Remote Learning & Enrichment 2020

For school-aged children in grades K-8

REMOTE LEARNING SUPPORT: Pay-by-the-Day option

- For grades K-8
- 7:45 am – 5:45 pm, Monday- Friday, pay-by-the-day option
- November 2 – December 18 (no support class on November 25, 26, 27)
- Schoolwork: During the school hours students will be in small group sizes and will work within the remote learning curricula provided by your child's school.
- Afternoons: Children will participate in enrichment activities, they will play games, explore the outdoors, and take part in science, art, and engineering enrichment programming to support learning and social/emotional development.
- Snacks and Lunch: Participants will need to bring two snacks, a packed lunch, and a water bottle each day.
- All students grades Kindergarten and up are required to wear masks.
- Pay-by-the-day options:
  $45/day members, $50/day non-members; $42/day siblings

WEDNESDAY ENRICHMENT CAMP

- For grades K-3
- 7:45 am – 5:45 pm, Wednesdays only
- November 2 – December 18 (no camp on Wednesday, November 25)
- Children will play games, explore the outdoors, and take part in science, art, and engineering enrichment programming to promote learning and social/emotional development. (*This is an enrichment experience option only. In this track students will not have the opportunity to work on school assignments).
- All students grades Kindergarten and up are required to wear masks.
- Members $45 per day; non-members $50 per day

Remote Learning Support: Pay-by-the-day rates are:
$45/day members; $50/day non-members;
$42/day additional siblings.

Enrichment rates: $45/day members; $50/day non-members

Return to: Kaleideum/ Christy Ferguson
400 W Hanes Mill Rd
Winston-Salem, NC 27105
(336) 767-6730
www.kaleideum.org
Registration Form  Please use a separate form for each child.
Child's Name: ___________________________ Grade: __________ Age: __________
Parent/Guardian's Name: ___________________________ City: ___________________________
Address: ___________________________________________ Zip: ___________________________
Phone: (___) ___-______ Email: ___________________________
Are you a Kaleideum Member? ☐ No ☐ Yes, Expiration: ____/____/____
Program Fee:  Kaleideum Member: $45 x ____ (# of days) = $_______
                    Sibling: $42 x ____ (# of days) = $_______
                    Non-member: $50 x ____ (# of days) = $_______
TOTAL $________

Payment Information
☐ Cash ☐ Check (to Kaleideum) ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover
Name on card: ___________________________ Card number: ___________________________
Expiration: _____/_____ CVC: __________

Emergency Contact and Medical Information
Emergency Contact Name (if parents can’t be reached): ___________________________
Relationship to child: ___________________________ Phone: (____) ___-______
Medical Conditions or Allergies: ___________________________

Medical and Photography Authorization
I authorize a Kaleideum representative to seek appropriate medical attention for my child, including the right to authorize medical care in my absence. I understand that I am financially responsible for all medical treatment. I also understand that my child may be photographed and that these photos may be used by Kaleideum for promotional purposes. If I do not want my child to be photographed, I will include a written request with this form.
Parent/Guardian Signature: ___________________________