC program at this time.
9. If a medical emergency arises, the SSC staff will first attempt to contact the parent/legal guardian, then emergency contacts that are listed. If no one can be reached the staff will contact the child's doctor listed on the JFS 01234 form.
10. I will update my student's emergency information as required by ECEF and/or as changes occur.

I agree to adhere to the policies and procedures of the SSC program as stated here and, in the Parent/Guardian handbook, and give my student permission to participate fully in the program.

Parent/Guardian Signature

Date

403 Scammel Street
Marietta, Ohio 45750
Phone Number: 740-376-9533



Record Release Form

Student's Full Name: _____

Date of Birth: _____

Parent's Full Name: _____

School: _____

Grade: _____

To whom it may concern,

I hereby authorize my child, _____, records to be released to:

Ely Chapman Education Foundation
403 Scammel Street Marietta, OH 45750

This includes previous and current grades, test results, report cards, evaluations, attendance records, health records, and educational plans.

Parent/Guardian Signature

Date

Parent Address

Phone Number

403 Scammel Street
Marietta, Ohio 45750
Phone Number: 740-376-9533



Sunscreen Permission Slip

All sunscreen must be in the original container, with a valid expiration date, labeled clearly with the child's name. For sunscreen to be applied this form must be signed and on file.

I give the staff at Ely Chapman Education Foundation permission to apply sunscreen lotion to my child.

Student Name: _____

Brand of Sunscreen: _____

SPF: _____

This permission slip is valid from the date of signature until August 17, 2024, unless revoked in writing.

Parent/Guardian Signature

Date

Leadership Team Member Signature

Date

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Phone Number: 740-376-9533



Sensational Summer Camp Field Trip Permission Form

I, _____ give permission for my child, _____, to go to the following locations as part of the Ely Chapman Education Foundation Sensational Summer Camp:

Possible Trip Locations:

- Betsey Mills Club, Beckley Coal Mines (Beckley, WV), Black Head Gorge (Newark, OH), Buckeye Park, COSI (Columbus, OH), Camp Kootaga (Walker, WV), ED Mine Museum (Tarentum, PA), Flint Ridge Quarries (Glenford, OH), Forked Run (Reedsville, OH), Hocking Hills (Logan, OH), Marietta Aquatic Center, Marietta College, McDonough Park, Muskingum Park, North Bend (Cairo, WV), Seneca Caverns (Bellevue, OH), Tomlinson Park, Orton Geological Museum (Columbus, OH), and Washington School Playground.

I understand that:

- My child will be walking or riding in transportation provided by Ely Chapman Education Foundation Sensational Summer Camp.
- Travel to these locations can be **up to 200 miles away**.
- ECEF will provide above state ratio requirements on all field trips.
- Some trips may not be attended as scheduled.
- If an additional trip is added a new permission slip must be signed.

This permission slip is valid from the date of signature until August 17, 2024, unless revoked in writing.

Parent/Guardian

Date

Leadership Team Member

Date

403 Scammel Street
Marietta, Ohio 45750
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Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	
Date of Permission (<i>valid for one year</i>)	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>)	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned)</p> <p><input type="checkbox"/> Child swimming or playing in water 18 inches or more in depth</p> <p><input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Swim Site	
Date(s)	
Departure/Arrival Times from Program	
Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i>	
I give permission for my child to participate in the swimming/water activity listed above.	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	
Date of Permission (<i>valid for one year</i>)	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>)	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date