



BALANCING

THE Σ EQUATION

Summer STEM Camp

Welcome Parents and SciEneers to Balancing The Equation 21st Century Learning!

Our focus is to blend academic principles with an active, safe and fun environment. We encourage every SciEneer to have fun and to share their experiences with friends and family.

In order for each SciEneer to fully enjoy this learning experience, the enclosed information to parents is extremely important. Please read everything carefully.

Enclosed are:

- Programs and Activities Examples
- Registration and Refund Information
- Rules, Regulations, and Code of conduct
- Sign-In and Sign-Out Information
- Camp Details and “What to Bring & How to Dress”
- Forms to be Returned
 - Medication and Treatment Release
 - Sign Out and Emergency Information
 - Waiver of Liability
 - Photo Release

We will need for you to complete the forms enclosed and return them to our office before your SciEneer can participate in the program. Only one copy of these forms will be needed for each child.

Balancing The Equation Contact Information

Mailing Address

2631 Erica CT #202
Albany, Ga 31707

Telephone, Fax, Email and Website

(770) 282-7432 (Office Phone)
info@balancingtheequation.org (Email)
www.balancingtheequation.org (Website)

Summer Office Hours:

Monday – Friday, 7:30am – 5:30pm
(Closed from 12:00 – 1:00pm for lunch)

Balancing The Equation 21st Century Learning Programs and Activities

Curious Minds STEM Summer Program
After-School HangOut-Enrichment
Saturday STEM Sessions
Academic Tutorial

For more information on programs and activities listed,
please contact our office.

Balancing the Equation
1100 S. Slappey Blvd, Albany, Ga 31701
www.balancingtheequation.org
info@balancingtheequation.org

Registration and Refund Information

Registration for the Balancing The Equation Summer STEM Program will open Late December 2018 .

Registration is on a “first-paid, first-enrolled” basis. SciEneers will not be guaranteed a place in the program until the full registration and summer fee is paid in full. Registration for the program will close **May 4, 2018** at 5:00pm.

Enrollment space is limited to a maximum amount of SciEneers in each camp. This allows for an appropriate SciEneer-to-instructor ratio and a quality experience. The earlier you register, your SciEneer, the greater the likelihood there will be space and your SciEneer’s space will be reserved.

Registering your SciEneer for the Balancing The Equation Summer STEM Program:

Web Registrations: Go to www.balancingtheequation.org and click on the Registration tab located along the title bar of the web page.

Refund Policy for the Programs:

There will be no refunds once the selected program has started. If you should need to withdraw your SciEneer from the program, please notify Executive Director, Tiffany Miller at least one week prior to the start of the program; you will be given a refund for the camp registration minus the required non-refundable deposit. If a program is cancelled by the office due to low enrollment or other reasons, you will receive a full refund, including the non-refundable deposit.

Rules, Regulations and Code of Conduct

1. No electronic devices are allowed.
2. Enrolled SciEneers should have all personal belongings marked with their names. Balancing the Equation is not held responsible for lost or stolen items.
3. Parents of SciEneers whose behavior disrupts the program will be given a warning, next offense will be a consequence of missing an event and third offense will be removal from program. If disruptive behavior persists, the SciEneer will be dismissed from the program without a refund. Violent behavior will not be tolerated and the SciEneer will be dismissed from the camp immediately without a refund.
4. SciEneers of the program must stay with their group at **ALL** times.
5. Be respectful of ALL adults, BTE property, and other SciEneers of the program at ALL times.
6. If you need to use the restroom, please notify a counselor or program instructor before walking away.
7. NO running inside buildings or other areas where you are instructed not to run.
8. Do not drop off or pick up your SciEneers) without notifying a program counselor. Be sure to sign your SciEneer(s) in and out daily.
9. All individuals picking up their SciEneer must be on the approved pick-up list and must present an appropriate form of photo ID.
10. SciEneer with any of the following symptoms should not attend the program. If your SciEneer develops any of these symptoms, the staff will contact a parent or authorized adult to immediately pick up the child.
 - A temperature above 100 degrees F. Temperatures must be normal (98.6 degrees F) for 24 hours before returning.
 - Vomiting or diarrhea
 - Exposure to communicable diseases such as severe sore throat, pink eye, ringworm, etc.
11. If your SciEneer must take any medications during camp hours, medications would need to be provided in the original labeled bottle with the SciEneer's name, dosage, and prescription information. These medications will need to be delivered to the office with a completed Medication Release Form (included in this handbook).

12. If your SciEneer needs Epi-Pens, inhalers, or other specified emergency medicines, they may need to keep the medicine with them throughout the day. Written instructions and a plan for the use of the treatment must be on file before your Whiz Kid may participate in any camp.
13. Please notify our department if your SciEneer has any food allergies, so we may inform the dining hall and may be able to prevent exposure when we have large groups eating lunch together. **BTE is a nut free program.**
14. No weapons will be allowed on site at any time.
15. Balancing The Equations is a tobacco and smoke free site. No tobacco products, e-cigarette, or smoking vapors are allowed on site at any time.

Sign-In and Sign-Out Information

The entire staff's priority is to make sure that all SciEneers in the program are safe at all times.

Summer Program **Sign-In** begins at 7:30am. Staff members will not arrive before this time. If you are arriving late for the program (after 8:00am), please call (770) 282-7432 and notify the program director. When you bring your SciEneer to the program, you will need to sign them in and verify that all required forms have been returned.

If you would like to take advantage of early drop off (7:00am) and late pick up (between 5:31-6pm) there will be a \$20 weekly fee that must be paid every Friday.

Sign-Out will start at the end of the program, in the same location as the sign-in. You will need to present a valid photo ID proving that you are designated to pick up your SciEneer and sign your SciEneer out on our roster. SciEneers will not be allowed to leave with an adult that is not listed as a designated adult that has been approved by the parent or guardian.

Medical Information and Authorization for Medical Care

TO BE COMPLETED BY THE PARENT OR GUARDIAN, AND RETURNED TO THE BALANCING THE EQUATION OFFICE PRIOR TO THE START OF THE PROGRAM.

I. Basic Personal Information (please print)

Today's Date: _____/_____/_____

SciEneer Name: _____

Height: _____ Weight _____ Age: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

II. Emergency Contact Information:

Person to notify in case of an emergency: _____

Phone number(s): _____ Relationship: _____

Full Address: _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Policy Number: _____

Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.

III. Medical Information:

Please list any current medical concerns or medical history we need to know about your SciEneer: (past injuries, current conditions, physical limitations, etc): _____

List any allergies your SciEneer has: _____

List any medications your SciEneer is currently taking, their purpose, dosage, and times taken: _____

Does your SciEneer need any special accommodations to safely participate in the program? If yes, please explain: _____

Does your SciEneer require any assistance with his or her medications? If so, please explain: _____

IV. Authorization for Medical Care:

I understand that my SciEneer is voluntarily participating in this program. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form and to the best of my knowledge, my child is capable of participating safely in the program.

I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in my SciEneer's mental, physical, or medical condition before the program begins. I understand that Balancing The Equation does NOT provide medical insurance for my SciEneer and that I should consult my SciEneer's physician before allowing my SciEneer to participate in this program. In the case of accident or illness, I hereby authorize the program staff to administer or seek medical treatment for my SciEneer as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program, Balancing The Equation is solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my SciEneer's participation in such voluntary program.

Name of Camper: _____ Date: ____/____/____

Work Number: _____ Cell Number: _____

Signature of Parent/Guardian: _____

Parent/Guardian Name (please print) _____

V. Academic Information:

If your SciEneer has a 504 or any IEP needs please provide the information in the space below, if possible please attach a copy of the accommodations provided from current school

Child Photo Permission Release

TO BE COMPLETED BY THE PARENT OR GUARDIAN, AND RETURNED
TO THE PROGRAM OFFICE **PRIOR** TO THE START OF THE CAMP

Release of Photograph and/or Video Image

I hereby grant to Balancing The Equation and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs and/or videos of me, or in which I may be included for editorial, trade, advertising and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release Balancing The Equation and its legal representatives and assigns from all claims and liability relating to said photographs and/or videos.

Name of Participant (print): _____

Name of Parent/Guardian (print): _____

Phone number of Agreeing Participant or Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Signature: _____

Date signed: _____

Please return all required forms to the Balancing The Equation office prior to the start of the program.

Ways to return required forms:

- Bring Forms In Person – Deliver the required forms in our office located on:

1100 S. Slappey
Albany, Ga 31701

- Mailing Forms to our address – Mail your completed required forms to:

2631 Erica Ct #202
Albany, Ga 31707

- Emailing Forms – info@balancingtheequation.org

YOUTH PROGRAMS FOR MINORS PARTICIPANT CODE OF CONDUCT

TO BE COMPLETED BY THE PARENT OR GUARDIAN, AND RETURNED
TO THE PROGRAM OFFICE **PRIOR** TO THE START OF THE CAMP

Program Name: _____

SciEneer's Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

The Program has established rules and standards of conduct for all SciEneers. It is the responsibility of the Parent/Legal Guardian and SciEneer to review the Program rules and standards of conduct. Dismissed SciEneers are not eligible for a refund of any fees or expenses. The Parent/Legal guardian is responsible for all costs associated with removing the SciEneer from the Program due to his/her misconduct, including but not limited to transportation costs to return the SciEneer home.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

SciEneer's Signature: _____

Date: _____

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my SciEneer will be subject to the rules and standards of conduct of the Program. I further understand that my SciEneer's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my SciEneer's dismissal from the Program. I accept responsibility for all costs associated with removing my SciEneer from the Program, including but not limited to transportation costs to return the SciEneer home. I understand that Dismissed SciEneers are not eligible for a refund of any fees or expenses.

Parent/Legal Guardian's Signature: _____

Date: _____

Sign-Out Authorization

TO BE COMPLETED BY THE PARENT OR GUARDIAN, AND RETURNED
TO THE PROGRAM OFFICE **PRIOR** TO THE START OF THE CAMP

I. SciEneers Information (please print)

Today's Date: _____/_____/_____

SciEneer's Name: _____ Age: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work/Cell Phone: _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your SciEneer, including yourself. Each authorized person must be at least 16 years of age. The above-named SciEneer will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the SciEneer in person and may be requested to show identification to program staff. SciEneer's will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my SciEneer from the program (attach additional pages as needed):

First and Last Name: _____

Home Phone: _____ Work/Cell: _____

Relationship to Camper: _____

First and Last Name: _____

Home Phone: _____ Work/Cell: _____

Relationship to Camper: _____

First and Last Name: _____

Home Phone: _____ Work/Cell: _____

Relationship to Camper: _____

First and Last Name: _____

Home Phone: _____ Work/Cell: _____

Relationship to Camper: _____

Please note that SciEneers must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your SciEneer home. If you are not at home, your WSciEneer will be released to the Division of Family and Children Services.

Release, Waiver of Liability, and Covenant Not to Sue

TO BE COMPLETED BY THE PARENT OR GUARDIAN, AND RETURNED
TO THE PROGRAM OFFICE PRIOR TO THE START OF THE CAMP

(READ CAREFULLY BEFORE SIGNING)

ACTIVITY: Balancing The Equation 21st Century Learning, Inc. Program and Activities

Each SciEneer in the activity named above should realize that there are risks, hazards and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each Whiz Kid to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations and training.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in this voluntary recreational/physical activity or field trip. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

The undersigned hereby acknowledges that participation in recreational/athletic activities, field trips and community and service learning activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole discretion of Balancing The Equation allowing the undersigned to participate in these types of voluntary activities and events and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge Balancing the Equations and its members individually and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such activities or events.

_____ (Initials) I further covenant and agree that for the consideration stated above I will not sue Balancing The Equation, its members individually, its officers, agents and employees for any claim for damages arising or growing out of my voluntary participation in the above referenced activities or events.

_____ (Initials) I understand that the acceptance of this release, waiver of liability and covenant not to sue Balancing The Equation or any agent or employee thereof, shall not constitute a waiver, in whole or part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

Further, I understand that, if I am an employee, student, or participant in any athletic or recreational activities at Balancing The Equation, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment, employment, or participation at Balancing The Equation.

Name of Participant: (print) _____

Name of the Parent/Guardian: _____

Phone Number of Agreeing Participant or Parent/Guardian: _____

Parent/Guardian's Signature: _____ Date Signed: _____