



Mays-Woodson  
Summer Enrichment Program  
*Student(s) & Parent(s) Agreement and Contract*

*Mission Statement*

Mays-Woodson Summer Enrichment Program will provide a safe and orderly environment where staff, parents and children engage in activities to improve academic achievement, increase character development and foster a sense of community.

*Responsibilities of the Program*

- We understand that the Program will provide a range of activities and programs for the enhancement of the children.
- We understand that the Program will provide educational and recreational field trips for the purpose of expanding the knowledge base of the students.

*Responsibilities of the Student*

- I understand that I am to treat myself, my peers, and the staff with respect.
- I understand that failure to comply with the Mays-Woodson Summer Enrichment Program rules will result in disciplinary action and possibly removal from the program with the refund to be negotiated.

*Responsibilities of the Parent/Guardian*

- I understand that I am responsible for tuition even when my child is absent as the staff must be paid regardless of attendance. Tuition is due in two installments: Session 1 (first 4 weeks) and session 2 (second 4 weeks) and must be prepaid on or before the Friday before the session begins. Early payments or prepayment in full is accepted. Only one bounced check is permitted after which time all fees must be paid in cash. The returned check fee is \$25.00. Failure to pay the tuition due will result in a small claims court case to collect the owed funds.
- I understand that I am to bring my child on time and should contact the office if my child will be absent.
- I understand that my child should be picked up on time with six o'clock (6:00 P.M.) being the latest. After 6:00 there is a late fee of \$25.00 per half hour. For example: (Anywhere from 6:00-6:30 p.m. is \$25.00)
- I understand that my child must comply with the established behavior code and that there is a 3-strike policy with regard to behavior and that after 3 infractions my child will be removed from the program, without a refund of tuition for that current week. No further tuition will be due if the child is removed. Any prepaid tuition past the dismissal date will be refunded and mailed to you.
- I understand that my child will be immediately removed from the program regardless of how many strikes they do or do not have for any category 2 infraction (i.e.dangerous behavior toward any peer or adult, having a weapon or showing disrespect etc.)

**I/We have read the above contract and understand and agree to the terms.**

Signature of child: \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

Mays-Woodson  
Summer Enrichment Program



Mays-Woodson Summer Enrichment Program  
**Consent for Administration of Approved Discretionary Medications**

Name	Date of Birth
Medication Allergies/Sensitives	
List any long-term medication your child receives	
Medical/health problems:	

I give permission for my child \_\_\_\_\_ to receive any medication listed below on this form as deemed necessary by the Medical Doctor/Registered Nurse. I understand that generic equivalent medications may be used.

**\* We will not give prescription medications to children.**

I would like to follow medication(s) made available to my child: (please check)

<b>For headache/Fever/Burns Earache/Muscle Aches Pain/Menstrual Cramps</b>		<b>For Coughs/Sore Throats</b>	
Acetaminophen (Tylenol)		Cough Drops	
Ibuprofen (Advil)		Throat Lozenges	
<b>For Upset Stomach</b>		<b>For Mild Allergic Reactions</b>	
Chewable Antacid (Tums)		Diphenhydramine (Benadryl)	

I understand that the Medical Doctor/Registered Nurse will administer the above medications I have checked.

\_\_\_\_\_ I do not want any medication given to my child in camp.

Signature of Parent/Guardian	Date
Home Phone	Work/Emergency Phone

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**Student Interest Form/Needs Assessment**

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Name of Child

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School Attending

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Grade entering into the fall

To assist us in assisting your child, please answer the following questions completely. Please share any information that you feel will better assist us in working with your child.

My child loves to:

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My child really dislikes:

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The subject(s) that my child struggled with the most this past school year was/were:

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An area of weakness for my child would be:

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An area of strength for my child would be:

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Parent Signature: \_\_\_\_\_

Mays-Woodson Summer Enrichment Program  
**Field Trip Permission Slip**

My child, \_\_\_\_\_, has my permission to accompany Mays-Woodson Summer Enrichment Program on any and all field trips during the course of the summer session. I understand that all safety precautions will be taken both at and away from the center. I further understand that my child must adhere to all rules and regulations, including the disciplinary code. Failure to follow the rules will result in disciplinary action and possible dismissal from the program with or without a refund. I also give permission for my child to be photographed. I understand that these when photos will be used for publicity and other purposes that enhance the program.

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Parent/Guardian Signature

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Date