Step By Step Enrichment Center

2026/2027 SUMMER SCHOOL CREDIT RECOVERY
REGISTRATION FORM

STUDENT – BASIC INFORMATION

First _____ Middle _____ Last _____

Gender: Male ____ Female____ Birth date _____/_____/_____ Age _____ School Name

_____ Grade _____

PARENT/GUARDIAN – CONTACT INFORMATION

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State ____ Zip Code _____

Home Phone (_____) _____-_____Work Phone (_____) _____-_____

Cell Phone (_____) _____-_____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State ____ Zip Code _____

Home Phone (_____) _____-_____Work Phone (_____) _____-_____

Cell Phone (_____) _____-_____ E-mail _____

Child lives with: _____

Person responsible for payment: _____

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

Emergency Contact #1

First Name _____ Last Name _____

Home Phone (_____) _____-_____Work Phone (_____) _____-_____

Cell Phone (_____) _____-_____ E-mail _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone (_____) _____-_____Work Phone (_____) _____-_____

Cell phone (_____) _____-_____ E-mail _____

Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____

MEDICAL RELEASE INFORMATION

Insurance Information

Health Insurance Provider _____ Policy Number _____

Primary Physician_____

Address _____

Phone (_____) _____-_____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem Required Treatment Should paramedic by called?

_____ _____ Yes/No

_____ _____ Yes/No

_____ _____ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ____ No ____ If yes, explain:_____

Is your child allergic to any type of food or medication?

Yes ____ No ____ If yes, explain:_____

Does your child require a special diet?

Yes ____ No ____ If yes, explain:_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In Case of Medical Emergency Contact(s)

	Name	**Phone #**	**Relationship to Child**
Contact #1		(_____) _____-_____	
Contact #2		(_____) _____-_____	
Contact #3		(_____) _____-_____	

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian Initials: _____

I understand that the Step By Step Enrichment Center Summer School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. *Parent/Guardian Initials: _____*

TERMS OF AGREEMENT

Tuition Cost

For any information regarding tuition cost, please contact Mrs. Lavonia Brown at (678) 951-7249.

Transportation Release

I hereby give permission for the transportation of my child for official **Step By Step Enrichment Center Summer School** activities by modes of transportation agreed to by the school organizers.

Parent/Guardian Initials: _____

Step By Step Enrichment Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____ Date: ____ / ____ / 20____

Parent/Guardian Print: _____ Date: ____ / ____ / 20____

Credit Recovery Summer Classes - 2025

Dates & Schedule:

- **Session 1:** June 5-28, 2025
- **Session 2:** July 10-27, 2025
- **Schedule:** Monday - Thursday, 8:30 AM - 12:00 PM (In person or Virtually)

Registration:

- **Fee:** $75 (non-refundable registration fee)
- **Cost per course:** $150 per credit recovery course

Course Options (Core Classes):

- ☐ **Math**
- ☐ **English**
- ☐ **Science**
- ☐ **Social Studies**

Guidelines:

- Students can register for **up to 2 core classes**.
- Classes are in person or virtual
- **Registration Deadline:** May 16th, 2025

How to Register:

1. Complete the registration form
2. Pay the registration fee of $75 and select the core classes you wish to take.
3. Submit your completed registration by the deadline.

Important Notes:

- All classes are online, so students must have a stable internet connection and a device to participate.
- The total cost for 1 course: $150 (in addition to registration fee).
- The total cost for 2 courses: $300 (in addition to registration fee).