



# FSC YEP Summer Enrichment Camp 2017

Session 1: June 5-22, Session 2: June 26 - July 13  
Showcase: Thursday July 13, 2014 @ 6:00pm

Thank you for your interest in attending our 10th season of Family Support Circle, Inc.-Youth Excellence Program (FSC-YEP) Summer Day Camp!

Family Support Circle, Inc. is a 501 (c)(3), nonsectarian, Social Services National Organization currently serving the States of Georgia and Pennsylvania. We offer year-round programming through our Youth Excellence Program - which consists of our Afterschool & Summer Enrichment Programming, Mentoring and Community Access- to help provide the type of support services that move towards an ever-improving quality of life centered in a healthy and diverse community.

**Summer Camp is a 6-week-long day camp where the youth receive instruction on the various weekly themes, and at the end of the week, attend a field trip that is directly connected to the theme! This summer's themes include Social Networking, Health, Arts, Technology & Science, Community Service and Finance.**

Youth ages 8-14 at the time of camp, may apply for the summer enrichment program. Returning campers' ages 17 and older who have attended two or more sessions of Summer Camp or after-school programming may apply to be interns or volunteers.

## **APPLICATION PROCESS**

Please read the following carefully. Summer Camp enrollment is first come, first served. If you prefer to apply online, you are in the right place! Scan and email the application to [Info@familysupportcircle.org](mailto:Info@familysupportcircle.org); then pay the deposit via paypal at [Info@familysupportcircle.org](mailto:Info@familysupportcircle.org).

To apply by mail, please send us: the program application (including financial aid request form if applicable), and the \$50 non-refundable deposit with the application (\$50.00 deposit allows us to keep your child's space).

We will notify each applicant regarding enrollment status as soon as possible, typically within two weeks of receiving your completed application and deposit. Once your youth is enrolled, we will send you a confirmation email and the return paperwork packet along with specific date to attend Parents Orientation prior to the start of the summer enrichment program. You may then proceed with tuition payment the first day of camp.

**IMPORTANT: If you don't hear from us within two weeks of submitting your application and deposit, it may be incomplete; please contact us to find out what is missing!**

## **TUITION AND FINANCIAL AID**

Summer Camp costs \$175 per session; this includes a \$50 non-refundable application with deposit (due with application) and the \$125 tuition balance (due by first week of camp). Before Care and/or After Care is available for an additional cost of \$5.00 each/per day. (\$5.00 for the morning hour and \$5.00 for the afternoon hour), each occurrence.

Limited financial aid is available. We try very hard to make Camp accessible to all youth and not to turn a camper away due to financial need. We also provide financial aid assistance and requests for assistance may take longer than three weeks to process. Full or Partial Financial Aid is available depending on status. Please ask for assistance early.

We work all year long to keep our costs low, offer more programming and provide financial aid through grants, fundraising, benefits, etc. As a nonprofit, any amount paid over the standard fees is considered a tax-deductible donation and greatly appreciated. Please consider sponsoring another camper or helping us provide more scholarships. Thank you!

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

**SUMMER CAMP PROGRAM SITE**

Family Support Circle, Inc. has been fortunate to have multiple sites to host our Summer Camp 2017 season. Your Camp location is \_\_\_\_\_ with drop off and pick up near the cafeteria doors in the bus lane area.

**CONTACT INFORMATION**

Mailing Address: 109 South Lee, Street  
 Stockbridge, GA 30281  
 Website: www.familysupportcircle.org  
 Email: info@familysupportcircle.org  
 Phone: 770.378.4070  
 Summer Camp Cell: 404.917.9765

**IMPORTANT: DO NOT  
 SEND any mail to the  
 school or program  
 location. Please use  
 our office address**

**WHEN TO SHOW UP AND WHAT TO BRING**

Camp is Monday-Thursday, 8:30a-4:00p from June 5<sup>th</sup> thru June 22<sup>nd</sup> and June 26<sup>th</sup> thru July 13<sup>th</sup>, with a Showcase on Thursday July 13<sup>th</sup> from 4:00-6:00pm. Camp provides all the necessary instruments, equipment, and instructors, as well as a breakfast, lunch and snack in the afternoons. Campers should wear comfortable clothing and close-toed shoes, and a water bottle is highly recommended. Please note that if you choose to bring your own instrument, mp3 device, lyric notebook, or other personal item, Camp cannot be responsible if it is lost or damaged.

**COMPLETING YOUR APPLICATION**

**Include the following:**



- Program application and consent form
- \$50 non-refundable application fee
- Financial Aid application (if applicable)

**And send it to:**

Family Support Circle, Inc  
 ATTN: Summer Camp  
 109 South Lee, Street  
 Stockbridge, GA 30281

**Checks should be made out to:** "Family Support Circle, Inc"

\*Please do NOT send in tuition at this time. Tuition is due after enrollment confirmation.

**IMPORTANT INFORMATION FOR ALL SESSIONS**

|   |  |
|---|--|
| <b>Applications</b> available<br>March 23, 2017 -- open until<br>June 2 <sup>nd</sup> . | <i>First come, first served – apply as soon as possible for the best chance of acceptance.</i> |
| <b>Enrollment notification and return paperwork</b> packet sent                         | Within three weeks after we receive your complete application.                                 |
| <b>Tuition</b> must be paid in full...  | Within two weeks of the first day of camp.   |
| <b>Return paperwork</b> packets due...  | Two weeks before the first day of Camp.  |

**REFUNDS**

The policy of the Family Support Circle, Inc is to follow the schedule below when refunding any portion of tuition that you paid toward attending our programs, excluding the \$50 application processing fee.

| <b>Time before the program's first day:</b> | <b>Camper gets:</b> | <b>Camp keeps:</b> |
|---|---------------------|--------------------|
| 5+ weeks                                    | 100%                | 0%                 |
| 4 weeks                                     | 75%                 | 25%                |
| 3 weeks                                     | 50%                 | 50%                |
| 2 weeks                                     | 25%                 | 75%                |
| 13 days or less                             | 0%                  | 100%               |

**Thank you so much for your interest in Camp -- we look forward to rocking with you!!!**

Any photos, recorded (audio or video) and written materials created for and/or during Summer Camp are property of Family Support Circle, Inc and may be used for promotional purposes at the discretion of Family Support Circle, Inc.

*The policy and intent of Family Support Circle, Inc. is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.*

FOR OFFICE USE ONLY  
d8 rc'd \_\_\_\_\_ pay rc'd by \_\_\_\_\_  
age \_\_\_\_\_ session \_\_\_\_\_ or \_\_\_\_\_  
abst \_\_\_\_\_ or \_\_\_\_\_ xyp y n  
fa amt req \_\_\_\_\_ app fee y n

**2017 YEP Summer Camp  
Program Application**

(Thanks for printing legibly or typing!)

**1. CHOOSE A CARE PLAN**

You must pre-select the Care Plan you wish to have your child attend. Regular Care plan is included in the tuition and is from 8:30am-4:00pm with pick up no later than 4:00pm. Please note that there is an additional cost of \$5 per day per care plan for Before Care and After Care. If you believe you will need more time either before 8:30am or after 4:00pm, it is recommended that you select a before or after care plan during enrollment to avoid the \$1 per minute charge for late pickup and early drop off. This option MUST be selected during enrollment to avoid additional fees.

**I wish to have my child participate in the following care plan.**

\_\_\_\_\_ Before Care: 7:30am-8:30am \_\_\_\_\_ Regular Care: 8:30am-4:00pm \_\_\_\_\_ After Care: 4:00pm-5:00pm

**2. CAMPER AND PRIMARY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (at the time of Camp): \_\_\_\_\_  
Name you prefer to be called (if different): \_\_\_\_\_  
Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
T-Shirt Size (circle one): **Youth:** XS SM MED LG *or* **Adult:** SM MED LG XL XXL XXXL  
Name of Parent/Guardian/Primary Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address you check frequently: \_\_\_\_\_  
Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**  
 Please send my paperwork via US mail *or*  Please send my paperwork via email  
What is the race/ethnicity of you/your camper? \* \_\_\_\_\_  Prefer not to say  
\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

**3. EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**4. SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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**[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]**

Does your camper have any behavioral or emotional issues that the staff should know about?

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Is your camper taking any medications to treat these conditions?

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**5. ACTIVITIES/PREFERENCES**

Please tell us about your student's skills, talents and interests in the following categories so that we can create summer camp experience that all the children will love

Social Networking \_\_\_\_\_

Health \_\_\_\_\_

Arts \_\_\_\_\_

Technology & Science \_\_\_\_\_

Community Service \_\_\_\_\_

**7. OTHER INFO**

Are you planning on applying for Financial Aid?  Yes  No

Is there anything else you would like us to know?

**To complete your application; please send these pages, your Express Yourself Piece with the cover sheet attached, and the \$50 non-refundable application processing fee to:**

Family Support Circle, Inc  
ATTN: Summer Camp  
109 South Lee, Street  
Stockbridge, GA 30281

**DO NOT PAY TUITION AT THIS TIME.**

Please only send the application fee and wait until you have received enrollment confirmation to pay in full. Thank you!

Sincerely,  
Elna Poulard  
Youth Program Director, 770.378.4070, epoulard@familysupportcircle.org

**[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]  
PARTICIPATION, RELEASE, AND CONSENT FORM**

**PERMISSION TO PARTICIPATE**

I, the undersigned, consent for my child to participate in the **Youth Excellence Program** sponsored by **Family Support Circle, Inc.** I agree to hold harmless **Family Support Circle, Inc.** against any liability, loss, or Expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the program.

I understand that my child will participate in the **Youth Excellence Program** from **20\_\_ to 20\_\_**.

With advanced notice, these times and dates may be adjusted.

**Release of Information/Records:**

I, the undersigned, consent to the **Family Support Circle, Inc.** to have access to my child's school records. I agree to allow my child's school to release their school records including grades, attendance and discipline records to **Family Support Circle, Inc.** I understand that my child will complete a confidential survey about his or her attitudes and opinions as part of an evaluation. I understand the information obtained will be statistically analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, will be part of a larger evaluation and only the program staff will have access to this confidential information.

**Medical Consent:**

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

**PARENT/GUARDIAN: Does participant have any medical problems, including allergies, that we should have knowledge of?**

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**Transportation:**

I fully understand that Program staff may transport my child in a County or leased vehicle to and from various activities and hereby release and hold harmless **Family Support Circle, Inc.** against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the **Youth Excellence Program.**

**Photograph:**

I fully understand that photographs of my child's work will be displayed in the school/community and my child might be in contact with the press. Also, it may be necessary for program staff to photograph or videotape program youth to advertise the Program or for other purposes. I give permission for program staff to photograph or videotape my child.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.**

| Name of Participant | Signature of Parent or Guardian | Date |
|---------------------|---------------------------------|------|
|                     |                                 |      |



[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION] (IF APPLICABLE)

**FINANCIAL AID APPLICATION**

Greetings! Thank you for your interest in Family Support Circle Summer Camp! It is part of our mission to be accessible to youth of all financial backgrounds. Our ability to give financial aid is a critical part of ensuring the success of the organization. Applying for financial aid will neither increase nor decrease your chances of getting into a program. We encourage you to ask for assistance only if you need it and pay what you can.

**Directions:** Fill out this form, one for each camper/student for whom you are applying. Sign and send in the form with your program application. You may be contacted for a follow-up phone interview.

\_\_\_\_\_  
Name of parent/guardian filling out this form

\_\_\_\_\_  
Name of camper/student

1. For which session of Summer Camp are you applying for financial aid?

- Session 1 June 5-22
- Session 2 June 26 - July 13

*Full tuition for Summer Camp is \$175 per session.*

2. How much can you pay toward your child's tuition? \_\_\_\_\_

3. Do you participate in the free lunch program at your school?

- Yes
- No, we don't qualify
- No, my school doesn't have that program

4. What is the annual income of your family? \_\_\_\_\_

5. How many dependents are in your family? \_\_\_\_\_

6. Are you a single-income family?  Yes  No

7. Does the child for whom you are applying receive child support?  Yes  No

8. Other information you think we should know? (Optional, 100 words or less):

I verify that all the information I have provided in this document is true to the best of my knowledge.

X \_\_\_\_\_  
Your signature Date

[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]  
(IF APPLICABLE)

FOR OFFICE USE ONLY  
age \_\_\_\_\_  
session \_\_\_\_\_  
status \_\_\_\_\_

**Application Checklist – Where should we look for all the parts of your application?**

| <b>\$50 Application Fee<br/>(select one)</b>             | <b>Program Application<br/>(select one)</b>             | <b>Financial Aid Application<br/>(select one if applicable)</b> |
|--|---|---|
| <input type="checkbox"/> Paid via the online application | <input type="checkbox"/> Submitted online on<br>/    /  | <input type="checkbox"/> Submitted online on<br>/    /          |
| <input type="checkbox"/> Included with this sheet        | <input type="checkbox"/> Included with this sheet       | <input type="checkbox"/> Included with this sheet               |
| <input type="checkbox"/> Mailed separately on __/__/__   | <input type="checkbox"/> Mailed separately on<br>/    / | <input type="checkbox"/> Mailed separately on<br>/    /         |

**[PLEASE ATTACH THIS PAGE TO YOUR APPLICATION]**