

Attendance and Tardy Policy

We encourage parents to bring their kids to camp everyday. It is understood that student's good attendance habits positively impact the learning process. There is a direct relationship between academic performance and student attendance.

Punctuality is an important characteristic for success in any vocation. Chronic tardiness to camp is not acceptable behavior. Tardiness causes an interruption to the class already in progress.

Drop Off and Pick Up Procedures

To ensure your child's safety, we have created some procedures for dropping off and picking up your child. Parents will need to escort their child into the building each morning. We ask that students arrive no more than 10 minutes before start time as our instructors and assistants need this time to prepare. We encourage you to follow your child to their classroom. This is a good time to see what your child has been doing during camp or to speak with the instructor. Parents are also asked to come into the building to pick your child up. We will have a sign in sheet for you to sign your child in and out of the camp. If someone else will be picking up your child we request written notification. If this is last minute you may call to let us know. We will be checking the individual's identification when they come to pick up your child.

What to Wear

Students should dress for comfort and safety. We request that no shoes with wheels be worn to camps.

Field Trip

Your child's camp may include a field trip. A permission form must be signed before your child is allowed to go on the field trip. Additional information will be sent home with your child after the camp starts. Official field trip forms must be completed, signed, and returned to the camp instructor before the date of the planned trip. Telephone calls from parents cannot be accepted as a form of permission to attend a field trip.

STUDENT INFORMATION SHEET

Last Name: _____ First Name: _____ Middle: _____
 Name called: _____ Male ___ Female ___ Date of Birth ___/___/___
 Street Address: _____ P.O. Box: _____
 City: _____ Zip: _____ Home Phone Number: (____) _____
 Summer University Student Resides With:
 _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian
 Father (Guardian) Name: _____ Phone Number _____
 Place of Employment _____
 Mother (Guardian) Name: _____ Phone Number _____
 Place of employment: _____

Emergency Contact Numbers:

Name	Relationship to student	Phone Number
Name	Relationship to student	Phone Number
Name	Relationship to student	Phone Number

Students will not be released during the day to anyone without your permission. List everyone (including step-parents, grandparents, and siblings) who has permission to sign your child out of Kennesaw State University's Summer University.

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature	Date



Kennesaw State University's Summer University for Kids
Physical Condition Certification
And
Waiver Statement

Release and Consent of Treatment:

I, the Parent/Guardian, do assume the responsibility for the participant being in good health and duly able to participate in any and all Summer University or clinics except those listed in the Activity Exclusion Section of this document. I, the Parent/Guardian, do assume responsibility for all fees and charges owing to emergencies or extended medical care. I, the Parent/Guardian, authorize a representative of Kennesaw State University to admit my child for medical treatment to a private physician or the nearest medical facility while visiting Kennesaw State University campus or participating in any field trip included in the Summer University or clinic curriculum. I, the Parent/Guardian, acknowledge that participation in Summer University and clinics may involve inherent risks of physical injury, illness or loss of personal property and I assume all such risks. In exchange for participation in athletic/recreation programs, the undersigned does hereby release and forever discharge the Board of Regents of the University System of Georgia, its agents and employees from any and all claims or demands resulting from my child's participation in any activity included in the Summer University curriculum.

Name of Participant _____

SSN _____ Participant Date of Birth _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

I hereby certify that I have read the above carefully before signing.

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business _____ email _____

In case of emergency call _____ Phone _____

Special Medical problem(s) and Activity Exclusions: _____

Participant has had this condition since _____

Medications (please list medication, dosages, times taken and side effects participant may experience from his/her medication) NOTE: If the child cannot self medicate, they are ineligible to attend any camps. If the child can self-medicate, please include details about child's condition _____

Insurance carrier _____ Phone _____

Insurance Contact Number _____ Group Number _____

Physician Information:

Name of Physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____

This form must be completed and presented to a Summer University Instructor the first day of class before your child will be allowed to stay.
Contact Number: (770) 423-6765
Visit us at: www.kennesaw.edu/coned



**Behavior Policy
and
Waiver Statement for Internet Use**

Summer University using computers

Some of the Continuing Education at Kennesaw State University Summer University involve computer use. These computers have Internet access and will have parental control software installed to help block access to inappropriate sites.

Students in these courses will be led in guided activities on the Internet. They may be given free time during breaks to “surf” the Internet. During the free time breaks, please be aware that students may do any of the following activities that are not blocked as “inappropriate” by the parental control software: check their emails, create email accounts, create Internet sites, visit chat rooms, use instant messaging, play games, and various other Internet activities.

Although parental control software will be installed and the instructor and assistant will be monitoring the students as closely as possible, please note that every student’s computer screen will not be supervised at every moment, and parental control software is not 100% foolproof against inappropriate sites or pop-up advertisement windows.

We strive to preserve the learning environment of the classroom and to protect students from inappropriate sites. Therefore, if a student “surfs” the Internet during class time and/or attempts to access inappropriate sites or chat rooms, the instructor may choose to have the student removed from the class, and the parent will be contacted to pick up the student. The student will not be allowed to return to the class and no refund will be provided.

I, the parent/guardian, have read the above policy and assume the responsibility for discussing Internet safety and inappropriate Internet use with my child. I acknowledge that participation in Summer University with Internet use may involve my child’s intentional or unintentional access to inappropriate sites and material. I also acknowledge that my student, unbeknownst to me, may reveal personal information or engage in other activities of which I do not approve.

I, the undersigned parent/guardian, do hereby release and forever discharge the Board of Regents of the University System of Georgia, its agents and employees from any and all claims or demands resulting from my child’s participation in any activity included in the Summer University curriculum.

Print Child’s Name _____

Print Parent’s / Guardian’s Name _____

Parent/Guardian Signature _____

I hereby certify that I have read the above carefully before signing.

Date _____

Summer University _____

This form must be completed and presented to a Summer University Instructor the first day of class before your child will be allowed to stay.

Contact Number: 770-423-6765

Visit us at www.Kennesaw.edu/coned



Field Trip Permission Form

Student Name

Camp Name

Continuing Education at Kennesaw State University has a field trip planned for your child's camp on _____ to _____. If you would like your child to participate, please sign and return this form no later than the next class.

Departure Time _____ Arrival Time _____

I hereby give permission for my child to attend. As the parent, or legal guardian, I hereby give consent to Kennesaw State University Summer University to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature

Date

Parent contact phone number(s) on the day of the trip