



SUMMER 2019
General Information

Learn2Serve is a three-week academic summer camp for rising 5th -8th graders hosted by the LaGrange College Department of Education. The Learn2Serve camp will meet June 10 – June 28 (Monday-Friday) from 8:00 am until 5:00 pm. Lunch and snacks will be provided. The Learn2Serve camp will be held on the LaGrange College south campus in the West Side Building. Physical Education classes will include afternoons of swimming at the LaGrange College Natatorium, team building games, and more!

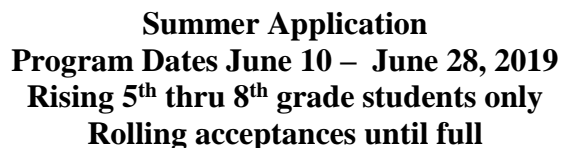
The goal of the program is to provide students with an exciting learning environment that promotes mental, social, and physical well-being. The Learn2Serve camp will offer a blend of academic studies, physical education and service learning opportunities to build positive social behaviors related to forming and maintaining relationships, assertiveness in problem solving and critical thinking. Learning to serve is an active and fun process that makes a difference in the life of our community through collaborative hands-on group projects facilitated by masters-level teachers and graduate counselors. Each student will participate in two academic classes during the morning session. Students will work together on projects designed to enhance student learning and retention.

The cost of the camp is **\$295.00** for all three weeks. Multiple children discounts are available upon request. Tuition for the camp must be paid in full prior to the first day.

If you would like for your child to participate in this fun and engaging camp experience, please fill out the application form, health form, bus and transportation form, and swim and photo release form. Please mail all paperwork and fees to:

Jana Austin
Department of Education
LaGrange College
601 Broad Street
LaGrange, GA 30240

Interested or Questions?
Contact Jana Austin
Office 1.706.880.8984
jbaustin@lagrange.edu



Office 1.706.880.8984
Email jbaustin@lagrange.edu



SUMMER 2019
Health Examination Form

Child's Name: _____

In case of emergency, notify _____

BEST Phone: _____ Home Phone: _____

Health and Accident Insurance Company: _____

Policy Holder: _____ Policy No.: _____

Enclose specific instructions on procedures staff of Learn2Serve should use in case of an emergency.

Health History

Has your child experienced any health problems? Yes _____ No _____

If yes, please specify. _____

Allergies: Yes _____ No _____

If yes, please specify. _____

Has your child been exposed recently to any communicable disease? Yes _____ No _____

Explain: _____

You must notify the camp if this occurs.

Does your child have any food allergies or dietary needs? Yes _____ No _____

If yes, please specify. _____

Does your child take medication for any reason? Yes _____ No _____

If so, please explain reason, dosage, and time of administration. Does he/she administer these medications independently? If not, what kind of help is needed? Explain.

Has your child been evaluated or received treatment or counseling by a psychologist or physician for an emotional, attention or behavior problem? Include copies of any evaluations or reports that are relevant to your child's learning or participation in this program.

Do you have any concerns about your child's health? (Please add a separate statement, if necessary.)

I certify that this health history is accurate and complete. My child, _____, has my permission to participate in all the activities of the camp with the exception of those indicated by the physician on this form. In addition, if I cannot be reached in case of an emergency, I give permission for my child to be taken to West Georgia Health Hospital.

Parent or Legal Guardian

Date



SUMMER 2019

Photo Release

I give my permission to have my child's photograph (still and movie) taken during Learn2Serve class activities and/or free time. I understand that it is possible that her/his photograph, video image, or voice recording taken during Learn2Serve may be released publicly for informational or fund raising purposes. Under no circumstances may photos, video images or voice recordings of my child be used for any other purpose.

Name of Child (Please print) _____

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian _____

Date _____

Swim Release

Please initial your choice below and sign:

My child's level of swimming is

Beginner _____

Intermediate _____

Advanced _____

I give permission for my child to participate in the daily free swim under the supervision of the LaGrange College pool lifeguards, Learn2Serve counselors, and teachers.

Parent or Legal Guardian

Date



SUMMER 2019

Transportation Information and Driver Identification Form

WE MUST HAVE ALL CHILDREN DEPART BY 5:00 P.M. SHARP

PLEASE NOTE THAT IT IS VERY IMPORTANT THAT YOU PICK YOUR CHILD UP AT THE DESIGNATED TIME. IF YOUR CHILD IS NOT PICKED UP BY 5:00 PM A LATE FEE OF \$10 FOR EVERY 10 MINUTES WILL BE ASSESSED. STUDENTS COULD BE EXCLUDED FROM THE REMAINDER OF THE PROGRAM IF THEY ARE NOT PICKED UP ON TIME. PLEASE NOTIFY THE OFFICE AT THE NUMBER BELOW IF THERE IS A PROBLEM.

Please print name(s) of adult(s) who you authorize to pick up your child. No child will be released to an adult who is not on the list below. Photo identification is required for pick up. NO EXCEPTIONS.

1. _____
2. _____
3. _____

Bus Permission

I give my permission for _____ to ride school buses to and from designated camp activities with Learn2Serve teachers/counselors.

Parent or Legal Guardian

Date

Jana Austin
Department of Education
LaGrange College
601 Broad Street
LaGrange, GA 30240

Office: 1.706.880.8984

Email: jbaustin@lagrange.edu