

Drop off or mail registration form with payment to:

Morris Brandon Primary
2845 Margaret Mitchell Drive

Atlanta, GA 30327

Attn: Therese Halligan

Registration Deadline:

May 15, 2023- No refunds after this date

You will receive an e-mail confirmation letting you know the week/weeks your child will attend Stay & Play After Camp.

Medical Authorization

I hereby give THE HIVE and its employee's permission to provide first aid care for my child, _____.

In the event that I cannot be reached, I hereby authorize THE HIVE and its employees to transport my child to the hospital to which my child is taken. I hereby grant my consent for the hospital and its' medical staff to provide my child with emergency medical treatment which a physician deems necessary. I agree to accept financial responsibility for all medical and transportation expenses incurred.

Parent Signature

Date

Waiver of Liability

I understand and agree, for myself and my child, that neither the camp teachers, The Hive, nor the Atlanta Board of Education, the Atlanta Public School System, its officers, agents or employees shall have any liability for any injury or damage to my child's person or belongings arising out of or related to participation in any aspect of the Ready Set Camp at Morris Brandon Primary Center. I understand that this program is exempt from official license by Bright From the Start

Parent Signature

Date

Stay and Play After Camp

12:00-3:00

For Kindergarten, First Grade & Other Campers



at Morris Brandon Primary

Goals and Objectives

- Lunch at school
- Arts and Crafts
- Story Time
- Center Time
- Outdoor Play

- Keep old friendships as well as make new ones

Where: Brandon Primary Classrooms

Time: 12:00 – 3:00

- *Students will NEED TO BRING OWN LUNCH*

- Snack provided

Therese Halligan

404-771-4187

thalligan@atlanta.k12.ga.us

REGISTRATION Stay & Play After Camp

Child's Name: (Name Called) ___male ___female

Allergies/Health concerns: _____

_____Epipen-_____

Email address: _____

(Please print clearly)

Address: _____

Phone Number: (H) _____ (W) _____

Cell Number: _____

Parent's Names: _____

Camp your child will be coming from _____

Please select week/weeks your child will attend Stay & Play After Camp:

June 5 -9 _____

June 12 -16 _____

June 19 – 23 _____

You will receive an email confirmation.

**Please return this form with cash or
check for \$ 150.00 one week (\$ 300.00 for
2 weeks, \$ 450 3 weeks)**

Checks Payable to: THE HIVE

\$50 Cancellation fee

