

2022 STARS Summer Enrichment (SSE) Program

Please circle the camp you wish to attend:

Elementary School Camp (grades 3 through 6)

June 6 to 17 (Mon-Friday) from 9:00 AM to 3:00 PM

Deadline for registration is 5/1/2022

Price: \$700 for two weeks, \$425 for one week (may be reduced using sliding scale fee requirements)

Middle School & High School Camp (grades 7 through 12)

June 20 to July 1 (Mon-Fri) from 9:00 AM to 3:00 PM

Deadline for registration is 5/1/2022.

Price: \$700 for two weeks, \$425 for one week (may be reduced using sliding scale fee requirements)

We are limiting each camp to 15 total registrations. All incomplete and late registrations (including sliding scale fee proof of eligibility) will go on a wait list after the deadline. Places will not be confirmed until paperwork and payment are received. Confirmations will be emailed once the process is complete.

Please note that transportation will not be provided to the Center. Also, please read the information on “Sliding Scale Fee Requirements” for instructions on how to apply for a reduced fee for the summer program.

Student Information

Student Name:

Grade:

Address:

City: _____ **State:** _____ **Zip:**

Parent / Guardian 1 Name:

Home Phone: _____ **Mobile Phone:**

Email Address:

Parent / Guardian 2 Name:

Home Phone: _____ **Mobile Phone:**

Email Address:

Emergency Contact Information

Please tell us who will be available to pick up your child in the event that you (parent/guardian) are not available.

Name:

Relationship to Student:

Home Phone: _____ **Mobile Phone:**

Student Name:

Emergency Medical Information

Name of Physician/Provider _____ Phone # _____

Name of Insurance Company _____ Policy#: _____

Please list any medical concerns you have for your child that we should be aware of.

I confirm that my child can complete the following activities independently:

_____ Eat _____ Use toilet _____ Change clothes

Please circle any allergies:

Hay Fever Penicillin Asthma

Foods: _____

Insects: _____

Other: _____

Medications: If your child takes any medications during the day that we should be aware of, please list below. **NOTE: WE DO NOT HAVE STAFF CERTIFIED TO DISPENSE MEDICINE.**

Drug Name	Dose	Time Given	Reason	Child takes independently?

Student Name:

Please initial or sign as indicated.

Operating Hours and Callout Procedure

STARS Summer Enrichment will run from 9:00AM to 3:00PM. **Children may be dropped off at the Center between the hours of 8:30 and 9:00 AM and MUST be picked up by 4:00PM.** Fees will be assigned as follows for late pickups: \$5 per minute beginning at 4:00PM.

If a child will be absent for any reason, a message should be left by contacting Nick Reynolds (nreynolds@cviga.org or 404-602-4331) by 9:00PM the day before.

INITIALS _____

Meals

We will be providing snacks and drinks throughout the day. Students will need to bring a packed lunch each day.

INITIALS _____

Attire

Students should wear comfortable shoes and clothing in order to take part in all program activities each day.

INITIALS _____

Student Name:

Liability Release

I give permission for my child, _____, to participate in all activities and any field trips of the STARS Summer Enrichment Program. I, the undersigned, agree to hold harmless the Center for the Visually Impaired, its employees, volunteers and other agents involved, from any and all injury or liability of any nature. In case of emergency, if I cannot be directly reached, I give permission for an emergency contact or Center for the Visually Impaired to sign any necessary emergency medical treatment forms in my absence.

SIGNATURE: _____ **Date:** _____
(Parent/Guardian)

Media Release

I hereby agree and consent to the use of photographs, audio recordings, television, film, or videos for publicity, news, social media and other legitimate purposes by the Center for the Visually Impaired. I understand that full names will not be used without permission. I waive all claims for any compensation for such use or for damages.

SIGNATURE: _____ **Date:** _____
(Parent/Guardian)

Department of Family and Children Services Release

STARS (Social, Therapeutic, Academic and Recreational Services) is an educational, recreational, and social skills program for youth ages 5-21 who are blind or visually impaired. In the **STARS Summer Enrichment Program**, elementary, middle, and high school students attend weekly sessions with same-aged peers.

I hereby acknowledge that I have been advised and understand that the program my child is participating in at the Center for the Visually Impaired, **STARS Summer Enrichment**, is neither licensed nor required to be licensed by the Georgia Department of Early Care and Learning.

SIGNATURE: _____ **Date:** _____
(Parent/Guardian)

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY
RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, a national emergency by the President of the United States, and a state emergency by the Governor of Georgia. **COVID-19 IS EXTREMELY CONTAGIOUS** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend hygiene practices, use of masks and social distancing and have, in many locations, restricted the number of people that may congregate as a group at any given time.

The Center for the Visually Impaired, Inc. (“CVI”) offers programs and services for the visually impaired directly or through tenants and subcontractors at its facilities located at 739 W Peachtree St NW, Atlanta, GA 30308 (the “**CVI Facilities**”). CVI has put in place preventative measures to reduce the risk of the spread of COVID-19 at the CVI Facilities. The measures apply to services and programs offered at the CVI Facilities directly by CVI and by its tenants and subcontractors. By signing this agreement, I agree that I and my child(ren) will comply fully with such preventative measures. However, I acknowledge that CVI **cannot guarantee** that I or my child(ren) will not become infected with COVID-19 when we enter the CVI Facilities for any purpose, and that visiting the CVI Facilities and participating in the programs and services offered **could increase** my and my child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by visiting the CVI Facilities or by participating in the programs and services offered, and that such exposure or infection may result in personal or bodily injury, illness, temporary or permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 either by entering the CVI Facilities or by participating in the programs and services offered there may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, CVI or its agents, employees, representatives, volunteers, subcontractors or tenants (collectively, “**CVI Parties**”) or by program and service participants and/or their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself and/or my child(ren) (including, but not limited to, personal or bodily injury, illness, temporary or permanent disability, and death), damage, loss, claim, liability, or expense, of any kind, that I and/or my child(ren) may experience or incur in connection with my and/or my child(ren)’s entering the CVI Facilities or by participating in programs and services offered there, whether offered directly by CVI or by tenant or subcontractor of CVI (collectively, the “**Claims**”). On my behalf, and on behalf of my children, I hereby release and indemnify the CVI Parties, and each of them, from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, and covenant not to sue the CVI Parties, or any of them, for any Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the CVI Parties, or any of them, whether a COVID-19 infection occurs before, during, or after my entering the CVI Facilities for any purpose whatsoever.

I further consent, on behalf of myself and my child(ren), for CVI to take my/our temperature as a condition to entry into the CVI Facilities and further acknowledge and agree that CVI may deny access to the CVI Facilities if I and/or my child(ren) have an elevated temperature, as shown by the temperature test taken at the CVI Facilities.

I further represent that I and my child(ren) are feeling well today and that neither I nor my child(ren) have contracted COVID-19 or have any other flu-like symptoms including a cough, nasal congestion, loss of smell or loss of taste.

Signature of Parent or Guardian:

Date:

Name of Child or Participant:

FINANCIAL ASSISTANCE INFORMATION

CVI is committed to ensuring you and your family can receive the life-changing services you need regardless of your financial resources. You may qualify to receive services at a discounted rate through our sliding fee scale. The amount of the discount will be based on your income. With the help of generous donors, you may also receive support through our Financial Assistance Fund.

Please read the following information carefully to learn more.

What is covered under the financial assistance program?

- Low Vision Exams
- Certain items in the Visibility Store (check with store for details on qualifying items)
- Orientation and Mobility, Independent Living Skills, Braille, Assistive Technology, and other Vision Rehabilitation Services
- Functional Vision Assessments for babies, preschoolers, and school age children
- Educational, social and summer enrichment programs for school age children

What about Insurance?

Your insurance policy may cover all or part of the cost of a low vision exam for individuals ages five and up. Your insurance may NOT cover rehabilitation services or training related to blindness or low vision. You may fund the cost of these services yourself or apply for financial assistance.

How does CVI determine if I'm eligible for financial assistance?

Fee reductions are based on a sliding scale. To be eligible, you must first supply documentation showing your individual and/or household gross income for the most recent tax year. For consideration, you must provide the following documentation to CVI:

- The first page of your federal tax return showing all gross income and household dependents for the most recent tax year if before April 15 or the current tax year if after April 15.
- For clients 17 and younger whose family does not file taxes, the *parent/guardian must* submit a letter from the IRS confirming a status of *non-filing along with documentation* of income (such as a Social Security benefit letter) *in order* for the family to be considered for financial assistance.

Applicants can obtain required income verification documents from the IRS or Social Security Administration at the following websites or by calling the numbers below:

Internal Revenue Service (IRS):

Online: <https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them>

By Phone: 1-844-545-5640 or for automated ordering of tax documents 1-800-908-9946. If you are unable to complete the IRS transcript request form, you *can* make an appointment to visit a local IRS Taxpayer Assistance Center to obtain any required tax document(s) (*such as* a Proof of Non-Filing Status letter).

How do I submit documentation?

Income documentation must be presented to CVI and verified before any fee *discounts* will be approved. CVI will accept all documents *via* email, fax, or they may be dropped off at the CVI building located at 739 West Peachtree Street NW, Atlanta, GA 30308 (if dropping off documents, please write the applicant's name on the envelope). Also, please mark out *all* Social Security number(s) on tax or Social Security documentation. These *numbers* are not required for proof of income, only the applicant's full name is needed to be listed on

documents.

The documentation from clients to CVI for consideration for a fee reduction *must* accurately reflect the client and/or their family's current financial situation at the time of the *fee reduction* request. Any attempt to mislead or conceal your true *financial* situation may result in the inability to apply for such discounts in the future. These requirements are intended to *ensure* that precious financial assistance funds go to as many clients as possible who qualify for fee reductions.

Once income verification is complete, your approved discount will be *applied*, and you will be contacted to schedule the initial evaluation and any subsequent training.

How do I pay for Services?

Payment for services must be made before an evaluation and/or training can begin. Clients may pay with cash, credit card or debit card. Clients may pay prior to their service in the VisAbility Store or inside the Florence Maxwell Low Vision Clinic at the check-in window.

Who do I contact if I'm interested in applying for financial assistance?

If you are interested in financial assistance, please contact Adam Hinchliffe at 404-602-4280 or ahinchliffe@cviga.org. If you wish to submit financial documents via fax, please send to 404-602-4280.

STARS Summer Enrichment Fee

Fee includes snacks and general supplies.

Student Name:

Number of people in family _____ . Annual family income _____ .

Please select the camp of choice as well as one of the following payment options (full price or slide scale fee):

____ **Elementary School Camp (2 weeks) - \$700**

____ **Elementary School Camp (1 week) - \$425**

____ **Middle and High School Camp (2 weeks) - \$700**

____ **Middle and High School Camp (1 week) - \$425**

Total payment (Only fill out if you are choosing to pay in full):

Select Method of Payment:

Invoice me

Check made out to CVI with "STARS Summer Enrichment" in the memo section

Credit card: Visa / MC / AMEX / Discover

Credit Card Number:

Expiration Month _____ Year _____ Security Code or CVV _____

____ **My family would like to apply for a sliding scale fee based on family size and income.** Please see the document "Sliding Scale Fee Requirements" for instructions on how to apply and required documents for proof of eligibility. Please submit proof of eligibility with your family's registration paperwork. Your eligibility for discounted fees will be evaluated and shared with you.