

Rockdale County Public Schools
Fall Break Enrichment and Exploration Camp
6th-8th Grades
October 2-5, 2017
Monday-Thursday
7:45 am-11:45 am

Dear Parent or Guardian,

We are excited to invite your child to participate in the Rockdale County Public Schools Fall Enrichment and Exploration Camp. This camp is for students currently enrolled in grades 6-8 who are demonstrating high levels of academic achievement for the current school year.

Enrichment Camp courses are \$50 per student and will be held at Rockdale Career Academy. The courses will utilize many high-interest, high-impact strategies in a week-long, team or individually taught course of study.

If you would like your child to attend Fall Enrichment Camp for a fee of \$50, please complete the form below and course selection on the back and return to the Office of Teaching and Learning, with payment, *no later than September 28th*. If we have more applicants than seats, students will be selected through a system-wide lottery process.

PLEASE NOTE: All fees must be paid in cash at the RCPS Office of Teaching and Learning, 1143 West Avenue, Conyers, between the hours of 8AM and 4PM, September 11-28. Please ask for Holly Franklin.

This year we are offering an online payment option.
There is a \$3 surcharge for the online option.
Please use the web address below,
or scan the QR code to access the online store.

<http://rcareeracad.corecommerce.com/>



Please print the requested information:

Student Name _____ Grade _____

Gender M F Homeschooled: _____ School _____

Parent Name _____

Mailing Address _____

Daytime Phone _____ Cell Phone _____

Email address _____

Emergency Contact other than parent:

Name _____ Phone _____



Course Offerings and Descriptions

Please read the great course offerings below. Return the form by September 28, 2017 to the Office of Teaching and Learning. Please place a check next to the classes your are selecting for your child based on their grade level for the current school year 2017-2018.

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Morning Session: 7:45 am-11:45 am

Master Chef, Jr.--Dessert Edition: Ever wondered what it would be like to run your own bakery? Here's your chance! Students will spend each day learning new cooking techniques and making original dessert creations. From cookies to cupcakes, students will showcase their culinary skills in daily "sweet treat" competitions. Do you have what it takes to be a "Master Chef"?

PLEASE REMEMBER: All fees must be paid in order to secure your child a spot at camp. Payments may be made at the RCPS Office of Teaching and Learning, 1143 West Avenue, Conyers, between the hours of 8AM and 4PM, September 11-28, 2017, or online using the website on the front page. Please ask for Holly Franklin.

Please initial beside each condition below and then sign at the appropriate place at the bottom of the form.

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Conditions:

- ☐ I understand that transportation will not be provided for this Enrichment Camp and that students must be on time for delivery and pick up. *Late pick up may result in the student being withdrawn from the program.*
- ☐ I understand that my child must be present on the first day of the camp she/he is selected for or she/he will be withdrawn from the program and the seat given to the next student on the waiting list.
- ☐ I understand that any violation of the Rockdale County Behavior Code may result in immediate withdrawal from the program.

I give permission for my child to be photographed/videotaped and to have these photos possibly published in various local publications (school system presentations and/or local school cable TV and/or local newspapers).

_____ Yes _____ No

Student (Print)

Date

Parent/Guardian

Date



2017 RCPS Fall Enrichment Camp

Medical History, Permission and Release Form

Student Name _____ Age _____

Address _____ City _____

Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Company _____ Policy# _____

Insurance Company Address _____

IMMUNIZATIONS: ____ Tetanus ____ Polio Booster ____ Measles ____ Mumps

MEDICAL HISTORY

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney ____ Heart ____ Diabetes

____ Dizziness ____ Stomach Upset ____ Hay Fever ____ Other _____

Allergies _____ Food (name) _____ Medication (name) _____

____ Poison Sumac, Oak or Ivy ____ Insect bites/stings Other _____

Previous operations or serious illnesses _____

Any current medications _____ Special Diet (name) _____

Childhood Diseases: ____ Chicken Pox ____ Measles ____ Mumps ____ Whooping Cough

Any medical needs of which adult supervisors should be aware: _____

PARENT/GUARDIAN:

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student. I release and waive, and further agree to indemnify, hold harmless or reimburse the Rockdale County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature

Date

