



# Creative Global Schools

-2019-

## Summer Registration Packet

*Thank you for choosing Creative Global Schools' Summer  
STEAM Program*

### About us:

CGS Creates opportunities and sustainable outlets for students to assist in building voice, problem solving, creativity, collaboration, character development and strong communication skills that will enhance each student's ability to positively change their surroundings; no matter the environment.

\*\*This registration packet contains helpful information that explains many of the program practices that promote a safe and healthy environment.

# Application Deadline: April 1, 2019

## CGS Summer Schedule: 2019

<u>Dates</u>	<u>Program Theme</u>	<u>Times</u>
June 3 – August 3	STEAM (ages 4-15)	8:00 am - 3:30 pm
June 3 – August 3	Extended Hours	3:30 pm – 6:00 pm

**\*\*Extended Hours AVAILABLE FROM 3:30 pm – 6:00 pm MONDAY THRU FRIDAY - \$5/hr.\*\***

### Program Overview

- ✓ CGS programs offer an engaging, creative environment for students to develop character, form healthy relationships and grow socially and academically.
- ✓ Summer Programs are open to the public!
- ✓ 13-year-old Creative Global Schools students will be trained to become Counselors in Training (C.I.T)
- ✓ Youth 14 – 15 years old may volunteer to be Counselors in Training (C.I.T.)
- ✓ Youth ages 16+ may apply to be paid Counselors
- ✓ Program Cost for current CGS students: \$125 per week
- ✓ Program cost for NEW CGS students: \$175 per week (if registered by April 1<sup>st</sup>) or \$200 per week (if registered after April 1<sup>st</sup>)
- ✓ Program fees include student t-shirt, lunch, fieldtrips and STEAM Project supplies
- ✓ Initial Fees must be paid at least 2-weeks before program start date

**Creative Global Schools STEAM Summer Program REGISTRATION FORM**

- Please return the complete registration form to the CGS office by Monday, June 3<sup>rd</sup>
- Please include your \$100 registration fee (not applicable for current CGS students)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Child Lives with: \_\_\_\_\_ C.I.T. Applicant: Y or N

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Please indicate which program your child is registering to attend: **Summer STEAM Program**

I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all regular club activities including off-site trips to area parks. His/her name or picture may appear in program or local news publications. If you have concerns about the use of pictures with your child, please inform Creative Global Schools. I realize it is my responsibility to consult a physician to assess my child's health regarding participation. I agree to hold harmless Creative Global Schools, its employees, volunteers and agents for any/all injuries and damages incurred during said program.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date:

## **CGS- STEAM Summer Program Information**

### **Summer Location**

- Creative Global Schools, 1000 Woodcock Road, Orlando, FL 32803
- 407-286-3004

### **Morning Drop-off**

- Programmers will report to the CGS' designated room between 7:30 am and 8:00 am. Please park in the CGS parking lot and escort your child to the room.
- Programmers must sign in with the Teacher/Counselor in charge of their program group.

### **Afternoon Pick-up**

- Programmers will be in their program room. Please park in the CGS parking lot and each counselor will release each student to their parent/guardian at 3:30 pm.
- Programmers must sign out with the Counselor in charge of their age group and will be released only to their parent, legal guardians and those authorized by such on the program registration form.
- Programmers will automatically report to Aftercare if no picked up by the dismissal time.

### **What to Bring**

- Clear backpacks, including supplies for an outdoor day
- Sneakers & socks must be worn for all sports activities
- Snacks, plenty of cold drinks, and a refillable water bottle (no glass containers)
- No video games. Cell phones for emergency use only and with permission of the counselor.
- Bring sunscreen, bug spray, rain jacket – we avoid thunderstorms
- Change of clothes, bring bathing suit and towel for water play. Please label all clothing and personal items that your child will bring to the program.

### **Health Matters**

- Completed health forms must be received no later than two weeks prior to program start date. Please provide a copy of the front and back of your insurance card. There must be written orders from the doctor I order to dispense over the counter and prescribed medications. Health and related forms can be downloaded at [CGSinstitute.net](http://CGSinstitute.net) or [creativeglobalschools.org](http://creativeglobalschools.org)

### **Emergencies**

- In case of an emergency, please call 407-479-8368

### **Lost & Found**

- Please put a name on clothing and belongings. Please make every effort to inventory your child's belongings before leaving program each day. The lost & found box will be located near the front desk.

**CGS Summer Programs**  
**Parental/Guardian Consent & Waiver/Release**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, the undersigned, being a parent or legal guardian of \_\_\_\_\_ do hereby give my consent and permission for the above name to be transported to and from Creative Global Schools Programs and to participate in all activities. In consideration of the benefits to be derived from this activity, I hereby voluntarily for myself and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Creative Global Schools Summer Programs, the Creative Global Schools, Creative Global Schools and its or their staff and leadership in both their official and personal capacities, and any of its or their agents, assigns, representatives, successors, or anyone acting on its or their behalf, for any and all claims, demands or liabilities of whatever nature including but not limited to injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and includes liability that may arise out of negligence or carelessness on the part of persons named in this waiver/release. In the event of an emergency involving my child, where medical treatment is required, in the event I cannot be reached, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment rendered by a licensed physician. I understand that in the event of any such emergency, the Program will attempt to notify me immediately based upon the contact information provided above. This completed form may be photocopied for trips out of the Program. I hereby certify that I have read this Consent, and Waiver/Release, fully understand it, and voluntarily execute the same on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my program activities, per the health examination report.

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Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Child to Keep and Self-Administer Medication**  
**At Creative Global Schools Summer Programs**

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Child's name

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Date of the Order

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Medication name

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Route and dosage of medication

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Frequency and time of medication administration or assistance

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Diagnosis & other medical conditions requiring medication - if not confidential

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Specific recommendations for administration

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Side effects, contraindications, and adverse reaction? Any severe reactions that may occur should another child receive a dose of the medication.

***As the licensed physician for the above-named child, I hereby confirm that the child has knowledge and skills to safely possess and use the above stated medication at the program:***

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Physician Printed Name:

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Physician Signature:

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Business and emergency numbers

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Parent Name (print)

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Parent Signature

## **Procedures for the Release of Minors for CGS Summer Programs**

Creative Global Schools (CGS) will not release a programmer to any person other than the program member's parent or legal guardian without written permission from the parent or guardian. CGS presumes that each parent or guardian may legally pick up their program member unless the custodial parent notifies the program and send a supporting court order. Parents may authorize other persons on the program registration form.

When notified, CGS shall not permit a parent or guardian to pick up a child against whom there is a court-ordered restraining order or comparable court ruling. The burden of notification is on the legal parent or guardian.

Anyone other than the parents/guardians picking up a programmer must have permission from the parent/guardian. Please list here who you authorize to transport your child.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **CGS Summer Programs Code of Conduct**

1. I will respect my fellow Creative Global Schools and their personal belongings by not picking on or making fun of others, instigating verbal or physical fights, going into and/or stealing other programmer's belongings.
  
2. I will respect the counselors and staff by listening to and following their instructions.
  
3. I will respect the programs by not causing damage to Program property.
  
4. I will respect myself and others by not using inappropriate language, not will I bring any weapons, drugs/alcohol (aerosol cans), tobacco or inappropriate/explicit materials (images, music, etc.)
  
5. I will respect the privacy of all in the program by not posting any pictures taken at the Program on the internet.
  
6. I will act according to "The One Project" which is "a plan to prevent bullying & build a culture of Love" which will be taught at the program.

I understand that if I am in violation of these rules, my parents may be notified and I may be sent home, and the CGS Summer Program reserves the right to search my personal belongings if there are safety concerns.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_