Young Achievers Building Children One By One

MISSION STATEMENT

Young Achievers Foundation fills the gap between school, home and the community, aiding families with additional academic resources in math, reading, life skills and STEM.

VISION

"Building Children One By One"

STAFF SAFETY

Staff is CPR First Aide Certified and updated with new health advisory for all COVID protocol.

YOUNG ACHIEVERS FOUNDATION SUMMER CAMP OVERVIEW

HISTORY

Young Achievers Foundation was established in the summer of 2003 with the mission of continuing learning enrichment and helping students maintain knowledge as well as gaining academic knowledge over the summer. Our program was designed to help camp participant to gain confidence and self-esteem within themselves in and out of the classroom through different styles of learning.

WHAT TO EXPECT

A fun filled summer full of learning and exploring. Camp Participants will spend time in the classroom Monday through Thursday, building on skills for a great start to a new school year. They will also explore learning through the world of cooking, dance and art.

Camp Participants grades 4th through 8th grade will have an expanded section of camp learning about College Readiness, Life Skills, Finance and Banking and the importance of Vision Boards,

Friday's are designated for field trips off campus. Camp Participants will enjoy scheduled activities around the state of Oklahoma.

VOLUNTEER OPPORTUNITIES

Volunteer opportunities are available through our Community Outreach Program. Volunteers are utilized for field trips, resources and class presentations. Parents are welcomed to chaperone field trips with proper completion of a background check.



Young Achievers Foundation Summer Camp Registration Form

Campers Name			Age
(First)	(Middle)	(Last)	^
Date of Birth/ Grade	Completed:	Gender: Male/Fer	nale
School Child Attends	Cor	ncerns	
T-Shirt Size (Additional Shirts May Be			
(Circle Size) Child: 3T/4T 4/	5 6/8 10/12 14/16	Adult: Small Medi	um Large
Guardian #1 Name:	Guardian ‡	2Name:	
Home Number ()			
Work Number ()			
Cell Number ()			
Email Address			
Authorized to Pick-Up: Yes/No		d to Pick-Up: Yes/No	
c	amper Health Conce	erns	
Any Known Medical Diagnosis: Yes/	No Aller	gies: Yes/No List	
Eating Concerns: Yes/No	Emot	ional Concerns: Yes/	'No
Discipline Concerns: Yes/No	Physi	ical Restrictions: Yes,	/No
Hearing: Yes/No	Visua	al: Yes/No	
Hyperactivity: Yes/No	Othe	r (Explain):	
Medications:			

Emergency Contact: _____

Please Check Off	the Weeks Your Chil	d Will Join Us for Ca	mp:
Note: You are responsible for	payment for all weeks y	ou have registered yo	ur child or children for
re e	gardless of whether yo Camp Only	ur child attends. Camp w/1 Serv.	Camp w/2 Serv.
Session 1 June 5 – 30	\$425.00	\$475.00	\$525.00
Session 2 July 3 – 28	\$425.00	\$475.00 \$475.00	\$525.00
	·		
Weekly Tuition	\$125.00	\$175.00	\$225.00

SUMMER CAMP PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use of this form is to ensure that all parties fully understand the tuition agreement set forth by Young Achievers Foundation

camper 5 Manie.	First	Ν	Лiddle	Last
Camper's Name:				
	First		/liddle	Last
Camper's Name:				
	First	Ν	∕liddle	Last
Parent/Guardian N	ame:			
	First	Ν	/liddle	Last
Terms and Conditi				
-		-		on the first of every month.
-		annot be changed once signi	-	
-		s that are occurred from late		ments made after the 1st.
		ssion payments per month c		
5. I agree to	pay the fee of \$	50.00 for any returned check	ks made payable	e to YACA.
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			hofers the due	
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Student Picture Release Consent

I Give permission for my child/children to be photographed and pictures used by Young Achievers Foundation for the purpose of advertisement, website, and social media.

I Do Not Give permission for my child/children to be photographed by Young Achievers Christian Academy Administration or Staff.

Transportation Release Consent

I Give Young Achievers Foundation permission to transport my child/children on Field Trips utilizing Young Achievers Foundation transportation. I will not hold Young Achievers Foundation, Ms. Charitta Smith, Academy Director, or the Transportation Driver responsible for accidents that may occur while my child is being transported by transportation provided by Young Achievers Christian Academy.

I Do Not Give my child/children permission to ride in any transportation provided by Young Achievers Foundation. I do understand that in the event of a school Field Trip, I am solely responsible for the transportation for my child/children.

1. _____

Student's Name

2. _____ Student's Name

3._____

Student's Name

4._____ Student's Name

Parent Signature: _____ Date: _____