



Educating mind, body, and soul.

www.exceptionaleducators.com

5022C Wrightsville Avenue

Wilmington, NC 28403

910-399-5211

AFTER SCHOOL REGISTRATION FORM

ELEMENTARY - AFTER SCHOOL CAMP

TEEN - AFTER SCHOOL CLUB

NAME: _____

AGE: _____ DOB: _____ GRADE: _____

SCHOOL: _____

DAYS FOR AFTER SCHOOL:

FULL TIME - (Monday - Friday)

PART TIME - Please indicate which days of the week: _____

VAN PICK UP REQUESTED:

yes – school: _____

no – will be dropped off at EE

PARENT/LEGAL GUARDIAN:

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER(S): _____ E-MAIL: _____

ADDRESS: _____

SCONDARY PARENT/LEGAL GUARDIAN (if applicable):

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER(S): _____ E-MAIL: _____

ADDRESS: _____

EMERGENCY CONTACT (other than parent/guardian):

NAME: _____ PHONE: _____

RELATIONSHIP: _____

MEDICAL CONDITIONS, ALLERGIES, SPECIAL NEEDS OR PHYSICAL LIMITATIONS:

HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY)

INTERNET _____ FACEBOOK _____ CAMP FAIR _____ SCHOOL _____ RADIO _____

FRIEND _____ WHO: _____ OTHER _____

POLICIES AND PROCEDURES

EXCEPTIONAL EDUCATORS FOCUSES ON EDUCATING THE WHOLE CHILD, MIND, BODY, AND SOUL.

MIND TIME BEGINS UPON ARRIVAL AT THE CENTER. EACH CAMPER WILL BEGIN WORKING ON HOMEWORK COMPLETION WITH A MASTER’S LEVEL EDUCATOR AND OTHER SUPPORT STAFF. SNACK WILL BE PROVIDED DURING THIS TIME.

BODY TIME CONSISTS OF DAILY PHYSICAL ACTIVITY INCLUDING YOGA, CIRCUITS, AND OTHER RECREATIONAL ACTIVITIES.

SOUL TIME IS DESIGNED BY A LICENSED CLINICAL SOCIAL WORKER AND FACILITATED BY SUPPORT STAFF. THIS TIME FOCUSES ON BASIC CHARACTER TRAITS, ENHANCEMENT OF SOCIAL SKILLS AND SELF-AWARENESS, AS WELL AS OTHER SKILLS SPECIALLY DESIGNED FOR OUR CAMPERS. PLEASE MAKE US AWARE OF ANY EMOTIONAL/SOCIAL/BEHAVIORAL STRUGGLES YOUR CHILD MAY BE FACING SO WE CAN TAILOR LESSONS TO BEST ADDRESS THESE STRUGGLES.

PICK UP PROCEDURES

WE HAVE ALL CAMPERS PREPARING FOR PICK UP BETWEEN 5:30PM AND 6:00PM. PLEASE SIGN THE CHECK OUT LOG WHEN YOU COME IN TO PICK YOUR CHILD UP. PICK UP TIME CAN BE BUSY AND WE WANT TO MAKE SURE WE ARE AVAILABLE TO ANSWER ANY QUESTIONS OR CONCERNS WITH OUR FULL ATTENTION, PLEASE FEEL FREE TO CALL THE CENTER OR STOP BY PRIOR TO PICK UP TIME IF YOU EVER HAVE QUESTIONS OR CONCERNS THAT NEED TO BE ADDRESSED.

BEHAVIOR MANAGEMENT

AT EXCEPTIONAL EDUCATORS, WE TAKE PRIDE IN OUR BACKGROUNDS IN CHILD BEHAVIOR MODIFICATION/MANAGEMENT. WE HAVE A VARIETY OF EXPERTS AT THE CENTER THAT COLLABORATE ON PROVIDING RESEARCH BASED MODELS ON BEHAVIOR MODIFICATION. PLEASE DISCUSS WITH US FURTHER IF YOUR CHILD STRUGGLES WITH BEHAVIOR AND ALLOW US TO BECOME A RESOURCE FOR YOU AND YOUR FAMILY IN ADDRESSING THESE BEHAVIOR STRUGGLES. ON RARE OCCASIONS, BEHAVIOR MAY BE BEYOND THE SCOPE OF OUR EXPERTISE. IF WE ARE UNABLE TO MEET THE BEHAVIOR NEEDS OF YOUR CHILD WE MAY REQUIRE YOU TO SUSPEND ATTENDANCE AT CAMP UNTIL NEW BEHAVIOR INTERVENTIONS ARE PUT IN PLACE. WE CONSULT WITH BEHAVIOR THERAPISTS AND LICENSED CLINICAL THERAPISTS TO SUPPORT US WHEN NEEDED IN ORDER TO BEST MEET YOUR CHILD'S NEEDS.

EDUCATIONAL CONSULTATION

AS PART OF YOUR CHILD'S TUITION FOR EXCEPTIONAL EDUCATOR'S AFTER SCHOOL CAMP, ERIKA HUDDLE, MA, DIRECTOR OF AFTER SCHOOL, WILL ATTEND ONE YEARLY EDUCATIONAL MEETING AT YOUR CHILD'S SCHOOL. IF ADDITIONAL EDUCATIONAL CONSULTATION SERVICES ARE NEEDED, ARRANGEMENTS CAN BE MADE WITH ERIKA HUDDLE, MA.

AFTER SCHOOL SCHEDULE:

INITIALS_____

ELEMENTARY: MONDAY – FRIDAY 2:30PM TO 6PM

TEENS (MIDDLE SCHOOL AND OLDER): MONDAY - FRIDAY 3:30PM TO 5:30PM

*PICK UP MUST BE BY 6PM OR LATE FEES WILL BE INCURRED

VAN PICKUP IS AVAILABLE FOR AN ADDITIONAL FEE OF \$20 A WEEK OR \$4 A DAY

THE CENTER'S SCHEDULE IS BASED ON NEW HANOVER COUNTY SCHOOLS' TRADITIONAL AND YEAR ROUND SCHOOL SCHEDULE

PAYMENT INFORMATION/TUITION

INITIALS_____

\$125/WEEK for FULL TIME CAMPERS (5 days/week at \$25/day)

\$30/DAY for PART TIME CAMPERS (less than 5 days/week)

PAYMENT DUE BY THE 1ST OF EACH MONTH

*DISCOUNTS AVAILABLE FOR FAMILIES WITH MULTIPLE CAMPERS

*DISCOUNTS AVAILABLE FOR EDUCATORS

TUITION WILL BE BILLED MONTHLY AND MUST BE PAID IN FULL PRIOR TO YOUR CAMP START DATE. PLEASE UNDERSTAND THAT NO REFUNDS WILL BE GIVEN FOR ABSENCES, AS A SPACE IS RESERVED FOR YOUR CHILD THAT CANNOT BE FILLED. IF YOUR ACCOUNT IS MORE THAN ONE MONTH OVERDUE SERVICES WILL BE SUSPENDED UNTIL PAYMENT IS MADE IN FULL.

PLEASE CALL THE OFFICE (910-399-5211) BEFORE 1PM IF YOUR CHILD IS ABSENT FROM SCHOOL AND WILL NOT NEED TO BE PICKED UP. WE WORK HARD TO STICK TO OUR VAN PICK UP SCHEDULE AND COLLABORATE WITH OUR SCHOOLS TO PICK UP IN A TIMELY MANNER. MAKING UNNECESSARY STOPS FOR ABSENT CHILDREN CAN CAUSE CONFUSION AND THUS CAUSE US TO BE LATE FOR OUR NEXT PICK UP.

PARTICIPATION FOR USE IN MEDIA

INITIALS_____

I HEREBY ALLOW EXCEPTIONAL EDUCATORS TO USE PHOTOGRAPHY OF MY CHILD ON OUR PERSONAL FACEBOOK PAGE, INSTAGRAM ACCOUNT, TWITTER ACCOUNT OR WEBSITE IN ORDER TO INFORM THE COMMUNITY OF OUR ACTIVITY.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION:

THE TRAINED PROFESSIONALS AT EXCEPTIONAL EDUCATORS BELIEVES SAFETY ALWAYS COME FIRST. WE HAVE PROFESSIONALS TRAINED IN CPR ON STAFF AND WE ARE FULLY INSURED. HOWEVER, ACCIDENTS DO HAPPEN. BY SIGNING THIS WAIVER YOU HEREBY AGREE TO WAIVE ANY CLAIMS OR RIGHTS YOU MIGHT OTHERWISE HAVE TO SUE EXCEPTIONAL EDUCATORS, OUR EMPLOYEES, OWNERS OR OFFICERS FOR INJURIES THAT MAY OCCUR AS A RESULT OF ANY ACTIVITY CONDUCTED AT EXCEPTIONAL EDUCATORS OR ASSOCIATED WITH EXCEPTIONAL EDUCATORS. YOU ASSUME ALL LIABILITY AND RISK. IF INJURY SHOULD OCCUR TO THE ABOVE NAMED CHILD WHILE PARTICIPATING IN ANY EXCEPTIONAL EDUCATORS ACTIVITY, I HEREBY GRANT POWER OF ATTORNEY TO EXCEPTIONAL EDUCATORS SO WE MAY HELP IN ACQUIRING ANY REASONABLE AND/OR NECESSARY MEDICAL CARE TO THE NAMED STUDENT. I AUTHORIZE MEDICAL CARE FOR MY CHILD AND ACCEPT RESPONSIBILITY FOR MEDICAL EXPENSES.

PARENT/GUARDIAN SIGNATURE

DATE



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INTERSESSION CAMP/SUMMER CAMP REGISTRATION FORM

NAME: _____

AGE: _____ DOB: _____ GRADE: _____

SCHOOL: _____

DATES ATTENDING CAMP:

Week of _____

Week of _____

Week of _____

Week of _____

Week of _____

Week of _____

Week of _____

Week of _____

PARENT/LEGAL GUARDIAN:

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER(S): _____ E-MAIL: _____

ADDRESS: _____

PARENT/LEGAL GUARDIAN:

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER(S): _____ E-MAIL: _____

ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

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CAMP SCHEDULE:

INITIALS _____

MONDAY – FRIDAY 8:30am - 2:30PM

After Camp Hours Available – 2:30pm – 6:00pm additional \$125/week or \$30/day

After Hours Requested YES _____ NO _____ (if requested indicate full time or part time)

Full Time ____ (5 days/week) Part Time ____ days: _____

PAYMENT INFORMATION/TUITION

INITIALS _____

\$225/WEEK

*DISCOUNTS AVAILABLE FOR FAMILIES WITH MULTIPLE CAMPERS

*DISCOUNTS AVAILABLE FOR EDUCATORS

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INITIALS _____

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DATE