

# IN THE ZONE

www.osInTheZone.com



Before & After School Camp,  
 Summer Camp, and Preschool  
 2226 Bienville Blvd.  
 Ocean Springs, MS 39564  
 Ph: 228.818.2830 Fax: 228.818.2837

**ANY AND ALL FEES PAID TO AN IN THE ZONE PROGRAM  
 ARE NON-REFUNDABLE**

The following are the requirements for the 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)
- NEW CUSTOMER'S ONLY—FIRST WEEK OF TUITION

Preschool

- \$75 registration fee per child (includes curriculum and supplies)
- Original Birth Certificate
- 121 form – shot record from MSHD – must say Form 121 on it

After School Camp and Before School Camp

- \$25 registration fee per child
- 121 form – shot record from MSHD – must say Form 121 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 FIRST Sunday in May

After School Camp	1 child	\$45
Before and After School Camp	1 child	\$65
Before School Camp Only	1 child	\$20
Preschool	1 child	\$120
Summer Camp	1 child	\$80
*Early Arrival (before 6:15am)	1 child	\$20
**First child is at full price and each additional child is discounted at \$10		
<b>Additional Child(ren) MUST be a Sibling and Discount offers CAN NOT be combined!</b>		

\*Early Arrival is in addition to Summer Camp and Preschool ONLY!

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

## 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 begin homework during this time)
3pm - 4pm	Homework, Snack, and anized 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 time of pick up 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 Memorial Day	Christmas Eve at 2pm
*4th of July	*Christmas Day
Labor Day	New Year's Eve at 2pm
Last Friday of July @ Noon	*New Year's Day

**\*If a holiday falls on a Saturday, In the Zone will be closed the Friday before.**

**If a holiday falls on a Sunday we will be closed on the Monday after.**

**Important Dates:** Opening Day for Preschool and After School Camp is the Monday before the first day of school for the 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 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.

# IDENTIFICATION AND EMERGENCY INFORMATION

**(MSDH REQUIRES ALL BLANKS TO BE COMPLETED)**

Child's FULL Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M or F

Afterschool/Summer Camp Site (Circle One): Ocean Springs St. Martin

Grade \_\_\_\_\_ School \_\_\_\_\_

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

## Guardian (Responsible Party)

## Guardian (Responsible Party)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## PERSONS TO BE CONTACTED IN CASE OF EMERGENCY and Authorized Pick-ups

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

5) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

6) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ~ \_\_\_\_\_

**How did you hear about us?**

- Our website (www.osInTheZone.com)
  - Facebook group(osInTheZone)
  - Facebook advertisement
  - Radio advertisement
  - Other internet sites
  - A friend
  - YouTube(osInTheZone)
  - Twitter(osInTheZone)
  - Google Search
  - Google Advertisement
  - Other
- Please name \_\_\_\_\_ Please explain \_\_\_\_\_
- Please name \_\_\_\_\_

**TRANSPORTATION RELEASE**

Your child will be riding in an approved DOT vehicle. By signing this form, this gives your child permission to ride in the vehicle and releases our driver from any or all liability resulting from such transportation. **Parent's Initial** \_\_\_\_\_

**FIELD TRIP CONTRACT**

I, The parent/guardian of the child 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 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 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 Before and 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 LEGAL Name: \_\_\_\_\_

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

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

**\*\*LIABILITY COVERAGE EXCLUSION\*\***

*I understand that VLBurke Enterprises Inc. dba In the Zone **DOES NOT** carry liability insurance or accidental insurance. I agree that my health insurance, or myself in the event I do not have health insurance, will provide the primary coverage and assume all expenses incurred in the event of accident or injury while my child is in the care of VLBURKE Enterprises Inc. dba In the Zone.*

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

ILLNESSES: Check illnesses that child has had:

List any other health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

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: \_\_\_\_\_

**PRESCHOOL ONLY-  
DIAPER/TOILET TRAINING**

My child is toilet trained. Yes or No If no, a consultation between the parent and caregiver is required to be documented prior to toilet training and kept on file.

Date of Consultation: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Director Signature: \_\_\_\_\_

## 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. In order to remove your child from one of our programs, you must provide in writing a 2-weeks notice to the Director of Operations or the Director of Childcare Services. **Parent's Initial** \_\_\_\_\_

### 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 roll call is taken at 9am.

**Parent's Initial** \_\_\_\_\_

### 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. **Parent's Initial** \_\_\_\_\_

#### 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: \_\_\_\_\_

