



Competitive Edge Learning Center

Home School registration packet

Home School Support

Competitive Edge Academic Learning Center is an academic learning center that services grades K-12. We are now accepting applications for our Home school support program, which supports the Tuition-free, K-12 curriculum, Alabama Connections Academy, and other homeschool curriculums. We are your child's learning coach who is usually the student's parent. We are dedicated and committed to making sure your child receives a quality education.

A Learning Coach provides the structure a student needs by establishing and managing the daily routine. The Learning coach supports the student in the learning process while they are enrolled in the home school program. They are responsible for ensuring that every student is on track with assignments and coursework as well as communicating with their teachers throughout the school year by phone, email, and online meetings. Learning Coaches also provide expert offline support in math, language arts, science, social studies, and an array of electives. They monitor student comprehension and grades and refer students to teachers as needed.

Learning coaches play an active role, especially in the early grades.

For all children in

grades K-12



Information for Parents

<p>General Information Mon-Thur. 8:00-2:30 Approx. Lunch: 11:30 pm</p>	<p>NO After Care</p>



"We use the computer as a learning tool, but our kids are not glued to it. The K12 curriculum allows kids to follow their passions, travels, and experience many other activities...Kids are learning all the time. Education is flexible for families who have many different interests."

—Dana T., parent

How to Register

1. Read Home School Rules & Policies
2. Fill out all required forms (registration, liability, scheduling)
3. Email or bring in immunization forms (competitiveedge17@yahoo.com)
4. Bring completed packet (forms, immunization records, etc.) and deposits to CELC's front desk.

Home School Rules & Policies

Food/ Drinks

Please pack a lunch and two (2) snacks. **THERE IS ABSOLUTELY NO SHARING OF FOOD OR DRINKS.** If a student has peanut products in their lunch, please notify the front desk staff at drop-off so that the lunch box may be labeled with a colored band. All food and drinks will be consumed in the Learning Center only. All water bottles, lunch boxes, food containers, etc. should be labeled with your child's name and placed in a cubby at the front.

Field Trips

Permission Forms: Many of the field trips require their permission forms, which will be handed out every Monday of each week and must be filled out for the child to participate.

Misc.

- Parents/ Guardians must sign each child in & out at the front desk, providing names and phone numbers each day.
- No cell phones are allowed. If a student brings a cell phone, it must be kept in the student's book bag until the end of the school day. Any electronics that are brought to the center are not the responsibility of the center; any losses or damages will be the responsibility of the parent/ child. The CELC phone is always available for use (912) 675-6909 to contact parents/ guardians and children.
- Shoes (closed-toed) must be worn to the gym during scheduled PE days.
- Please check the lost and found box at the end of each week. All items left at the end of the year will be donated!

CELC 2020-2021 Home School Registration Form

Child Name: _____ Age: _____ D.O.B. ___/___/___

Child Name: _____ Age: _____ D.O.B. ___/___/___

Child Name: _____ Age: _____ D.O.B. ___/___/___

Home School Prices
 Registration fee \$100 (returning student), \$150 (new student)
\$395.00 per child (K-3) \$375 (4-8) \$385 (9-12) *
 Additional fee for students with IEP's. Due before or by 5th of the month
Sibling Discount: 15% for every child after the first.

Payment Policies

You must initial all statements and sign at the bottom of this section to participate in the CELC Home School program.

___ I understand that the deposit I pay is non-refundable with no exceptions

___ I understand that my balance is due by the 5th of the month, or I will lose my child's spot.

___ I understand that if I am more than 10 minutes late for a pick-up time, I will be charged \$1.00 per minute, starting at 2:45 pm.

___ I understand that my child must adhere to CELC's Safety Rules and Policies and that recurring transgressions may result in my child losing their spot in the program without a refund or permission to return.

Parent/ Guardian Signature _____ Date ___/___/___

Additional Pick-Up Release

I have authorized the following person(s) to pick up my child/ children from CELC's 2018 Summer camp.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

_____ Does **NOT** have authorization to pick up my child children.

Field trips & Movies

All statements must be read and initialed; please sign the bottom of this section to participate in the Home School Program.

___ I understand that my child/ children will be riding on a CELC's Van to get to many of the scheduled field trip activities or else walking as a group to the field trip destination.

___ I understand that my child/ children will watch a movie rated "G" or "PG" most Fridays, I consent to this arrangement and will notify the summer staff if this change.

Parent/ Guardian Signature _____ Date ___/___/___

Delinquency in payments for more than one month is enough to cause for having your child/ren withdrawn from the program. Families may register anytime during the school year, provided there is room in the program.

For questions about billing or scheduling, contact the director of the program by telephone during office hours, or write a short note (256-945-5265 or 912-675-6909).

Philosophy:

- * To provide a secure, safe, pleasant, and Christian environment, where any student in grades K12, can go for home school support.

Program Goals and Objectives:

- * To be a support system of high-quality care for working parents.
- * To work closely with the school's personnel and the parents of each child to ensure consistency of care and social development of each child.
- * To develop a self-sustaining student care program for homeschoolers **Health Policy:**

A child who becomes ill during the program hours will be kept comfortable in isolation on a cot in the room. A parent will be contacted immediately to come and pick up their child/ren. The cot is sanitized after each use.

Symptoms include but are limited to:

- * fever of 100 degrees or more
- * skin rash * vomiting
- * diarrhea
- * (suspected) pink eye

Please notify us if your child has a contagious disease such as chickenpox, strep throat, scarlet fever, etc. Parents will be notified of any infectious disease that occurs during the program hours. A child may return to the program when he/she is free of contagious disease.

If your child has an allergy or any other chronic health problems, please make this known to the program staff in writing.

If a medical emergency should arise during the aftercare program hours, and a parent or child's doctor cannot be contacted, the child will be taken by 911 to the nearest clinic or hospital unless otherwise specified on

emergency medical procedure form. Medication will **NOT** be administered, during aftercare hours, by school personnel. **COVID 19 guidelines will be issued separately**

Discipline Policy:

- * Adopted for behavior that is aggressive, and disruptive and prohibits other children from participating in the program and disrupts the program staff from performing their duties. Infractions of the rules include but are not limited to the following:
- * A verbal warning will be given to the child by the director/staff.
- * Conduct referral slip will be written up and must be signed by a parent.
- * Parent(s) notified again in writing of the child's inability to honor rules and of continued unacceptable behavior; at the same time, the director is notified.
- * Upon notifying parent(s) concerning child continues unacceptable behavior, director/school will determine whether to temporarily or permanently suspend the child from the program.

Major Offenses:

- * Verbal abuse of a staff member or another student.
- * Physical abuse of a staff member or another student.
- * Destruction or damage to equipment or property.
- * Infraction of the school's safety policies.
- * Leaving the school premises without permission.
- * Continual disobedience to a staff member.

Competitive Edge Learning Center
Home School Program Registration Agreement

I understand that during vacation (days or weeks) and days the school is closed, there will be no program.

I understand that I am responsible for the monthly payment fees due to the calendar at the beginning of each month, with NO DEDUCTION for absence. I will give two weeks' notice of withdrawal from the program.

I understand that if my child/ren is/are having trouble adjusting to the program, a conference will be arranged between the staff and myself.

For other school activities, the program staff will be notified in writing of these activities in advance.

I understand that dismissal time will be no later than 2:30 pm sharp and that a late fee of \$1.00 per minute will be charged after 2:30 pm.

I understand that a charge of \$35.00 will be paid for N.S.F. checks written.

I understand that if a medical emergency arises, the program staff will attempt to contact me. If I cannot be reached, the staff will contact those named as emergency contacts. If they cannot be reached, the staff will call EMS, if the emergency is such that immediate hospital attention is necessary. I release the Competitive Edge Learning Center's staff, from liability in carrying out emergency procedures.

I have read and will adhere to the Competitive Edge After School Care Program policies and to the registration agreement statements.

Parent Name: _____ Date: _____

(Print)

Parents Signature: _____ Date: _____

Read Carefully Before Signing

**ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING
ACTIVITY RELEASE FORM**

Participant Name: _____ Male Female Age _____

Parent / Guardian Name(s): _____ Parent / Guardian Phone _____
 Number(s): _____

Address (including city, state and zip code): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Competitive Edge Learning Centers individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in some activities, and I am fully aware and understand that Competitive Edge Learning Center does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Competitive Edge Learning Centers' premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Competitive Edge Learning Center.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name of Participant: _____ Date: _____



Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Additional comments:		
Other special instructions:		

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

Immunizations/ Emergency Forms

Immunizations are an important public health policy affecting children. As a matter of state law, children in the program must:

Be fully immunized

- Be in the process of becoming fully immunized according to the approved schedule or,
- Have a physician's statement that immunizations are not needed for medical reasons or a note from the parent stating that the child is not immunized due to religious beliefs.

The immunization form must be completed and turned in with the registration packet before the start of camp.

**Please have your physician send or email immunization records to Competitive Edge Learning center @ competitiveedge17@yahoo.com
(256) 945-5265**

Packet Checklist

- Completed Registration Form
- Completed Immunization Form (faxed OK)
- Completed Liability Form
- Completed Travel Permission Form
- Completed Emergency Contact Information Sheet
- Registration Fee Paid
- Entered into System

