



Greater *m*Power Tutoring

Greater mPower, greater results

Registration Form

PARENT'S/GUARDIAN'S INFORMATION (IF APPLICABLE)		
Parent's/Guardian's Name:		
Telephone Number:	E-mail Address:	
Address:		
City:	State:	ZIP Code:
STUDENT'S INFORMATION		
Student's Name:		
Telephone Number:	E-mail Address:	
School:	Grade:	
Select the session(s) that you are enrolling your child(ren) in:		
<input type="checkbox"/> I. June 5 – 9, 2017	<input type="checkbox"/> V. July 10 - 14	
<input type="checkbox"/> II. June 12 - 16	<input type="checkbox"/> VI. July 17 - 21	
<input type="checkbox"/> III. June 19 - 23	<input type="checkbox"/> VII. July 24 - 28	
<input type="checkbox"/> IV. June 26 - 30	<input type="checkbox"/> VIII. July 31 – August 4	
<i>*Discounts are available for multiple children and multiple sessions.</i>		
Why did you choose to enroll your child in Camp mPower: Middle School Mastery?		
Additional notes:		
SIGNATURES		
I certify that the information provided on this form is true and accurate to the best of my knowledge.		
Signature of parent/guardian:	Date:	
Signature of student:	Date:	
OFFICE USE ONLY		
Coupon code: Y / N	Notes:	

Emergency Medical Authorization

Should _____ suffer an injury or illness while attending Camp mPower and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in the telephone numbers, etc. where I (we) can be reached. The facility agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Unless other arrangements are made by the parents and/or legal guardians, your child will be taken to Gwinnett Medical Center Hospital if a medical emergency occurs which requires professional medical attention.

Child's primary source of healthcare is:

Name of Physician/Clinic/Hospital	Telephone
-----------------------------------	-----------

Known medical conditions (i.e. diabetic, asthmatic, any allergies):

Known medications to which child is allergic (i.e. codeine, penicillin etc.):

Special instructions for medications currently taking or prescribed:

Parent/Guardian Signature

Date

Phone Numbers:

(w)

(c)

(h)

Emergency Contact 1:

Name

Number

Relationship

Emergency Contact 2:

Name

Number

Relationship

Parental Agreements with Greater mPower Tutoring, llc

1. I (we) understand that Greater mPower Tutoring, llc does not have the resources or staff to offer services to children with severe behavioral, physical, mental and/or emotional handicaps that would be disruptive or harmful to themselves or other students. Should my (our) child(ren) be overly, repetitively, disrespectful or disruptive they may be denied the privilege of this service. There will be no reimbursement, of any kind, should my (our) child(ren) be excused under these circumstances.
2. I (we) understand that Greater mPower Tutoring, llc seeks to provide a positive, Christian atmosphere and will incorporate prayer, worship and Bible study into its daily routine. If I (we) am uncomfortable with this, my (our) child is free to not participate but not free to be disruptive during such occasions.
3. The Greater mPower Tutoring, llc agrees to care for _____ on Monday through Friday until 5:30 pm. I (we) further understand that my (our) child is to be picked up by 6:30 pm on Monday – Friday. A \$1.00 per minute late fee will be charged after a 5-minute grace period. The late fee will be payable at the time my (our) child is picked up.
4. My (our) child will not be allowed to enter or leave the facility without being escorted by parent(s) and/or person(s) authorized by parent(s) or facility personnel.
5. Before medications are dispensed to my (our) child, I (we) will complete a written authorization form which includes; date, name of medication, name of physician, prescription number, dosage, date and times that medications are to be administered. Medicine will be in the original container with my (our) child's name on it.
6. I (we) acknowledge that it is my (our) responsibility to keep my (our) child's records current and report any significant changes as they occur; e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, and feeding plans.
7. The facility agrees to keep me (us) informed of any incidents including illnesses, injuries, and adverse reactions to medications, etc., which affect my (our) child.
8. I (we) give permission to Greater mPower Tutoring, llc to photograph my (our) child for promotional purposes. I (we) understand these photographs may be used for websites, brochures, newsletter, magazines, etc. Greater mPower Tutoring, llc will not make any money on this promotional advertisement and my (our) child will not be compensated for such.

Parent/Guardian's Signature

Date

Administrator's Signature

Date