



APPLICATION

2022 Community Educational Enrichment Program - CEEP

8:30 AM - 3:30 PM Monday-Friday, June 13- July 1, 2022

Christ Episcopal Church, Covington, LA

CEEP is designed for children who...

- Are entering **3rd-6th** grade.
- **Do NOT have chronic behavior problems.**
- Can adjust to and benefit from a fun and creative camp focused “The Arts.”
- Can **attend the full 3 weeks.**

**If unable to make this commitment, please ask to be put on the waiting list. If we do not reach capacity, we will consider your request the week prior to opening.)*

Tuition/Registration Fee (Total cost of camp)

Federal Lunch Program Status (or equivalent)	Per Child	Per Family	Fee Due
FREE	\$40	\$60	With Application
REDUCED	\$80	\$100	With Application
NON-ELIGIBLE WAITLIST	\$200	\$300	Upon Acceptance

RECENT copies of the following items are **REQUIRED WITH APPLICATION:**

- 1. Proof of income** (Free/Reduced Lunch Verification, check stub, income tax return)
- 2. Report card - recent**
- 3. Individualized Education Plan (IEP),** if applicable
- 4. Custody documentation,** if applicable
- 5. Tuition/Registration fee** (cash, check, or money order, payable to **Christ Episcopal Church** with **CEEP** in the memo line)



APPLICATION

2022 Community Educational Enrichment Program (CEEP) 8:30

AM - 3:30 PM Monday-Friday, June 13- July 1, 2022

Christ Episcopal Church, Covington, LA

You are required to complete ALL sections and pages of this application.

Incomplete applications will not be accepted and may result in delay or loss of your child's enrollment in the program. Spots are limited.

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ___/___/___ Age: _____ Gender: Female Male T-Shirt Size: _____

Race/Ethnicity: Asian/Pac. Isl. Black/African Am. Native Am. Latino/Hispanic White/Caucasian Other _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

What school does this child presently attend: _____ Grade entering in August: _____

Does this child have a current IEP (Individualized Education Plan)? Yes No If so, please provide a copy.

Will this child ride the bus?

Yes (inside Covington city limits. Physical address (if different than above): _____)

Yes (outside Covington city limits. *The bus driver will notify you of pick-up points.)

No (Car line forms between the church and the chapel.)

Do you have other children who attend CEEP? No Yes - Names of siblings: _____

Does this child qualify for free or reduced lunch at school? Free Reduced None

Household Information

Household Type: Single Mother Single Father Both Parents Foster Other Family Group Home

How many children and adults live in your household? # Children _____ # Adults _____

Before care needed? Yes No Check, yes to receive more information

Parent/Guardian Information:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Employer: _____

Employer: _____

D.O.B.: _____ Work phone: _____

D.O.B.: _____ Work phone: _____

Cell phone: _____

Cell phone: _____

Primary phone: _____

Primary phone: _____

Email: _____

Email: _____

Is either parent in the military? Yes No Of yes, who and what branch? _____

Whom may we thank for telling you about CEEP? _____

All Fees are Non-Refundable

For Office Use Only:

Application date: ___/___/___

Tuition/Registration fee paid:

\$ _____ / _____ / _____ Check #: _____ Money order #: _____ Cash: _____ Receipt #: _____

Emergency Contacts:

Name: _____

Name: _____

Primary phone: _____

Primary phone: _____

Secondary phone: _____

Secondary phone: _____

Relationship to student: _____

Relationship to student: _____

Medical Information:Doctor's name: _____ Does this child have any special medical problems? Yes NoIf yes, check ALL that apply: ADD/ADHD Asthma Diabetes Epilepsy/seizures

Other: _____

Does this child have any food allergies or dietary restrictions? Yes No

If yes, check all that apply:

 Fish/Shellfish Dairy/Milk Peanuts/Nuts Wheat/Gluten Other: _____I give permission for my child to be treated by doctor/hospital: Yes No

Other important medical information: _____

CEEP does not administer medication (prescription or non-prescription drugs). If your child needs medication during program hours, you or your assigned third party will have to administer the medication.

Authorization to Pick Up Student:

The following adults are authorized to pick up my child from CEEP:

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

Parent/Guardian Consent & Waiver:

I have read the completed application and request that my child be admitted into the Christ Episcopal Community Educational Enrichment Program (CEEP) and grant permission for my child, _____, to participate in all activities and programs provided by CEEP. I agree that my child may participate in discussions and educational activities involving topics that may be deemed sensitive, such as substance abuse prevention and peer pressure.

First Aid and Emergency Medical Care Consent: On behalf of _____ (student), I hereby grant to Christ Episcopal Church and its employees, agents, and representatives the authority to make medical decisions, including administering medication and authorizing surgery, in the event of accident, injury or illness, when other authorization is otherwise unavailable, unobtainable or impractical to obtain, or when in the sole discretion of Christ Episcopal Church, including its employees, agents and representatives, the circumstances require immediate medical decisions or attention. I agree to assume responsibility for all financial charges associated with this or any other treatment given to my child.

Waiver of Liability: I recognize that participation in CEEP activities may expose my child to some risk or injury. The undersigned hereby further agrees to RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS Christ Church, its employees, agents, representatives and other volunteers from any and all suits, claims, demands, actions, liabilities and damages of every kind and character arising out of or in connection with respect to medical decisions made as authorized above and accident or injury of the student while taking part in CEEP activities.

Parent/Guardian Signature_____
Date_____
Printed Name

AUTHORIZATIONS/RELEASE OF INFORMATION

2022 Community Educational Enrichment Program (CEEP)

Authorizations:

I, _____, the Parent/Guardian of _____ (Child's name):

Initial **Policies and Procedures:** I agree to adhere to and abide by the policies of CEEP as stated in the Handbook. I agree to review CEEP policies with my child and assume responsibility for their appropriate behavior while at CEEP.

Initial **General Travel Permission Form:** I give my general permission for my child to travel with CEEP for field trips and agree that neither CEEP nor its representatives shall be held liable for any accidents while in route to or returning from any CEEP field trips.

Initial **Mentoring Permission:** I give permission for my child to participate in mentoring at CEEP. I fully understand that the program involves mentors, who may be CEEP staff or volunteers from the community, who will be trained in *Safeguarding God's Children*, and screened according to policies as set forth by The Episcopal Diocese of Louisiana.

Initial **Computer and Internet Usage Permission:** I understand that as a student at CEEP, my child will have access to computers and the internet, and I give my permission for my child to use the internet while at CEEP in accordance with CEEP Policies and Procedures. My child and I agree to comply with the stated rules regarding use of computers and the internet.

Initial **Late Fees:** I understand that a LATE FEE will be charged if my child is not picked up by the stated closing time. Late fees will be charged at the rate of \$5.00 for the first 5 minutes and an additional \$1 for each minute thereafter. Late fees must be paid before the child will be allowed to return to CEEP.

CEEP requires the following authorizations and releases to satisfy the requirements of grants which help to keep the cost of our program affordable.

Initial **Student Assessments and Data Sharing Permission:** I give my permission to CEEP to collect information from my child via surveys, questionnaires, interviews, and focus groups. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with CEEP staff, Christ Episcopal Church (CEC) Administration, funders, and other community stakeholders to evidence program effectiveness and/or its impact on our students. I also understand that CEEP may share information regarding my child with CEC for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to CEC may include the information provided on this membership application form, information provided by my child's school or school district, and other information collected by CEEP, including data collected via surveys or questionnaires. All information provided to CEC will be kept confidential.

Initial **Media Permission:** I consent to and authorize the unrestricted use by CEEP and its subsidiaries, successors, affiliates, assignees and licensees of any photographs or images in which my child may appear, any works of art by my child, and/or my child's name for purposes of publicity, promotion, advertisement, broadcast, art, and communications of CEEP, without any right of prior review or further approval, and waive any rights of compensation.

Initial **Authorization for Release of Information by Third Parties:** I understand that CEEP has a legitimate interest in the overall safety and academic success of my child. I authorize CEEP to contact third parties, including my child's school, the school district, local law enforcement agencies, state social service agencies and other government agencies for information relating to my child and hereby consent to agree to the release of such information by such third parties to CEEP. This information may include absentee reports, grades, standardized test scores, discipline reports and other data that will allow CEEP to effectively work with the student.

I certify that I have read all the releases above and understand the liabilities of all parties.

Parent/Guardian Signature

Date

Printed Name