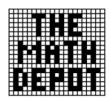
SUMMER 2021 MATH AND SCIENCE ADVENTURE CAMP

STUDENT'S N	ame							90B _		age		
School					grade	Level	(2021-2022)	.021–2022)				
T-SHIRT SIZE	(CIRCLE	e below))									
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		/ M / L										
Parent/Guardian's Name								Phone Number				
Parent/guardian's Name												
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		M	T	W	TH	F						
□ We	2ek 3:	JUNE	21 -	25, 2	.021							
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□ We	2ek 4:	JUNE	28 -	- JULY	, 2, 2	021						
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	26K 8:	JULY	26 –	30,	2021							
		M	T	W	TH	F						

REGISTRATION, FIELD TRIP FEES, AND WEEKLY TUITION

REGISTRATION	 					
\$ 25 (includes materials and supplies)						
Field Trip Fee						
•	Summer \$ 200 (includes Stone Mountain Membership, Yellow River Wildlife					
Sanctuary Membership, Six Flags Season Pass and Season Dining Pass)						
ONE WEEK ONLY \$ 120						
paily (see cost below)						
Weekly Tuition						
\$ 250 (\$ 150 When you register by May 15, 2021)						
Daily Rate						
\$ 75						
FIELD TRIP	S AND COST					
(*Field trips are :	SUBJECT TO CHANGE)					
STONE MOUNTAIN BARK						
STONE MOUNTAIN PARK						
•	paily pass					
\$ 49.95 PLUS TAX (AGES 5-11)	\$ 19.95 PLUS TAX (AGES 5-11)					
\$ 59.95 PLUS T2X (2GES 12+) \$ 22.95 PLUS T2X (2GES 12+)						
Yellow River Wildlife Sanctuary						
ANNUAL MEMBERSHIP	Daily Admission					
\$ 50 PLUS TAX	\$ 12 PLUS T2X (2GES 5-12)					
!	\$ 18 PLUS T2X (2GES 13+)					
						
Six flags over georgia						
Season Pass	ONE DAY TICKET					
\$ 49.99 PLUS T2X	\$ 39.99 PLUS T2X					
Season Dining Pass	ONE DAY DINING					
\$ 59.99 PLUS TAX	\$ 34.99 PLUS T2X					
Season prink bottle (free refills)	<u> </u>					
\$ 27.99 PLUS T2X	<u> </u>					
GEORGIA STATE PARKS AND LOCAL PLAYGROUNDS						
NO COST						
TUCKER BUSINESSES	TUCKER BUSINESSES					
Personal Spending Money						
<u> </u>						



THE MATH DEPOT

REGISTRATION FORM 2020 - 2021

2336 Main Street Tucker, GA 30084 (404) 246 - 5367

www.TheMathDepot.com learn@themathdepot.com

Date __

STUDENT INFORMATION										
LAST NAME	FIRST NAM	Е	MIDI	DLE NAME	GENDER DATE OF BIRT			₹TH	AGE	
ADDRESS					CITY			STATE	ZIP	CODE
PARENT / GUARDIAN'S NAME				E-MAIL						
HOME PHONE MOBILE PHONE						WORK PHONE				
PARENT / GUARDIAN'S NAME				E-MAIL						
HOME PHONE	MOBILE PHONE					WORK PHONE				
EMERGENCY CONTACT				RELATIONS	SHIP	PHONE NUMBER(S)				
EMERGENCY CONTACT				RELATIONS	SHIP	PHONE NUMBER(S)				
*ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP.										
		SCHO	OL INI	FORMATION						
SCHOOL						DISTRICT GRADE			RADE	
ACADEMIC STRENGTHS				ACADEMIC WEAKNESSESS						
OTHER CONCERNS				SPECIAL PROGRAMS / SERVICES						
		MEDIC	AL IN	FORMATION						
MEDICAL CONDITIONS				MEDICATIONS						
FOOD ALLERGIES			OTHER ALLERGIES							
PHYSICIAN'S NAME		ADDRESS				PHONE NUMBER				
HOSPITAL'S NAME		ADDRESS				PHONE NUMBER				
HEALTH INSURANCE	MEMBER ID					GROUP NUMBER				
I have listed all medical comedical treatment necessachild's physician / hospital emergency. I agree to pay also release The Math Deany incident, injury, and accompany incident, injury, and accompany incident.	ary for my chi if I cannot be for all the tre pot and its sta	ld in case of ill reached. I als atment that is aff from any an	ness, o give provid	injury, or acci permission foled and obtair	dent. I g or the st ned. I, m	give the staff aff to contact my heirs, exec	pern t 911 tutor	nission to o I if there is s, and adr	contac an minist	ct my rators

Parent / Guardian's Name _____ Parent / Guardian's Signature ___

THE MATH DEPOT TERMS AND CONDITIONS

REGISTRATION

All students are required to pay a non-refundable registration fee of \$25 and have a complete registration form on file. Parents / guardians must notify The Math Depot of any changes, such as phone numbers, emergency contacts, etc.

TUITION and FEES

All tuition and fees are due prior to any services being rendered. All programs and sessions must be scheduled and are by appointment only. Reservations cannot be guaranteed, and services must be paid for in advance in order to secure the space. Drop-ins are allowed based on availability. A 24-hour notice must be given to cancel and reschedule any sessions. Tuition and fees are non-refundable, but will be applied as a credit in the student's account. Students that are absent due to sickness, vacation, etc. must pay half the daily or weekly rate to hold their space in the attended program.

Math Tutorial

Private Session \$ 40 / hour

\$ 75 / 2-hour session

\$ 175 / week (5 hours)

Small Group Session \$ 25 / hour

\$ 40 / 2-hour session \$ 100 / week (5 hours)

Distance Learning and Homeschooling Support

Full Day (7 am – 7pm)

\$ 75 / day

\$ 250 / week

Half Day (Session 1: 7 am - 11 am, Session 2: 11 am - 3 pm, Session 3: 3 pm - 7 pm)

\$ 40 / day

\$ 150 / week

Day Camp—Holidays, School Breaks, Summer Camp

Full Day (7 am - 7pm)

\$ 75 / day

\$ 250 / week

Half Day (Session 1: 7 am - 11 am, Session 2: 11 am - 3 pm, Session 3: 3 pm - 7 pm)

\$ 40 / day

\$ 150 / week

Payments can be made by:

- (1) cash
- (2) check or money order—a \$35 fee will be assessed for any returned checks
- (3) credit card (+3% fee)
- (4) mobile payment app

CashApp \$TMDTucker Venmo @TheMathDepot

PayPal learn@themathdepot.com (+3% fee)

Zelle (404) 246 - 5367

STUDENT ARRIVAL and PICK-UP

Students are to be brought to and picked up from The Math Depot by a parent or guardian listed on the registration form. All students must be signed-in and out by their parent / guardian for each day. Only the people listed on the student information form will be allowed to pick-up the child. A picture ID will be required. If someone other than those listed will be picking up the child, the parent / guardian must notify the center in writing. A fee of \$5 for every 10 minutes will be charged for any student that is not picked up by the end of each program or session. The Department of Family and Children Services will be contacted for any child that is not picked up an hour after the session or program ends.

COVID-19 SAFETY MEASURES

Temperature Checks

Each person's temperature will be checked upon arrival. Any person with a temperature above 100F will not be allowed entry into the building. Each student's temperature must be logged in the daily sign-in form.

Masks / Face Coverings

Everyone is required to wear a mask or face covering to enter The Math Depot.

Curbside Drop-Off and Pick-Up

Parents / guardians are allowed to drop-off and pick-up their child(ren) "curbside." Parents / guardians must park at any of the parking spaces in front of The Math Depot, and call / text (404) 246 – 5367 to inform the center of their arrival.

Social Distancing

Everyone is required to maintain social distancing inside and outside The Math Depot.

Washing Hands / Sanitizing

Students are required to wash or sanitize their hands every hour.

Individual Supplies, Storage, and Space

Students are required to bring all necessary supplies to each session. Students must keep all their belongings in their designated area.

STUDENT ACTIVITY PARTICIPATION

I give my child permission to participate in and attend the various activities and experiences provided by The Math Depot. I will notify the center in writing if my child is unable to participate in any given activity.

FIELD TRIPS

I give my child permission to attend field trips provided by The Math Depot. I will notify the center in writing if my child has any restrictions or limitations that prevent him / her in participating in any of the activities or trips.

STUDENT TRANSPORTATION

I give The Math Depot permission to transport my child to and from the center to receive the services provided. I also give The Math Depot permission to transport my child to and from various locations for field trips and activities.

STUDENT BEHAVIOR

All students are required to exhibit positive behavior at all times. A student will receive a warning for the first offense. Parents will be notified with the second incidence. A parent conference will be necessary to continue in any of the programs for any subsequent incidents.

PERSONAL PROPERTY

Students are allowed to bring their own electronic devices, such as laptops, tablets, smartphones, accessories, etc., and are responsible for their proper care. The Math Depot will not be held responsible for any damage or loss of any personal electronic device. Students are expected to use any of the equipment for appropriate activities, and to not cause a disruption to other students or to the program.

PHOTOGRAPHS and VIDEOS

I give The Math Depot permission to photograph and videotape my child while participating in any of the provided programs and activities. I understand that the photographs and videos may be used by The Math Depot for the center's website and social media pages, newsletters, flyers, brochures, and albums, in both print and digital form.

EMERGENCIES

I have provided The Math Depot with current contact information for any emergencies that may arise. I authorize The Math Depot staff to obtain any medical treatment necessary for my child in case of illness, injury, or accident. I give the staff permission to contact my child's physician / hospital if I cannot be reached. I also give permission for the staff to contact 911 if there is an emergency. I agree to pay for all the treatment that is provided and obtained.

LIABILITY

The Math Depot and its staff are not responsible and will not be held liable for any and all losses, costs, claims and damages that may arise from any incident, injury, or accident that occurs on and off the premises, prior to, during, and / or after any and all services provided by The Math Depot.

THE INFORMATION I HAVE PROVIDED ON THE STUDENT REGISTRATION FORM IS COMPLETE AND ACCURATE. I HAVE READ AND AM IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS FOR THE MATH DEPOT AS LISTED ABOVE. I RELEASE THE MATH DEPOT AND ITS STAFF FROM LIABILITY FOR ANY AND ALL LOSSES, COSTS, CLAIMS, AND DAMAGES THAT MAY ARISE FROM ANY INCIDENT, INJURY, OR ACCIDENT THAT OCCURS ON AND OFF THE PREMISES, PRIOR TO, DURING, AND / OR AFTER ANY AND ALL SERVICES PROVIDED BY THE MATH DEPOT.

Student's Name	Parent /Guardian's Name	
Address		
Phone Number	Parent / Guardian's Signature	_ Date

THE MATH DEPOT BRIGHT FROM THE START NOTICE OF EXEMPTION

	, acknowledge that I have been informed that this program is not also understand this program is not required to be licensed by the Care and Learning and this program is exempt from state licensure
Parent /Guardian's Name	
Parent / Guardian's Signature_	
Date	