



February 26, 2018

Dear STARS Families,

Enclosed is the registration form for STARS Summer Enrichment at the Center for the Visually Impaired. We are offering programming for all STARS students **Monday through Thursday from 9:00 a.m. to 3:00 p.m.** for a total of four weeks in June this year.

Week 1: June 4 – 7

Week 3: June 18 – 21

Week 2: June 11 - 14

Week 4: June 25 - 28

Please be sure that your child meets the following requirements for STARS Summer Enrichment: students must be able to independently manage personal needs such as eating, taking their own medications, changing clothes, and using the restroom.

- The fee for STARS Summer Enrichment is \$160 per student per week.
- If you will be using our transportation company, the additional fee is \$40 per student per week, making the total fee \$200 per student per week.
- We offer a discount for early registration before April 2nd, which is \$140 per student per week without transportation and \$180 per week including transportation. Payment must be received in full by April 2nd.
- If you are eligible under our DHS grant, the fee is waived once the completed DHS form and proof of eligibility are received by STARS. The DHS form and proof of eligibility must be received by the registration deadline — May 21, 2018.

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 discounted fee deadline is April 2, 2018. The registration deadline is May 21, 2018. All incomplete and late registrations (including DHS 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.

739 West Peachtree St. NW
Atlanta, GA 30308

Accredited Member
National Accreditation Council

A United Way Agency

Kind Regards,

Stephanie Pizza, Ed.S, TVI
Director of Children & Youth Services



Summer Enrichment 2018

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: _____

Center for the Visually Impaired
739 West Peachtree Street NW, Atlanta, GA 30308
Telephone: 404-875-9011

www.cviga.org





Summer Enrichment 2018

Student Name: _____

Selection

Please select which weeks your child will attend:

- Week 1: June 4 – 7, Monday – Thursday – “*STEAM Week*”
- Week 2: June 11 – 14, Monday – Thursday – “*Olympics Week*”
- Week 3: June 18 – 21, Monday – Thursday – “*Career Week*”
- Week 4: June 25 – 28, Monday – Thursday – “*Nutrition Week*”

Unless your child is eligible under our DHS grant, the cost is \$160 per week without transportation or \$200 with transportation. The pre-registration discount is \$140 per week without transportation or \$180 with transportation. Complete registrations and payment in full must be received before April 2nd in order to qualify for the discount.

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 while using our transportation?

Yes No

Please select from the following routes:

North

South

East

West

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Summer Enrichment 2018

Student Name: _____

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**

Drug Name	Dose	Time Given	Reason	Child takes independently?



Summer Enrichment 2018

Student Name: _____

Please initial or sign as indicated.

Operating Hours and Callout Procedure

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

If a child will be absent for any reason, a message should be left by contacting Calvin Lee (clee@cviga.org or 404-602-4373) or Stephanie Pizza (spizza@cviga.org or 404-602-4331) by 9:00 p.m. 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 _____

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Summer Enrichment 2018

Student Name: _____

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)

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Summer Enrichment 2018

Registration Fee

Fee includes transportation to and from CVI (if applicable), snacks, any field trip admissions and transportation, and general supplies.

Student's Name: _____

Please select one of the following payment options:

\$140 per week without transportation on or before April 2, 2018 (early registration discount)

Number of weeks _____ x \$140 = \$ _____

\$180 per week with transportation on or before April 2, 2018 (early registration discount)

Number of weeks _____ x \$180 = \$ _____

\$160 per week without transportation after April 2, 2018

Number of weeks _____ x \$160 = \$ _____

\$200 per week with transportation after April 2, 2018

Number of weeks _____ x \$200 = \$ _____

My family is eligible under the Department of Human Services, Division of Family and Children Services After School Care Program

If a completed DHS form and proof of eligibility are not on file for your child from After School Enrichment or Saturday Academy 2017-2018, you will be required to complete the DHS form and provide proof of eligibility before the registration deadline (May 21, 2018).

Method of Payment:

- Cash
- Check made out to CVI with "STARS Summer Enrichment" in the memo section
- Visa
- MasterCard

Credit Card Number _____

Expiration Month _____ Year _____ CVV Code _____

Name as it appears on card _____

Signature _____

Date _____

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Office use
House number: _____ Zip _____



AUTHORIZATION TO RELEASE INFORMATION

Child's Name _____

Date of Birth _____

Eye Doctor and Location of Office

Eye Doctor Name

Office & Location

Teacher of the Visually Impaired and Contact Info

Teacher Name

Email

Phone

I hereby agree and consent for any agency that has information of a medical, social, educational or psychological nature concerning my child's condition to release this information to the Center for the Visually Impaired (CVI). I also agree and consent for CVI to, in turn, release information concerning my child that is of a medical, social, educational and/or psychological nature as needed by other cooperating agencies. Material released may or may not contain information related to infectious disease status. All information will be used only by professional persons for the purpose of aiding my child's education.

I give my permission for the Center for the Visually Impaired to assess my child for program eligibility using assessment instruments appropriate for a child with visual impairment.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Witness _____

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