



**McGinnis Woods**  
Country Day School

**APPLICATION FOR  
SUMMER CAMP ADMISSION 2019**

Please print and fill out all blanks (use NONE or N/A if not applicable)

Child's Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Subdivision \_\_\_\_\_

Home Phone \_\_\_\_\_ SS# \_\_\_\_\_

Preferred Start Date \_\_\_\_\_

Name of Elementary School \_\_\_\_\_ Grade \_\_\_\_\_

**STUDENT BIOGRAPHICAL INFORMATION**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State Country

Religious Preference \_\_\_\_\_

**Ethnic Background:**

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black/African American

\_\_\_\_\_ White/Anglo/Caucasian

\_\_\_\_\_ Other. Please specify \_\_\_\_\_

**Sex:**

\_\_\_\_\_ Male \_\_\_\_\_ Female

**PARENTS / GUARDIANS**

<b>Father:</b> _____ Mr. _____ Dr.	<b>Mother:</b> _____ Mrs. _____ Dr. _____ Ms.
Name _____	Name _____
Occupation _____	Occupation _____
Title _____	Title _____
Employer _____	Employer _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Work number(s) _____	Work number(s) _____
Cell Number(s) _____	Cell Number(s) _____
Work Hours _____	Work Hours _____
E-mail address _____	E-mail address _____
Address (if different from applicant's) _____	

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**Parents:**  
\_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

**Describe the general health of the parents** \_\_\_\_\_

**Are there any limitations on either parent's right to pick up or visit the child at school?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please attach a copy of the court order to keep on file at McGinnis Woods.  
Please explain any social or family circumstances of which McGinnis Woods should be aware:**

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**HEALTH INFORMATION**

Please submit immunization form 3231 & 3300 – required by Georgia law  
Updated forms are required as they expire

Physician \_\_\_\_\_

Practice \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Brief Health History \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social/Emotional Concerns \_\_\_\_\_

\_\_\_\_\_

**ALLERGIES**

List all allergies or sensitivities to drug, food, etc. and reaction. Please write none if no allergies exist. All food allergies require written documentation from a physician.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*For each allergy listed that may require medication, an Allergy Action Form must be completed.

**MEDICATION**

State Law requires that all medication taken at school must be turned in to the office with the complete medication form to administer

List all medications currently being taken on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

Any medical conditions or special needs (i.e.: Asthma, RAD, Reflux, food intolerance or religious food preferences) of which the school should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain

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List symptoms: \_\_\_\_\_

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List food(s) to be omitted from diet \_\_\_\_\_

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\_\_\_\_\_ Will send food.

\_\_\_\_\_ Substitute a cheese sandwich

### EMERGENCY AND RELEASE INFORMATION

Other persons to whom McGinnis Woods is authorized to release this child shall be listed below. Under no circumstances will McGinnis Woods release this child to anyone not identified below without specific instructions from the parent. Special instruction forms are available at the front desk. McGinnis Woods will not allow a child to enter or leave without an adult escort (18 years or older.) Additions or changes to this list must be made in writing.

#### EMERGENCY

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**RELEASE AUTHORIZATION**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**PREVIOUS SCHOOLS**

Please list all previous school attended. All records *must* be received prior to admission.

School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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**SIBLINGS**

Please list the name(s) of all siblings and any schools attended (preschool – college)

Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name	School Attended	Dates of Attendance	Reason for leaving
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## **FINANCIAL AND PROCEDURAL AGREEMENT**

### **FEES AND TUITION**

An initial registration fee of one hundred twenty-five dollars (\$125.00) shall be paid for each child at the time of enrollment, renewed each year thereafter. All fees are non-refundable. No bills or invoices are sent.

A fee of fifteen dollars (\$15.00) or one dollar (\$1.00) per minute, whichever is greater, will be assessed for each child not picked up at the end of the camp program.

An additional fee of thirty-five (\$35.00) dollars shall be paid daily for each Before/After-School child during public school closings (in addition to the regular weekly tuition), not to exceed the full-time Summer Camp rate.

### **SECURITY KEY DEPOSIT**

McGinnis Woods is equipped with a controlled access security system to limit unauthorized entry of visitors without the knowledge and permission of the administration. Each family shall be issued one security key. Additional keys are available for a refundable deposit of \$35.00 for each key issued. Each parent or other regularly designated pick up person is required to have a key.

### **LATE CHARGES AND PENALTIES**

Monthly tuition is due by the first of every month. Weekly tuition is due in advance on Monday morning of each week. A late charge of twenty five (\$25.00) dollars shall be automatically added when a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there will be an additional monthly service charge of eighteen percent (18%) of the past due balance added automatically. In the event arrangements to make payment are not made, MCGINNIS WOODS may, at its discretion, dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by MCGINNIS WOODS in the pursuit of payment. Vacation policy applies to weekly tuition only.

McGinnis Woods must be notified in writing or be called by noon (12:00 p.m.) if your child will not be attending McGinnis Woods that day. This is done to ensure the safety of the children.

### **WITHDRAWAL**

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent as the date of withdrawal on the proper Withdrawal Notice Form available at the front office. The parent agrees to furnish MCGINNIS WOODS with at least thirty (30) days advance written notice of such date of withdrawal. If parent fails to provide written notice, parent remains responsible for the full tuition for the thirty (30) days after the child's last day of attendance plus any late charges or penalties which shall accrue until full payment is received.

### **ADMISSIONS**

Initial and continued enrollment will be at the discretion of McGINNIS WOODS based upon the best interests of the child, the expectation that he/she will benefit from the program, and the health, safety and general welfare of the child and the other enrolled children. Enrollment shall be for children six weeks through thirteen years of age without regard to race, creed, sex, or national origin.

### **CURRENT INFORMATION**

The parent is **required** by state law to update information on the enrollment application as necessary. Please remember when any of your phone numbers or your address change, updates must be made immediately in writing.

### **PERMISSION**

We hereby grant McGinnis Woods permission for this child to:

- A. Take part in all program activities, including the use of indoor and outdoor equipment;
- B. Be photographed or videotaped in connection with the daily program activities; these may be posted on the school web site and/or yearbook;
- C. Leave the premises of McGinnis Woods to take part in planned field trips supervised by McGinnis Woods staff. Parents are encouraged to participate in all field trips;
- D. Participate in water-related activities supervised by McGinnis Woods;
- E. Be listed in the McGinnis Woods School Directory

### **PARENT HANDBOOK**

Each parent is responsible for reading the McGinnis Woods Parent Handbook. Signature on this application acknowledges receipt of, understanding of, and adherence to all policies stated in the Parent Handbook and any addendum (which may be in the form of a memo.)

### **GENERAL AND FINANCIAL ACKNOWLEDGMENTS**

To the best of our knowledge the information contained in this application is true and accurate. The administration may verify any part of this application material. If any part of this application is inaccurate, or the provisions not upheld, the student is subject to withdrawal from the school. The applicant desires to be a student at McGinnis Woods Country Day School.

We have specifically reviewed each of the provisions of this application and Parent Handbook and hereby agree to comply with all provisions hereof.

As parents/guardians of the applicant, we attest that the information above is true and accurate to the best of our knowledge. If the applicant is accepted to McGinnis Woods, we grant the school officials the permission to secure medical attention as needed in case of emergency.

**CANCELLATION FEE**

**There are no refunds for camp tuition within two weeks of the session(s) in which my child is registered.**

\_\_\_\_\_ **Please check if you would like a receipt after each payment**

**Please check the following:**

\_\_\_\_\_ **I have completed and returned the appropriate emergency medical information forms for my child(ren).**

\_\_\_\_\_ **I give permission for my child to attend any of the field trips planned as detailed on the calendar, online and/or permission slip(s).**

\_\_\_\_\_ **I give permission for McGinnis Woods Country Day School and its staff to apply sunscreen to my child if needed.**

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**Parent Signature** **Date**

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**Parent Signature** **Date**