Copiah Summer Care

Dear Parents:

Attached you will find an application for enrollment in our summer care program. We are excited about what the summer will bring and look forward to having your child be a part of it.

We are open from 7 am – 6 pm daily. We furnish snacks and a noon meal each day (unless we are doing something special).

We offer a wide variety of activities during the summer months for children enrolled in the program. Activities include: Art camp, computer classes, sports camps, water activities, bowling, VBS, skating, cheer/dance camp and various other field trips. Children will go on field trips only if they are entering K5-up. Special activities will be provided for children entering K3-K4 at school. If parents want to take a younger child on field trips, parents are responsible for getting them to and from the trip. They will not be allowed to ride the bus. Pool days are for children entering 1st grade-up.

The children are divided into appropriate age groups for small group activities.

Children qualifying for summer care are those entering K3-6th grade. Registration begins Monday, March 17th and will continue until all slots are filled. Children will be taken on a first come / first serve basis. **Children are not considered enrolled until the registration fee and application are returned. ENROLLMENT IS LIMITED.**

*Registration Fee: $60.00 per child (includes summer care t-shirt)
*Weekly Rate: $90.00 per child (fulltime) ***THERE WILL BE NO PART TIME SLOTS AVAILABLE THIS SUMMER.**
*Drop-In Rate: $30.00 per day (You must call at least 24 hours in advance to secure a space for your child. Drop-ins do not go on field trips.)

These are just a few details that you may need to know. If you have any questions, please contact me at (601)892-4706 or email: rmangold@copiahedu.org

By God's Grace,
Rhonda Mangold,
Summer Care Director

Copiah Summer Care
Application

Name: _____ D.O.B._____ Grade entering: _____

Parents Name: _____

Address:_____

City: _____ State: _____ ZipCode:_____

Home Phone: _____ Mother's Cell:_____

Dad's Cell: _____ Email:_____

Emergency Contact Information: (if parents cannot be contacted)

Name: _____ Cell:_____
Name: _____ Cell:_____

The following people are allowed to pick my child up from Summer Care

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Any medical / allergy information needed to care for your child: _____

_____

_____

Payment Policy

I understand that payment is rendered whether my child/children are in attendance or not. Fees may be paid on a weekly, bi-weekly, or monthly basis. Fees will be paid with weeks beginning May 27, 2025, and ending Aug. 1, 2025(tentatively). There will be one week between the end of school and the beginning of Summer Care and one week between the end of Summer Care and the beginning of school in August. There will be no vacation week this summer.

I understand that if my child is registered full time, I am responsible for those fees even if my child is absent or on vacation.

_____   _____
       Parent's signature   Parent's signature

Emergency Medical Treatment

To whom it may concern: Copiah Summer Care employees under the direction of Rhonda Mangold have permission to obtain emergency medical treatment for my child in the event I cannot be reached.

Child's name: _____ Date: _____

_____   _____
       Parent's signature   Parent's signature

Photography Authorization

My child has permission to be photographed and / or videotaped when involved in summer activities.

_____ _____
         Parent's signature   Date

Waiver of Liability Insurance

Copiah Summer Care does not provide liability insurance. The Copiah Summer Care staff will do everything possible to give your child every protection possible while he/she is in our care. In the event of an unavoidable accident, neither the staff of the summer care program nor Copiah Educational Foundation will be held liable. Proper procedures will be followed to notify parents if necessary and take care of the well-being of the child involved. Accident reports will be written and placed in the child's folder.

I, _____, understand the Waiver of Liability Insurance statement provided to me by Copiah Summer Care.

_____
Parent's signature