

Great Hearts After-School Athenaeum
presents

Athenaeum Break Camp

2015-16

Great Camps for Great Hearts

Wondering what fun, enriching options are available for your child during Archway school breaks?

We're pleased to announce Athenaeum Break Camp!

Athenaeum Break Camp is designed for parents who want or need options for their students during school breaks. Break Camp is an enrichment camp with time for play, learning, projects, and activities – all in a fun “camp” atmosphere that will appeal to your grade K-6 student. With flexible packages and affordable pricing, Athenaeum Break Camp is the perfect choice for school break programming!

Discounted pricing for current Athenaeum families!!

For more information, contact the Campus Coordinator on your campus:

Archway Chandler
Archway Cicero
Archway Glendale
Archway Lincoln
Archway Scottsdale
Archway Trivium East
Archway Veritas

Programs.Chandler@GreatHeartsAZ.org
Programs.Cicero@GreatHeartsAZ.org
Programs.Glendale@GreatHeartsAZ.org
Programs.Lincoln@GreatHeartsAZ.org
Programs.Scottsdale@GreatHeartsAZ.org
Programs.TriviumEast@GreatHeartsAZ.org
Programs.Veritas@GreatHeartsAZ.org

602-740-0683
602-740-6468
480-560-9782
602-715-7424
602-740-6221
602-715-7408
602-796-9766

Please Note: The program is open to students in grades K-6 at each of the academies listed above. We apologize, but Athenaeum Break Camp will not be held at Archway Anthem, Archway Arete, Archway North Phoenix, or Archway Trivium West at this time, though Great Hearts students may attend at any campus. Please do not email the school's front office. For **billing questions only**, email the Great Hearts Co-Curricular Programs Office at GreatHeartsPrograms@GreatHeartsAZ.org.

GreatHearts
classical education, revolutionary schools

About Athenaeum Break Camp

WHEN & WHERE the program runs:

Break Camp runs Monday - Friday of fall and spring breaks at the following Archways: Chandler, Cicero, Glendale, Lincoln, Scottsdale, Trivium East, and Veritas. All K-6 Great Hearts students may attend Break Camp at any Great Hearts campus listed below. Hours are from 8:00AM – 3:00PM, and options for extended-days and single days of camp are available.

At Archway Cicero, Glendale, and Veritas, there will be a winter break camp January 4-8th, as well.

WHAT the program consists of:

We want your students to enjoy their school breaks! Archway curriculum is demanding, so Break Camp will provide students with a well-deserved hiatus from homework and school work, while still challenging them with enriching activities and offering them purposeful leisure opportunities and time for play.

OPTIONS:

Athenaeum Break Camp will run Monday-Friday during the regular school hours (8:00-3:00) and will offer an option for Extended Day (3:00-5:30). Participate all week or drop-in for single days.

Activities will be based on enriching, exciting liberal arts topics such as science, drama, literature, history, music, math, and languages – all in a fun “camp” setting!

Students who participate in Skyhawks Sports Camp over break (8:00-11:00) may join Athenaeum Break Camp from 11:00 till 3:00 or 5:30 for a modest additional fee. For more information, go to www.skyhawks.com/phoenix.

Space is Limited ~ Openings will be filled on a first-come, first-served basis.

To reserve your space, fill out the attached form and return to the Great Hearts Office of Co-Curriculars:

Scan & return by email (PREFERRED) (GreatHeartsPrograms@greatheartsaz.org) or

Mail to: “Athenaeum Break Camp,” Great Hearts Academies, 7205 N. Pima Rd, Scottsdale, AZ 85250.

INFORMATION & DATE TABLE:

	Athenaeum Break Camp Dates	Early Bird Deadline (to receive 10% discount)	Registration Deadline (absolutely no registrations accepted after this date)	Withdrawal Deadline (absolutely no refunds issued after this date)
Fall Session ❖ Chandler ❖ Cicero ❖ Glendale ❖ Lincoln ❖ Scottsdale ❖ Trivium East ❖ Veritas	October 12-16 th	Friday, September 25 th at 4:00pm	Thursday, October 8 th at 4:00pm	Monday, October 5 th at 4:00pm
Winter Session ❖ Cicero ❖ Glendale ❖ Veritas	January 4-8 th	Friday, December 18 th at 4:00pm	Thursday, December 31 st at 4:00pm	Monday, December 28 th at 4:00pm
Spring Session 1 ❖ Scottsdale	March 7-11 th	Friday, February 19 th at 4:00pm	Thursday, March 3 rd at 4:00pm	Monday, February 29 th at 4:00pm
Spring Session 2 ❖ Chandler ❖ Cicero ❖ Lincoln ❖ Glendale ❖ Trivium East ❖ Veritas	March 14-18 th	Friday, February 26 th at 4:00pm	Thursday, March 10 th at 4:00pm	Monday, March 7 th at 4:00pm

Other Important Information

DRESS CODE: Students must wear their school uniforms to Athenaeum Break Camp. Exceptions include: replacing their uniform polo with an Archway School Spirit Shirt or Summer Academy t-shirt. Also, students may wear athletic shoes, and scholars may wear appropriate-length solid color athletic shorts. All other policies regarding personal appearance are governed by the Archway Classical Academy Family Handbook (available online at each academy's website).

LUNCH & SNACKS are not provided by Break Camp; please be sure to send lunch and snacks with your child.

RECESS: Athenaeum Break Camp will mirror the regular school day regarding recess. All scholars will also get a 60-minute lunch break (from 12:30-1:30) during which scholars can eat lunch and have a longer recess.

DROP-OFF & PICK-UP:

	Drop-Off	Break Camp	Extended Day
Drop-off window	8:00-8:30	N/A	N/A
Class time	N/A	8:30-3:00	3:00-5:30
Pick-up window	N/A	3:00-3:15	3:00-5:30

Please note: A charge of \$1.00/minute will be incurred for late pickups (after 3:15 or after 5:30 for Extended Days).

STUDENTS WITH ALLERGIES AND/OR MEDICATIONS: Please be sure to accurately and thoroughly fill out all allergy information on the Emergency Contact Form (part of the required registration packet). Please note that we do NOT administer any medication except those for emergency/life-threatening conditions (epi-pens, inhalers, etc.). You must provide the Campus Coordinator with any medication (clearly labeled with name and instructions) prior to attending.

EXCEPTIONAL STUDENT SERVICES: Exceptional student services are not available for Athenaeum Break Camp.

BEHAVIOR: Students are expected to act in a manner consistent with the behavioral expectations of the Great Hearts Academies. Students removed from a class or activity for disciplinary reasons will jeopardize their continued enrollment in the program. No refunds will be issued for students who are asked to leave Break Camp due to poor behavior.

Payment Policies

Payment is due at time of registration. To register, fill out the attached "Registration", "Billing", and "Emergency Contact" forms; registration is not complete until we receive all forms and receive payment in full. Space is limited, and registrations will be accepted on a first-come, first-served basis. **Registrations will be accepted until Thursday at 4pm before your break camp begins.** Your non-refundable registration fee of \$15 will be charged upon receipt of registration form and will guarantee your

space in the program. Please note that **no refunds will be granted for withdrawals requested after the Monday before your break camp begins.** At this time, we cannot accept checks. A charge of \$1.00/minute will be incurred for late pickups (15 minute pick-up window after your session is finished).

All billing requests, notifications, and inquiries should be directed to GreatHeartsPrograms@greatheartsaz.org.

Athenaeum Break Camp Registration

IMPORTANT: Spaces will be filled on a first-come, first-served basis. Therefore, once you fill out the registration form, **you must WAIT FOR CONFIRMATION before bringing your child to the program.** If there is space for you in the program, you will receive email confirmation and directions from the Campus Coordinator.

PLEASE NOTE: If there is space for you in the program, **we will charge your credit card for a non-refundable registration fee and the correct tuition amount.** (See third page for complete payment policies.)

Registration Fee - Check whichever applies:

- \$15 Non-refundable NEW registration fee (per family, per session)**
(Check this option if your family is NOT CURRENTLY enrolled in our after-school Athenaeum program.)
- \$0 RE-registration fee**
(Check this option if your family IS CURRENTLY participating in our after-school Athenaeum program.)
- I intend to submit this form before the Early Bird Registration for a 10% discount**
(Check this option if you intend to submit this form before the Early Bird Deadline. A 10% discount will be applied to the classes and excludes the registration fee, if applicable. **NOT AVAILABLE FOR ATHENAUM FAMILIES.**)

Pricing & Options

WEEKLY REGISTRATION OPTION:

<i>CHECK ALL THAT APPLY</i>	Break Camp for <u>Current</u> Athenaeum Families (8:00-3:00)	Break Camp for <u>NON</u>-Athenaeum Families (8:00-3:00)	Extended Care (3:00-5:30)	TOTAL (add each option)
One Child	<input type="checkbox"/> \$100/week	<input type="checkbox"/> \$175/week	<input type="checkbox"/> \$25/week	
Two Children	<input type="checkbox"/> \$200/week	<input type="checkbox"/> \$315/week	<input type="checkbox"/> \$50/week	
Three + Children	<input type="checkbox"/> \$300/week	<input type="checkbox"/> \$475/week	<input type="checkbox"/> \$75/week	

OR DAILY REGISTRATION OPTION:

<i>CHECK ALL THAT APPLY</i>	Break Camp (8:00-3:00)	Extended Care (3:00-5:30)	Number of Days**	TOTAL (Total dollar amount times number of days)
One Child	<input type="checkbox"/> \$60/day	<input type="checkbox"/> \$10/day		
Two Children	<input type="checkbox"/> \$120/day	<input type="checkbox"/> \$20/day		
Three + Children	<input type="checkbox"/> \$180/day	<input type="checkbox"/> \$30/day		

****Please Circle which days attending (required if attending Daily):** M T W Th F**

Family & Student Information

PARENT NAME(S) (First Last) _____

STUDENT NAME (First Last) _____ M F Grade in Fall 2015: _____

STUDENT NAME (First Last) _____ M F Grade in Fall 2015: _____

STUDENT NAME (First Last) _____ M F Grade in Fall 2015: _____

*** Please complete billing information on next page. ***

Athenaeum Break Camp (2015-16)

Billing Information

Which campus would you like to attend?

Great Hearts K-6 students are welcome to attend any Break Camp school, regardless of current enrollment

Fall Session: October 12-16th

- Archway Chandler
- Archway Cicero
- Archway Glendale
- Archway Lincoln

- Archway Scottsdale
- Archway Trivium East
- Archway Veritas

Winter Session: January 4-8th

- Archway Glendale
- Archway Cicero

- Archway Veritas/Veritas Prep

Spring Session 1: March 7-11th

- Archway Scottsdale

Spring Session 2: March 14-18th

- Archway Chandler
- Archway Cicero
- Archway Lincoln
- Archway Glendale
- Archway Trivium East
- Archway Veritas

Billing Information – All fields are required; your form will not be processed without complete information.

Parent Name (first, last) _____

Credit/Debit Card Number _____

Expiration Date (MM/YY) ____ / ____ CSC (3- or 4-digit security code on back of card [*front if AmEx*]): _____

Billing Address: _____

City _____ State: _____ Zip: _____

Phone Associated with Billing Address: _____ Mobile: _____

Email: _____

I have read and understood the payment policies as outlined below and agree to abide by them. (Required)

Signature: _____ Date: _____

RETURN THIS FORM

EMAIL (PREFERRED): Scan and email to GreatHeartsPrograms@GreatHeartsAZ.org

OR

MAIL: Athenaeum Break Camp | Great Hearts Academies | Attention: Office of Co-Curriculars
7205 N. Pima Rd, Scottsdale, AZ 85258

Please DO NOT return forms to your school office, or you will not be registered.

Athenaeum Break Camp (2015-16)

Emergency Contact & Permission Form Child 1

(Please print clearly and use a separate form for each child.)

YOU MAY LEAVE BLANK IF YOU ARE CURRENTLY ENROLLED IN ATHENAEUM,
ATTENDING THE SAME CAMPUS AS YOU DO FOR ATHENAEUM, AND ALL INFORMATION IS CURRENT.

If you are attending a different campus for Camp than Athenaeum, you must fill out the entire Emergency Contact Form

Child Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Birthdate/Year: _____ Age on August 1, 2015: _____ Grade in Fall 2015: _____

Which school(s) is (are) your child(ren) currently attending?

Archway Chandler

Archway Arete

Archway Glendale

Archway Cicero

Archway Lincoln

Archway Veritas

Archway Trivium West

Archway Scottsdale

Archway North Phoenix

Archway Trivium East

Parent/Guardian 1: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Parent/Guardian 2: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Child in custody of (check one): Married/Cohabiting Joint (Divorced/Separated) Mother Only Father Only

Other (specify) _____

Child lives with (check one): Both parents Mother Father Other (specify) _____

Custody papers have been provided and are on file at the facility. Yes No

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Break Camp. I understand that my child will not be allowed to leave with any other person without authorization from me:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

(2015-16 Break Camp Emergency Form - Continued)

Child Name: _____

Health History (Use back of form if more explanation is necessary)

- Asthma Bleeding/clotting disorders Convulsions Ear infections
- Other _____

- Allergies:** Pollen Penicillin Insect stings (type?) _____
- Food (list) _____
 - Other allergies (describe) _____

Recent operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose (NOTE: Athenaemum Break Camp does NOT dispense any but emergency medications [epi pens, asthma inhalers, etc.] for life-threatening conditions. All emergency medication must be given to Campus Coordinator and labeled clearly with doctor's instructions): _____

Learning differences, behavioral conditions, or problems of which staff should be aware (please note that Special Education Services are NOT available at Break Camp): _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge. The child listed on this form has my permission to engage in all Athenaemum activities, except if noted by me. I agree to hold harmless Great Hearts for any injuries my child may sustain during the program.

I (we), the undersigned, understand that Athenaemum staff will first contact me directly after contacting emergency services in case of a life-threatening emergency. I (we) authorize Athenaemum staff members (in the event they cannot reach me [us]) to serve as agent(s) for the undersigned to consent to any medical or surgical diagnosis or treatment, anesthetic, X-ray exam, along with treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) understand that I (we) will be responsible for expenses for such services.

I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This form may be photocopied for use away from the main program site.

I (we) am fully aware that participation in Athenaemum may result in risk of personal injury or harm to my child.

I (we) hereby agree to release and hold harmless Great Hearts Academies, its respective Boards of Directors, agencies, officers, employees, committees, and volunteers, from and against all liability, loss, damages, claims, or actions (including legal costs and attorneys' fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation.

This waiver and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorneys' fees and court costs), expenses, and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof.

In signing this waiver, indemnification, and hold harmless form, I (we) acknowledge that I (we) have read and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

I (we) hereby give permission to Athenaemum for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am fully competent and my child is in good physical condition, and that he/she has no medical or physical conditions that would restrict his/her participation in any program or activity.

My child has medical insurance. Yes No. Name of insurance company _____

Policy number: _____

Media Release Consent: Over the course of a student's time at Athenaemum, opportunities will arise to photograph/videotape them actively engaged in fun and learning inside and outside of the classroom. These pictures/videos may be used for a variety of purposes including, but not limited to, advertising, design, and social media. With the exception of the school yearbook, athletics, club and academic events/awards, student names are never associated with photos or postings.

If, for any reason, you object to your student's photograph being used during his/her time at Athenaemum academy, please mark 'No Media'. No Media

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Athenaeum Break Camp (2015-16)

Emergency Contact & Permission Form Child 2

(Please print clearly and use a separate form for each child.)

YOU MAY LEAVE BLANK IF YOU ARE CURRENTLY ENROLLED IN ATHENAEUM,
ATTENDING THE SAME CAMPUS AS YOU DO FOR ATHENAEUM, AND ALL INFORMATION IS CURRENT.

If you are attending a different campus for Camp than Athenaeum, you must fill out the entire Emergency Contact Form

Child Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Birthdate/Year: _____ Age on August 1, 2015: _____ Grade in Fall 2015: _____

Which school(s) is (are) your child(ren) currently attending?

Archway Chandler

Archway Arete

Archway Glendale

Archway Cicero

Archway Lincoln

Archway Veritas

Archway Trivium West

Archway Scottsdale

Archway North Phoenix

Archway Trivium East

Parent/Guardian 1: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Parent/Guardian 2: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Child in custody of (check one): Married/Cohabiting Joint (Divorced/Separated) Mother Only Father Only

Other (specify) _____

Child lives with (check one): Both parents Mother Father Other (specify) _____

Custody papers have been provided and are on file at the facility. Yes No

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Break Camp. I understand that my child will not be allowed to leave with any other person without authorization from me:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

(2015-16 Break Camp Emergency Form - Continued)

Child Name: _____

Health History (Use back of form if more explanation is necessary)

- Asthma Bleeding/clotting disorders Convulsions Ear infections
- Other _____

- Allergies:** Pollen Penicillin Insect stings (type?) _____
- Food (list) _____
 - Other allergies (describe) _____

Recent operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose (NOTE: Athenaem Break Camp does NOT dispense any but emergency medications [epi pens, asthma inhalers, etc.] for life-threatening conditions. All emergency medication must be given to Campus Coordinator and labeled clearly with doctor's instructions): _____

Learning differences, behavioral conditions, or problems of which staff should be aware (please note that Special Education Services are NOT available at Break Camp): _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge. The child listed on this form has my permission to engage in all Athenaem activities, except if noted by me. I agree to hold harmless Great Hearts for any injuries my child may sustain during the program.

I (we), the undersigned, understand that Athenaem staff will first contact me directly after contacting emergency services in case of a life-threatening emergency. I (we) authorize Athenaem staff members (in the event they cannot reach me [us]) to serve as agent(s) for the undersigned to consent to any medical or surgical diagnosis or treatment, anesthetic, X-ray exam, along with treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) understand that I (we) will be responsible for expenses for such services.

I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This form may be photocopied for use away from the main program site.

I (we) am fully aware that participation in Athenaem may result in risk of personal injury or harm to my child.

I (we) hereby agree to release and hold harmless Great Hearts Academies, its respective Boards of Directors, agencies, officers, employees, committees, and volunteers, from and against all liability, loss, damages, claims, or actions (including legal costs and attorneys' fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation.

This waiver and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorneys' fees and court costs), expenses, and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof.

In signing this waiver, indemnification, and hold harmless form, I (we) acknowledge that I (we) have read and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

I (we) hereby give permission to Athenaem for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am fully competent and my child is in good physical condition, and that he/she has no medical or physical conditions that would restrict his/her participation in any program or activity.

My child has medical insurance. Yes No. Name of insurance company _____

Policy number: _____

Media Release Consent: Over the course of a student's time at Athenaem, opportunities will arise to photograph/videotape them actively engaged in fun and learning inside and outside of the classroom. These pictures/videos may be used for a variety of purposes including, but not limited to, advertising, design, and social media. With the exception of the school yearbook, athletics, club and academic events/awards, student names are never associated with photos or postings.

If, for any reason, you object to your student's photograph being used during his/her time at Athenaem academy, please mark 'No Media'. No Media

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Athenaeum Break Camp (2015-16)

Emergency Contact & Permission Form Child 3a

(Please print clearly and use a separate form for each child.)

YOU MAY LEAVE BLANK IF YOU ARE CURRENTLY ENROLLED IN ATHENAEUM,
ATTENDING THE SAME CAMPUS AS YOU DO FOR ATHENAEUM, AND ALL INFORMATION IS CURRENT.

If you are attending a different campus for Camp than Athenaeum, you must fill out the entire Emergency Contact Form

Child Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Birthdate/Year: _____ Age on August 1, 2015: _____ Grade in Fall 2015: _____

Which school(s) is (are) your child(ren) currently attending?

Archway Chandler

Archway Arete

Archway Glendale

Archway Cicero

Archway Lincoln

Archway Veritas

Archway Trivium West

Archway Scottsdale

Archway North Phoenix

Archway Trivium East

Parent/Guardian 1: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Parent/Guardian 2: _____ Male Female

Email: _____

Cell #: _____ Home #: _____

Employer: _____ Business #: _____

Child in custody of (check one): Married/Cohabiting Joint (Divorced/Separated) Mother Only Father Only

Other (specify) _____

Child lives with (check one): Both parents Mother Father Other (specify) _____

Custody papers have been provided and are on file at the facility. Yes No

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Break Camp. I understand that my child will not be allowed to leave with any other person without authorization from me:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

(2015-16 Break Camp Emergency Form - Continued)

Child Name: _____

Health History (Use back of form if more explanation is necessary)

- Asthma Bleeding/clotting disorders Convulsions Ear infections
- Other _____

- Allergies:** Pollen Penicillin Insect stings (type?) _____
- Food (list) _____
 - Other allergies (describe) _____

Recent operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose (NOTE: Athenaeum Break Camp does NOT dispense any but emergency medications [epi pens, asthma inhalers, etc.] for life-threatening conditions. All emergency medication must be given to Campus Coordinator and labeled clearly with doctor's instructions): _____

Learning differences, behavioral conditions, or problems of which staff should be aware (please note that Special Education Services are NOT available at Break Camp): _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge. The child listed on this form has my permission to engage in all Athenaeum activities, except if noted by me. I agree to hold harmless Great Hearts for any injuries my child may sustain during the program.

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I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This form may be photocopied for use away from the main program site.

I (we) am fully aware that participation in Athenaeum may result in risk of personal injury or harm to my child.

I (we) hereby agree to release and hold harmless Great Hearts Academies, its respective Boards of Directors, agencies, officers, employees, committees, and volunteers, from and against all liability, loss, damages, claims, or actions (including legal costs and attorneys' fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation.

This waiver and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorneys' fees and court costs), expenses, and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof.

In signing this waiver, indemnification, and hold harmless form, I (we) acknowledge that I (we) have read and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

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My child has medical insurance. Yes No. Name of insurance company _____

Policy number: _____

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If, for any reason, you object to your student's photograph being used during his/her time at Athenaeum academy, please mark 'No Media'. No Media

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____