

THE NEXT GENERATION ENRICHMENT PROGRAM

Enrollment will begin on Sunday, February 9, 2020

The Next Generation Enrichment Program Enrollment Agreement Contract includes details of the agreement between your family and The Next Generation Enrichment Program. Please review the contents of this document in its entirety.

A Non-refundable Registration Fee of \$30.00 per family is due along with the submission of the completed and signed Enrollment Agreement Contract for each student. Enrollment is not complete until the signed Enrollment Agreement Contract and the non-refundable registration fee have been received.

A place on the enrollment roster will be confirmed only when the student's non-refundable registration fee has been paid and the Enrollment Agreement Contract has been fully completed and accepted by The Next Generation Enrichment Program's Director or Assistant Director. Enrollment is on a first come basis.

Students will not be permitted to attend The Next Generation Enrichment Program until the contract is executed and all required fees are made to China Grove AME Zion Church.

Weekly Tuition: \$75.00 per student (\$70 for each additional child) Weekly Tuition at The Next Generation Summer Enrichment Program includes the following: Daily nutritious breakfast, lunch and snack, games, educational activities and arts and crafts.

Weekly tuition fees are due Monday's by 6:00 P.M. Any payments not received on Monday will incur the \$5.00 late fee penalty. Late payments are due on the next fee collection day which is on Monday. If a payment is not paid on due day, the student may be de-enrolled from the program. To enroll your child back in the program is a \$30.00 registration fee.

If you must pick up your child after closing time 6:00pm, you will be charged a late fee of \$1.00 per minute per student, until the student(s) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

We accept credit cards, checks, debit card and money orders for registration and weekly tuition payments. All tuition and fees must be in check or money order, credit cards and debit cards. There will be a \$35.00 fee for any return checks.
No cash Please!

We are closed July 3 for the 4th of July.

Operation Hours 6:30 am until 6:00 pm

Please complete the corresponding pages and return them to our office to start the enrollment process.

If you have any questions about this agreement, please contact the church office at (704)554-7933 or email: thenextgeneration017@gmail.com

Director Kara B. McClure or Assistant Director Angela Stewart

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SECTION 1: ATTENDANCE SCHEDULE

Please check all weeks your camper will be in attendance to The Next Generation Enrichment Program 2020.

<input type="checkbox"/> Week 1: June 15 - June 19	<input type="checkbox"/> Week 6: July 20 – July 24
<input type="checkbox"/> Week 2: June 22 - June 26	<input type="checkbox"/> Week 7: July 27 – July 31
<input type="checkbox"/> Week 3: June 29 - July 2	<input type="checkbox"/> Week 8: August 3 - August 7
<input type="checkbox"/> Week 4: July 6 - July 10	<input type="checkbox"/> Week 9: August 10 - August 14
<input type="checkbox"/> Week 5: July 13 - July 17	<input type="checkbox"/> Week 10: August 17 - August 21

As the parent or legal guardian of child or children referenced on the Enrollment Agreement Contract or as the person who assumes the financial obligations, I (we) understand and agree to the payment plan for Summer 2020. I (we) agree to pay the obligation set forth in this contract.

Parent / Legal Guardian Signature: _____ Date: _____

SECTION 2: ENROLLMENT INFORMATION

Student's Name:

First Middle Last

Date of Birth: ____ / ____ / ____ Current Grade Level ____ Fall, 2020 Grade Level ____
Mo. Day Year

Home Address: _____
City State Zip

Mother's Name: _____ Place of Employment: _____

Address: _____ Home: _____ Cell: _____ Work: _____
(If different from above)

Email Address: _____
(Home/Personal) (Work)

Father's Name: _____ Place of Employment: _____

Address: _____ Home: _____ Cell: _____ Work: _____
(If different from above)

Email Address: _____
(Home/Personal) (Work)

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SECTION 3: Emergency Contact & Authorized Persons to Pick Up Student

For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. If you want a person who is not identified above to pick up your child, you must notify Director or staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization to a member of the staff because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Student's Name:

_____	_____	_____
First	Middle	Last

Emergency Contact Name: _____

Telephone Number: _____ Cell: _____

Other Persons permitted to pick up student:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SECTION 4: SPECIAL NEEDS AND MEDICAL INFORMATION

Student with that has special needs:

Does your child have any allergies to medication, foods, poison ivy, bee stings, hay fever, or ANY other allergies? If so, please explain. _____

Does your child take any medicine regularly? Yes ____ No ____ If yes, please state and give instructions on administering. Additional documentation from your child's Licensed Physician is required.

I give you permission to treat my child at the nearest medical facility. Yes ____ No ____
If yes, please list any available insurance information below.

_____	_____	_____
INSURANCE CARRIER NUMBER	GROUP NUMBER	INSURANCE ID

_____	_____	_____
PHONE NUMBER	ADDRESS	RESPONSIBLE

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MEDICATION AUTHORIZATION FOR STUDENTS

Student's Name (Please print.)

Student's Date of Birth

Date:

Received/Receiver's Signature:

Medication Received?

circle yes or no

Written parent/guardian consent and an order from a healthcare provider licensed in North Carolina are required for administering prescription and over the counter medications at school. Some medications may not be suitable for a school setting. Additional documentation may be required for some medications (examples: research medications, medications with potential for immediate serious side effects).

SECTION 1: LICENSED HEALTHCARE PROVIDER AUTHORIZATION

- When possible, medications should be taken before or after school. Administration of non prescription medications at camp is discouraged.

TNGP action plans for asthma, diabetes, seizure disorders and severe allergies may be used instead of this form. When using this form, complete a separate form for each medication; write legibly; use lay terms.

- Complete Section 3 for students who will self carry and/or self medicate.

In my professional opinion, it is medically necessary for this student to receive this medication during school hours.

Signature of Healthcare Provider: _____ Date: _____

Stamp, Print or Type Healthcare Provider's Name & Address	Office Phone
	Office Fax

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SECTION 2: PARENT / LEGAL GUARDIAN CONSENT

•I understand No medication will be given at camp until this authorization has been approved by director or assistance director. New authorization forms are required at the beginning of every summer camp year, when the dose or directions change, and when a new medication is prescribed. It is my responsibility to supply the medication. Each medication must be in the original labeled container from the pharmacy or healthcare provider's office. Some pharmacies will provide an extra container for summer camp. Information about this medication and my child's health maybe shared with school staff to help assure my child's safety and success at camp. I give permission for my child to receive the medication described above during camp hours. I give permission for the healthcare provider, pharmacist and their staff to provide information to the summer camp about this medication.

•On behalf of my child, I release the The Next Generation Enrichment Program, their staff and China Grove Church from any and all liability whatsoever that may result from my child taking this medication at camp.

Parent/Legal Guardian Signature: _____ Date: _____

Phone Numbers (mobile, work, home): _____

SECTION 3: AUTHORIZATION FOR SELF-MEDICATION BY CAMP STUDENTS

Student's Name	Student's Date of Birth
Name of Medication	Purpose of Medication

TNGEP ELIGIBILITY REQUIREMENTS FOR SELF -MEDICATION

Students with chronic conditions such as asthma, diabetes, severe allergies and those who require frequent doses of non-prescription products, may be eligible to self-medicate. Self-administration of a controlled substance will be considered in rare instances where potentially harmful medical episodes may occur. For self-medication, students: 1) must be mentally, emotionally, and physically capable of self-administering medication, 2) must have been instructed in proper use and safe-keeping of their medications, 3) must demonstrate mature and responsible behavior using their medication 4) must keep their medication secure on their own person or in some other manner agreed upon with the director or assistant director and 5) must not share medication with or display to other students. The privilege of being allowed to self-medicate may be taken away if there is any just cause. Failure to follow TNGEP policies and regulations may result in disciplinary actions as noted in the Student Code of Conduct. The TNGEP, its staff and China Grove Church do not assume responsibility for self-medication by students.

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HEALTHCARE PROVIDER

The student named above meets the TNGEP eligibility requirements for self-medication. This student is capable of, has been instructed on the procedures for and has demonstrated the skill to self-administer this medication as directed in Section 1 of this form. This student will not require adult supervision while taking this medication.

Is this medication a controlled substance? circle yes or no

Check applicable items below:

_____ Please allow this student to self-administer this medication while at camp during school hours.

_____ This student should carry this medication with him/her at all times during the camp day, while at camp-sponsored events, or while in transit to or from camp or camp-sponsored activities.

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider (Print Name): _____

PARENT/LEGAL GUARDIAN

My child is capable of self-medicating and meets the TNGEP eligibility requirements. I give consent to The Next Generation Enrichment Program to allow my child to self-administer this medication at camp. I understand that my child and I assume responsibility for the proper use and safekeeping of this medication. If this medication is for a life-threatening emergency such as anaphylaxis or asthma, I agree to provide a backup supply of the medication to be kept at camp in a location to which my child has immediate access to assure the medication is available if needed. I release The Next Generation Enrichment Program, their staff and China Grove Church from any and all liability whatsoever that may result from my child carrying or taking this medication at camp. I understand that information about this medication and my child's health may be shared with other camp staff and administrative staff to help assure my child's safety and success at camp. The camp director and assistant director may contact the healthcare provider who prescribed the medication and the pharmacy where the prescription was filled to discuss this medication.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian (Print Name): _____

STUDENT

I am capable of taking this medication on my own. I agree to take this medication as ordered. I will keep it safe and out of the sight of others when I am not using it. I will not let others hold or use my medication or medical supplies. I understand that I will be disciplined under the TNGEP Student Code of Conduct if I abuse the privilege of being allowed to self-medicate while at camp or camp sponsored activities. I understand that I may lose the privilege of self-administering my medication if I do not follow these rules.

Student Signature: _____ Date: _____

Student (Print Name): _____

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Assistant Director

I have reviewed this request and acknowledge that this student has demonstrated the skill level to self-administer this medication. I have informed this student that he or she must tell an appropriate staff member whenever he or she has used the medication at camp.

Assistant Director Signature: _____ Date: _____

Assistant Director (Print Name): _____

DIRECTOR

I have reviewed this request and approve this student for self-administering this medication.

Director Signature: _____ Date: _____

Director (Print Name): _____

Section 5: Illness

I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the camp and I understand that my child will be re-admitted after 24 hours of being fever free or diarrhea free.

Initial here _____

SECTION 6: **MARKETING WAIVER**

Marketing Material Release:

This signed contract is also a Marketing Release Agreement per terms described below unless I/we notify The Next Generation Enrichment Program in writing.

I hereby permit the taking and use of photographs, audio, video of my child(ren) at The Next Generation Enrichment Program to be used in the finished product of any publication, display, transmission, website, media account, advertising materials, newsletters or brochures and release to The Next Generation Enrichment Program and China Grove Church from any liability. I also relinquish any right to examine and approve the completed materials prior to publication.

Initial here _____

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SECTION 7: LIABILITY WAIVER

Please read carefully and sign below in the designated spaces. If any of the content is unclear, please ask for clarification before signing. Waiver form must be signed in order for your child to attend the summer camp.

I give my child _____ permission to attend The Next Generation Enrichment Program 2020, whose principal office and operating site is China Grove AME Zion Church, 9401 China Grove Church Road, Pineville, NC 28134 **beginning June 15, 2020 and extending through August 21, 2020.**

By signing this waiver, I agree not to hold China Grove AME Zion Church, The Next Generation Enrichment Program or any of its staff or Administrators legally responsible for any unexpected accident or incident that could result in the injury to my child during the transportation process for camp activities or during any other activities.

I have reviewed the list of activities that are planned for the camp and do give my child permission to participate in any or all activities.

I realize that this is a Christian Program and the doctrines being taught are from the Holy Bible. I have knowledge of the doctrines and waive any right to legal dispute over the information that is taught.

I understand that China Grove AME Zion Church, The Next Generation Enrichment Program, its staff, volunteers nor Administrators cannot be held responsible for the loss of any personal items during my child's attendance. It is the advice of The Next Generation Enrichment Program that all expensive items such as Cell phones, iPads, tablets, iPods, MP3 players, DS players, personal computerized toys and games are left at home. In the event that I allow my child to bring such items, I assume total responsibility for them in case of loss or damage or stolen.

By signing below, I agree that I have read and do fully understand the contents of this waiver form and consent to abide by the content.

I (we) read the Enrollment Agreement Contract and understand the contents, obligations, and expectations outlined. We understand if we do not fulfill the financial obligations or the parent and student behavior expectations we may be asked to leave the The Next Generation Enrichment Program immediately. On behalf of my child(ren) and myself, as parent or legal guardian, I (we) shall follow all policies outlined.

Parent/Guardian Signature: _____ Date: _____

Signature of Person assuming Financial Responsibility: _____ Date: _____
(This signature needed only if the person assuming financial responsibility is not the parent or legal guardian indicated above.)

Signature of Witness: _____ Date: _____

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PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

THE NEXT GENERATION ENRICHMENT PROGRAM PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My Child to Ride with Private Drivers

BACKGROUND

My child, _____, has permission to participate in the field trip to the
_____ (“activity”) on _____ / _____ / _____.

I understand that this activity involves travel to and from _____.
I also understand that this activity (circle one) does not involve staying overnight. I understand and acknowledge that the China Grove Church is the legal entity that operates The Next Generation Enrichment Program.

CONDUCT DURING ACTIVITY

I understand that my child’s participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established for this activity; all policies and procedures; rules of conduct set forth in the Camp Code of Conduct. I understand that all rules and policies apply to my child and the other students during the course of the field trip.

TRANSPORTATION PERMISSIONS AND WAIVER

I also understand that private drivers, which may include (pending my written permission below), a teacher, or an administrator participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance.

Please initial on the three spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

_____ I do not give my child permission to ride in personal cars or China Grove’s Church van.

_____ I give permission for my child to ride in a vehicle driven by a teacher, an administrator, trustee of church or parent of another student to the activity. I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

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ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. By signing this form, however, I hereby release TNGEP, its staff ,administrators, directors, officers, China Grove Church and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this _____ day of _____, 2020. This consent and release has been read and is understood by me.

Student's signature (If 18 years or older)

Date

Signature of Student's Parent or Legal Guardian

Date

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Section 8: Discipline and Behavior Management Policy

The Next Generation Enrichment Program does not discriminate against any persons on the basics of gender, national origin, race or ethnic background, color, religion, age or disability in any of its educational or employment programs or activities.

Disruptive behavior in The Next Generation Enrichment Program makes it difficult to provide appropriate supervision of your child. Therefore any student who repeatedly disobeys the rules will be referred to the Director or Assistant Director.

The discipline procedure will be as follows:

1. The first referral will result in a conference among the staff, director or assistant director and the child. The staff will write a note explaining the disruptive behavior and the action that was taken to parent will be informed about the incident and agreement.
2. After the second written referral, the director or assistant director will call the parent. The behavior of the child will be discussed and the parent will be asked to participate in resolving the problem.
3. If a third referral is necessary, the parent will be called by the director or assistant director, and a conference scheduled. Depending on the severity of the situation the child may or may not remain in the program until a conference is held and a decision is reached.
4. After the conference, the director or assistant director administrative staff, trustee and or pastor will determine whether or not the student's behavior will result in exclusion from The Next Generation Enrichment Program.
5. If a student is excluded she/he might not be considered for re-enrollment for next year.

In the event of an incident involving an assault, a weapon, alcohol, or an illegal substance, the director or assistant director and pastor may choose to call police if necessary to assure safe and orderly environment for all students.

I the undersigned parent/guardian of _____, do hereby affirm that I have read and receive a
Student's Name

copy of The Next Generation Enrichment Program Discipline and Behavior Management Policy. The Director (or Assistant Director or other designated staff member) has discussed any question I had about the Discipline and Behavior

Management Policy with me. _____,
Parent/Guardian Signature Date of Enrollment