

SUMMER CAMP 2024 REGISTRATION

Student's Name _____ Date Of Birth _____ Age _____

School _____ Grade Level (2024-2025) _____

T-Shirt Size (circle below)

Youth: XS / S / M / L

Adult: S / M / L / XL / XXL

Parent/Guardian's Name _____ Phone Number _____

E-Mail Address _____

Parent/Guardian's Name _____ Phone Number _____

E-Mail Address _____

Check the box(es) below to indicate the week(s) of attendance.

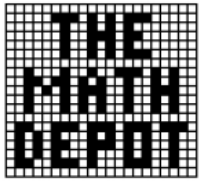
- Week 1: June 3 - 7, 2024
- Week 2: June 10 - 14, 2024
- Week 3: June 17, 18, 20, 21, 2024
- Week 4: June 24 - 28, 2024
- Week 5: July 1, 2, 3, 5, 2024
- Week 6: July 8 - 12, 2024
- Week 7: July 15 - 19, 2024
- Week 8: July 22 - 26, 2024

Tuition Assistance

APPLY FOR STATE-FUNDED SCHOLARSHIPS
THROUGH GA BRIGHT FROM THE START!
caps.decal.ga.gov



Scan the QR code
for more summer
← camp info!



THE MATH DEPOT

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

REGISTRATION FORM
SUMMER 2024

www.TheMathDepot.com
learn@themathdepot.com

STUDENT INFORMATION

| | | | | | |
|---|--------------|-------------|--------------|-----------------|----------|
| LAST NAME | FIRST NAME | MIDDLE NAME | GENDER | DATE OF BIRTH | 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 | | | RELATIONSHIP | PHONE NUMBER(S) | |
| EMERGENCY CONTACT | | | RELATIONSHIP | PHONE NUMBER(S) | |
| *ONLY THE PEOPLE LISTED ABOVE ARE AUTHORIZED FOR STUDENT PICK-UP. | | | | | |

SCHOOL INFORMATION

| | | |
|--------------------|-----------------------------|-------|
| SCHOOL | DISTRICT | GRADE |
| ACADEMIC STRENGTHS | ACADEMIC WEAKNESSES | |
| OTHER CONCERNS | SPECIAL PROGRAMS / SERVICES | |

MEDICAL INFORMATION

| | | |
|--------------------|-----------------|--------------|
| 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 conditions and allergies of my child above. 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. I, my heirs, executors, and administrators also release The Math Depot and its staff from any and all liability, loss, cost, claim, and damages that may arise from any incident, injury, and accident involving my child.

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

**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. This includes a summer camp shirt and the cost of materials and supplies.

DEPOST and WEEKLY TUITION

A non-refundable deposit of \$25 per week of summer camp attendance is due upon registration. The deposit will be applied to the week's tuition. The weekly tuition is \$275. The remaining balance is due two weeks prior to the beginning of camp. There are no daily drop-in rates. The full weekly tuition is due regardless of the number of days of attendance. Tuition payments can be applied as a credit in the student's account or refunded if cancellation is made 7 days prior to the beginning of camp. A 10% administrative fee will be assessed for any refunds given.

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
 - Venmo @TheMathDepot
 - Zelle (404) 246 – 5367
 - PayPal learn@themathdepot.com (+3% fee)

SUMMER CAMP SCHEDULE

| WEEKS | HOURS |
|----------------------------|-------------------------------|
| Week 1: June 3 – 7 | 8 am – 6 pm |
| Week 2: June 10 – 14 | |
| Week 3: June 17, 18, 20, 2 | 8 am – 9 am Student Arrival |
| Week 4: June 24 – 28 | 9 am – 5 pm Camp Hours |
| Week 5: July 1, 2, 3, 5 | 5 pm – 6 pm Student Dismissal |
| Week 6: July 8 – 12 | |
| Week 7: July 15 – 19 | |
| Week 8: July 22 – 26 | |

DAILY MEALS

Students are required to bring their food for the day, which includes lunch and snacks (morning and afternoon). Students should also pack a refillable water bottle. Each child's food allergies, if any, must be listed on the student registration form.

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.

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**

I, _____, acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent /Guardian's Name_____

Parent / Guardian's Signature_____

Date_____