February 3, 2020

Hello Families & Caregivers,

Please find the attached registration packet for the 2020 STARS Summer Enrichment (SSE) Program. We are diving into the planning process and are looking forward to another successful summer. Please review the information closely, as there are some changes this year.

- Two weeks for Middle/High School students
- Two weeks for Elementary School students

In addition, a letter was sent out in the fall indicating that we would be implementing a mandatory fee for transportation starting this summer. The total cost to provide transportation for students this summer is approximately $30,000.00, or $7,500.00 per week. The cost per family for transportation per week is outlined below and can also be reviewed on page 6 of the registration packet.

- Week 1 - $50: Middle & High School, June 1 to 5
- Week 2 - $50: Middle & High School, June 8 - 12
- Week 3 - $40: Elementary School, June 29 to July 2 (no meeting on July 3)
- Week 4 - $50: Elementary School, July 6 to 10

The fee per week for transportation is less than 1% of the total cost paid by Center for the Visually Impaired and is required of all families.

Completed registrations and supporting documents can be sent via either:

**Mail:** Center for the Visually Impaired
STARS Summer Enrichment
739 West Peachtree Street NW
Atlanta, GA, 30308

**Fax:** 404-602-4332

**Email:** khawkins@cviga.org

**The registration deadline is May 1, 2020.** All incomplete and late registrations (including fee waiver paperwork and proof of eligibility) will go on a wait list after this date. Enrollments will not be completed and spots will not be confirmed until all paperwork and payments are received in full. Confirmations will be emailed once the process is complete.

Thank you in advance for your continued support and commitment as an integral part of our work to grow the Program and the quality of services for students and families. Please contact me directly with any questions.

Kind Regards,

*Stephanie Pizza*

Stephanie Pizza, Ed.S, TVI
Director of Children & Youth Services
404-602-4331; spizza@cviga.org
STARS Summer Enrichment 2020

Student Information

Student Name: ____________________________

Grade:_________   T-Shirt Size:_________

Swimming ability (please check)
☐ None       ☐ Beginner       ☐ Intermediate       ☐ Advanced

Address: _________________________________________
City: _______________________________ State: _________ Zip: _____________

Parent / Guardian 1 Name: ________________________________
Home Phone: _______________ Mobile Phone: ____________________
Email Address: ________________________________

Parent / Guardian 2 Name:______________________________
Home Phone: _______________ Mobile Phone: ____________________
Email Address: ________________________________

Emergency Contact Information

Please tell us who will be available to pick up your child in the event that you (parent/guardian) are not available.

Name: ________________________________
Relationship to Student: ________________________________
Home Phone: _______________ Mobile Phone: ____________________
STARS Summer Enrichment 2020

Student Name: ______________________________________________________________

Date Selection – Monday to Friday, 9:00 AM to 3:00 PM

Please select which weeks your child will attend:

____ Middle and High School Week 1: June 1 to 5
____ Middle and High School Week 2: June 8 - 12
____ Elementary School Week 3: June 29 to July 2 (no meeting on July 3)
____ Elementary School Week 4: July 6 to 10

Transportation

Will your child need transportation from a localized pick-up point to STARS in the mornings?

___ Yes   ___ No

Will your child need transportation from STARS to a localized drop-off point in the afternoons?

___ Yes   ___ No

Does your child need to use a car seat or booster while using our transportation?

___ Yes   ___ No

Please select from the following transportation routes:

☐ North – Walmart
   2635 Pleasant Hill Road in Duluth

☐ East – South DeKalb Mall
   2801 Candler Road in Decatur

☐ South – Chuck E. Cheese
   335 Upper Riverdale Road in Jonesboro

☐ Northwest – Arbor Place Mall
   6700 Douglas Boulevard in Douglasville

☐ North – Walmart
   970 Mansell Road in Roswell

☐ East – Stonecrest Mall Burlington’s
   2929 Turner Hill Road in Lithonia

☐ West – Waffle House
   908 Thornton Rd at Village Oak Shopping Center in Lithia Springs

☐ Northwest – Arbor Place Mall
   6700 Douglas Boulevard in Douglasville

Center for the Visually Impaired
739 West Peachtree Street NW, Atlanta, GA 30308
Telephone: 404-875-9011
www.cviga.org
Emergency Medical Information

Name of Physician/Provider: ___________________________ Phone #: ____________________
Name of Insurance Company: ___________________________ Policy #: ____________________

Please list any medical concerns you have for your child that we should be aware of.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I confirm that my child can complete the following activities independently:

______ Eat _______ Toilet ________ Change clothes

Please circle any allergies:

Hay Fever Penicillin Asthma

Foods: __________________________________________________

Insects: __________________________________________________

Other: ____________________________________________________

Medications: If your child takes any medications during the day that we should be aware of, please list below. **NOTE: WE DO NOT HAVE STAFF CERTIFIED TO DISPENSE MEDICINE**

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<th>Drug Name</th>
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Please initial or sign as indicated.

Operating Hours and Callout Procedure
STARS Summer Enrichment will run from 9:00AM to 3:00PM Monday through Friday of each week. **Children may not be dropped off at the Center before 8:30AM and must be picked up by 4:30PM.** Fees will be assigned as follows for late pickups: $5 per minute beginning at 4:31PM.

If a child will be absent for any reason, a message should be left by contacting Shelby Ball (sball@cviga.org or 404-602-4336) or Stephanie Pizza (spizza@cviga.org or 404-602-4331) by 9:00PM the day before.

INITIALS __________

Meals
We will be providing snacks and drinks throughout the day. Students will need to bring a packed lunch each day.

INITIALS __________

Attire
Students should wear comfortable shoes and clothing in order to take part in all program activities each day.

INITIALS__________
STARS Summer Enrichment 2020

Student Name: ___________________________________________  Page 5 of 6

Liability Release
I give permission for my child, _______________________________, to participate in all activities and any field trips of the STARS Summer Enrichment Program. I, the undersigned, agree to hold harmless the Center for the Visually Impaired, its employees, volunteers and other agents involved, from any and all injury or liability of any nature. In case of emergency, if I cannot be directly reached, I give permission for an emergency contact or Center for the Visually Impaired to sign any necessary emergency medical treatment forms in my absence.

SIGNATURE: ___________________________  Date: __________ 
(Parent/Guardian)

Media Release
I hereby agree and consent to the use of photographs, audio recordings, television, film, or videos for publicity, news, social media and other legitimate purposes by the Center for the Visually Impaired. I understand that full names will not be used without permission. I waive all claims for any compensation for such use or for damages.

SIGNATURE: ___________________________  Date: __________ 
(Parent/Guardian)

Department of Family and Children Services Release
STARS (Social, Therapeutic, Academic and Recreational Services) is an educational, recreational, and social skills program for youth ages 5-21 who are blind or visually impaired. In the STARS Summer Enrichment Program, elementary, middle, and high school students attend weekly sessions with same-aged peers.

I hereby acknowledge that I have been advised and understand that the program my child is participating in at the Center for the Visually Impaired, STARS Summer Enrichment, is neither licensed nor required to be licensed by the Georgia Department of Early Care and Learning.

SIGNATURE: ___________________________  Date: __________
(Parent/Guardian)
Summer Enrichment 2020

Registration Fee
Fee includes snacks, transportation and admission to field trips, and general supplies.

Student Name: ____________________________

Please select one of the following payment options:

Week 1 Middle & High School, June 1 – 5
☐ $200 without transportation  ☐ $250 with transportation

Week 2 Middle & High School, June 8 to 12
☐ $200 without transportation  ☐ $250 with transportation

Week 3 Elementary School, June 29 to July 2 (Mon-Thurs)
☐ $200 without transportation  ☐ $240 with transportation

Week 4 Elementary School, July 6 to 10
☐ $200 without transportation  ☐ $250 with transportation

☐ My family is eligible for a fee waiver
If a completed fee waiver form and proof of eligibility are not on file for your child from After School Enrichment 2019-2020, you will be required to complete the fee waiver form and provide proof of eligibility before the registration deadline (May 1, 2020).

PLEASE NOTE: Families eligible for a fee waiver must contribute towards the cost of transportation, if used. Please select from the following options:

☐ Week 1 - $50  ☐ Week 2 - $50  ☐ Week 3 - $40  ☐ Week 4 - $50

Total Payment Amount: __________

Method of Payment:
☐ Cash
☐ Check made out to CVI with “STARS Summer Enrichment” in the memo section
☐ Credit Card: Visa / MC / AMEX / Discover

Credit Card Number ________________________________________________
Expiration Month ________ Year ________
Date ____________

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