

# IN THE ZONE

*After School Program, Summer Camp Program, and Preschool Program*  
 2226 Bienville Blvd., Ocean Springs, MS 39564  
 Ph: (228) 818-2830 ~ Fax (228) 818-2837

**ALL FEES PAID to In The Zone After School, Summer Camp and Preschool program are NON – REFUNDABLE**  
 (Includes registration fee, Field Trip, and weekly fees)

The following are the requirements for enrollment of each child:

**A completed registration form** (separate for each child)

**A completed Bank Draft Authorization form - pg. 7** (We do not accept any other method of payment other than paying for the entire summer or school year in advance)

**A small photo**

**Preschool** \$75 registration fee per child (includes curriculum and supplies)

- Original Birth Certificate
- 121 form – shot record from MSHD – must say 121 form on it

**After School Camp** \$25 registration fee per child (includes Camp T-shirt)

- 121 form – shot record from MSHD – must say 121 form on it

**Summer Camp** \$ 25 registration fee per child (includes Camp T-shirt and bag)

- Actual Field Trip Fee – \$150 (Due By May 1<sup>st</sup>)
- Summer Camp Commitment Form - pg 8
- Permission Form for Field Trips- **Parent orientation on May 11<sup>th</sup> @ 6pm**
- **For new customers only 1<sup>st</sup> week's Fee**

<b>After School Camp</b>	<b>1 child</b>	<b>\$41</b>
	<b>2 children</b>	<b>\$72</b>
	<b>3 children</b>	<b>\$103</b>
<b>Preschool</b>	<b>1 children</b>	<b>\$120</b>
	<b>2 children</b>	<b>\$220</b>
	<b>3 children</b>	<b>\$300</b>
<b>Summer Camp</b>	<b>1 child</b>	<b>\$76</b>
	<b>2 children</b>	<b>\$142</b>
	<b>3 children</b>	<b>\$208</b>

Please note that **ALL** blanks **MUST** be filled in completely before the registration forms will be accepted. If information is not applicable, please place N/A in the blank. There must be **FULL** contact information for at least one parent (including work phone and address).

If we can be of further assistance or answer any questions, please don't hesitate to call. We look forward to getting to know you and your child.

Thank You,

Vincent Burke  
 Director of Operations  
 Certified MS Child Care Director

Last Updated: July 27, 2010

## PROGRAM DESCRIPTION

Our program is dedicated to providing excellent opportunities for children two to twelve years old to grow and develop. Through a well-planned program, we promote activities that help build healthy relationships, increase competence, and explore various age-appropriate

interests. The staff uses the resources of In The Zone and the community of Ocean Springs to meet the recreational, educational, social, cultural and spiritual needs of the children in our community.

**What we believe:**

*Jesus Christ is the foundation to the values expressed through this program.*

**What we do:**

**After School Daily Schedule:**

The children are picked-up from their school by an approved DOT camp vehicle. They start their afternoon here with their Counselor and Group. Groups are children of similar age.

2:30 - 3pm Arrival and settle in (Most children begin homework during this time)

3pm - 4pm Homework, Snack, and organized games

4pm - 4:15pm Devotion

4:15 - 5:45pm Organized games

5:45 - 6pm Prepare for Departure

*For a detailed daily schedule of our summer camp or preschool program please see the parents handbook or visit us online.*

**Staff:** Our staff is a combination of state qualified directors, preschool teachers and certified counselors.

**Cost:**

***We only have full-time rates. We do not have part – time rates. Please be aware that if you are enrolled you are required to pay each and every week whether or not your child actually attends. Please see front page for tuition rates.***

**Days and hours of Operation:**

**After School Camp:** We are open Mon.- Fri. from when we pick up your child until 6:00 pm.

Teacher workday and holiday Full Day camps are from 6:15am – 6pm

**Summer Camp:** 6:15am to 6:00 pm Mon.-Fri.

**Preschool:** 6:15 am to 6:00 pm Mon.-Fri.

We will be closed for the following holidays:

Mardi Gras Day

Thanksgiving, Thursday & Friday

Good Friday

Christmas Eve at 2pm

Memorial Day

Christmas Day

4<sup>th</sup> of July

New Year's Eve at 2pm

Labor Day

New Year's Day

**Important Dates:** Opening Day for Preschool and After School Camp is the Monday before the first day of school for the Ocean Springs School District. The last day of After School Camp is the Friday before Memorial Day. The Last day of Preschool is the last Friday before the first day of school for the Ocean Springs School District (Preschool is a 52 week program). Summer Camp begins the Tuesday after Memorial Day and ends the Friday before the 1<sup>st</sup> day of school.

## REFERRAL PROGRAM

Anytime you refer a new customer to enroll in our After School Program, Summer Camp, or Preschool, you will get one week of tuition free. The new customer must enroll their child and name you on their registration form or you will not get credit for the registration. No exceptions.

### IDENTIFICATION AND EMERGENCY INFORMATION

(ALL BLANKS MUST BE COMPLETED)

**Child's Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Age \_\_\_\_\_ Gender M or F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of today) \_\_\_\_\_

School \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_



I, The parent/guardian of the child/children named in this application give my permission to attend outings on a regular basis; including walking to the parks or beaches, going on tours of local businesses & shops, swimming, and other special events during the time he/she is participating in any of the In the Zone programs, I hereby waive liability to In the Zone, it's staff and volunteers involved with the operation of the program. Parent's Initial \_\_\_\_\_

**PUBLICITY and video monitoring RELEASE:**

I, the parent/guardian of the child/children named in this application give my permission for him/her to have their picture taken, be video monitored via internet (only accessible to parents of participants with password) and appear editorially and or promotionally in conjunction with any of the In the Zone programs. **Must be initialed – do not enroll your child if you do not want photos, video, or video monitoring via internet of him or her.** Parent's Initial \_\_\_\_\_

**WAIVER OF LIABILITY:**

I, the parent or guardians of \_\_\_\_\_ (child's name), hereby give my consent and permission for him/her to attend the Summer Day Camp and/or the After School Program and/or the Preschool provided by In the Zone. I will provide sufficient insurance to cover expenses resulting from an injury sustained by said child while participating in the In the Zone Camp activities. Parent's Initial \_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS:**

The In the Zone Camp Staff has my permission to give the following over-the-counter items to my child/children **without contacting me if the need arises. Please initial which items we may give your child/children.**

\_\_\_ SUN SCREEN      \_\_\_ INSECT REPELLENT      Parent's Initial \_\_\_\_\_

**CHRISTIAN EDUCATION**

Our Christian beliefs are important to us. In the course of our day in the After School, Summer Camp and the Preschool program a staff member or child in our program will express these beliefs. In addition, we incorporate teachings from the Bible into our activities.

In all our conversations with the children we are respectful of all religions and belief systems, BUT- you should be aware that our lessons will be specific to Christianity. If you have any reservations, please talk to the Director of Operations before you sign the agreement below.

I understand that teachings consistent with the Christian faith will be presented to all the children in the After School, Summer Camp, and Preschool program and agree to have my child participate. Parent's Initial \_\_\_\_\_

**CHILD'S PRE-ADMISSION HEALTH HISTORY – PARENT'S REPORT**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has child been under regular supervision of Physician? (circle one) Yes No

Child's Physician- to be called in case of emergency:

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_ Ins. No: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dental Plan: \_\_\_\_\_ Dental Ins. No: \_\_\_\_\_

**ILLNESSES:** Check illnesses that child has had:

- ( ) Asthma      List any other health problems for this child: \_\_\_\_\_
- ( ) Diabetes      \_\_\_\_\_
- ( ) Epilepsy      \_\_\_\_\_

Specify any unusual Fears: \_\_\_\_\_  
\_\_\_\_\_

List any special requirements/equipment for this child: \_\_\_\_\_  
\_\_\_\_\_

List any food restrictions or allergies staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY MEDICAL CARE

If the above listed Physician cannot be reached, what action should be taken?  
( ) Call Emergency Hospital ( ) Other (be specific) \_\_\_\_\_  
\_\_\_\_\_

In the event that I/we cannot be reached in an emergency, I/we give permission to an In The Zone Staff member to hospitalize and or get the proper treatment for my child as named above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### LIABILITY COVERAGE EXCLUSION

I understand that VLBurke Enterprises Inc. dba In The Zone does not carry liability insurance or accidental insurance as restated in the parent child handbook. I agree that my health insurance will be the primary coverage that will be used in the event of an accident while my child is in the care of VLBurke Enterprises Inc. dba In The Zone.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### HANDBOOK HIGHLIGHTS and PAYMENT POLICY

Prompt payments are important to keep our program and facility running for the children. Payments will be automatically bank drafted each week on Monday for that week. There will be a \$40.00 NSF fee on all returns. If fees are not paid in full with the assessed late charges by 6pm the day you are notified that the payment must be made, the child WILL NOT be picked up from school and will not be able to return to the camp until all fees are paid in full. If all fees are not paid by Friday of the week that they are due the Director of Operations may drop your child(ren) out of the program and find someone else to replace your child at his discretion and charge you for the two week notice that was not given.

### REPORTING OF ABSENCES AND NO PICK-UPS

Safety of the children at In The Zone is our main concern. Please call us at 818-2830 if your child is going to be absent from the After School program. We cannot assume responsibility for your child until he or she is in our possession. You do not have to call if your child will not be attending Summer Camp or Preschool. We will know when have roll call at 9am.

### BEHAVIOR EXPECTATIONS

It is our expectation that children will behave well. Being respectful, appropriate interactions and learning self-control is part of a process. At In the Zone, we work to promote positive, healthy relationships with self and others.

Our staff will work with parents to develop an action plan to reduce or eliminate unhealthy behavior. If the action plan does not produce the desired results, a conference will be requested with parents and other staff members to determine the next steps. In The Zone's Director reserves the right to terminate a child's enrollment in the program in relation to inability to resolve problematic behaviors.

**UNACCEPTABLE BEHAVIORS INCLUDE:**

- Defying authority or deliberately disrupting the group
- Assaulting another person by verbal or physical threat or action
- Fighting
- Stealing the property of another person or of In the Zone
- Deliberately destroying or damaging the property of another person or In the Zone
- Possessing firearms, knives or any other dangerous object which could cause injury to any person
- Harassing (including sexual harassment) or intimidating students or staff members
- Use of inappropriate or “foul language”

**BEHAVIOR EXPECTATIONS AGREEMENT**

We the undersigned have read, understand and agree to abide by the Behavior Expectations of In The Zone, furthermore we understand the Parent Handbook and will abide by the outlined Disciplinary ladder and Action. (Please read your parent handbook before signing)

Student’s signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s signature \_\_\_\_\_ Date: \_\_\_\_\_



**CREDIT/DEBIT AUTHORIZATION**

I (we) hereby authorize **In the Zone Child Care Services (VLBURKE Enterprises, Inc.)**, to initiate entries to my checking/savings account(s) at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. I agree to the amount/fees as stated per the current parent/participant handbook for the care of my child(ren) as follows:

1<sup>st</sup> child’s name \_\_\_\_\_ Age \_\_\_\_\_ Program \_\_\_\_\_  
 2<sup>nd</sup> child’s name \_\_\_\_\_ Age \_\_\_\_\_ Program \_\_\_\_\_  
 3<sup>rd</sup> child’s name \_\_\_\_\_ Age \_\_\_\_\_ Program \_\_\_\_\_  
 4<sup>th</sup> child’s name \_\_\_\_\_ Age \_\_\_\_\_ Program \_\_\_\_\_

<b>After School Camp</b>	1 child	\$41
	2 children	\$72
	3 children	\$103
<b>Preschool</b>	1 children	\$120
	2 children	\$220
	3 children	\$300
<b>Summer Camp</b>	1 child	\$76
	2 children	\$142
	3 children	\$208
<b>Authorized Draft</b>	<b>Weekly</b>	<b>Parent sign _____</b>

This authority will remain in effect until I (us) notify In the Zone Child Care Services (VLBURKE ENTERPRISES, INC.) in writing according to Parent Handbook to cancel it in time as to afford In the Zone Child Care Services (VLBURKE Enterprises, Inc.) and (THE FINANCIAL INSTITUTION) a reasonable opportunity to act on it (2 weeks written notice is required to the Director of Operations). I do understand that I cannot give a two week written notice during summer camp. If I register for Summer Camp I am required to pay for all ten weeks regardless of whether or not my child actually attends all ten weeks.

Name of Financial Institution		
Address		
City	State	Zip

Please Print Name <i>(as Listed on the Account)</i>																															
Address			Account Type: <i>(Check one)</i>																												
City	State	Zip	<input type="checkbox"/> Checking <input type="checkbox"/> Savings																												
Financial Institution Routing Number:		Checking/Savings Account Number:																													
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Signature of Account Holder:			Date:																												

(PLEASE ATTACH VOIDED CHECK  
OR SAVINGS DEPOSIT SLIP TO THIS FORM)



## Summer Camp 2010 Commitment Form

I, \_\_\_\_\_ understand that I am responsible to pay for ALL TEN WEEKS of summer camp whether or not my child attends. The two weeks' notice does not apply for summer camp. By signing this form I commit to pay for all ten weeks of summer camp.

**I commit to turn in all necessary paperwork in to In The Zone by May 1<sup>st</sup>. I understand that if I do not turn in all necessary paperwork in to In The Zone by May 1<sup>st</sup> my child will lose his or her spot in the program and it will be given to the next person on the waiting list.**

**I commit to attend the MANDATORY SUMMER CAMP PARENT'S ORIENTATION Monday, May 11<sup>th</sup> at 6pm. I understand that if I do not attend the meeting on May 11<sup>th</sup> my child will lose his or her spot in the program and it will be given to the next person on the waiting list.**

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Parent's Signature

Date

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Witness Signature

Date

