



**Rockdale County Public Schools**  
**Summer Break Enrichment and Exploration Camp**  
**Middle School**  
**June 10-13, 2019**  
**Monday-Thursday**  
**7:45 am-12:30 pm**

Dear Parent or Guardian,

**Congratulations!** Your child is eligible to participate in the Rockdale County Public Schools Summer Enrichment and Exploration Camp. This camp is for students currently enrolled in grades 6-8.

Enrichment Camp is \$50 per student and will be held at General Ray Davis Middle School. The course will utilize many high-interest, high-impact programs. Each day will conclude with a lunch period. Lunch is provided free of charge each day by Rockdale County Public Schools.

**If you would like your child to attend Summer Enrichment Camp for a fee of \$50, please complete the form below and course selection on the back and return to the Office of Teaching and Learning, with payment, no later than May 30, 2019. If we have more applicants than seats students will be selected through a system-wide lottery process.**

**PLEASE NOTE: All fees must be paid in cash at the RCPS Office of Teaching and Learning, 1143 West Avenue, Conyers, between the hours of 8AM and 4PM, May 13-May 30, 2019. Please ask for Stephanie Baxter.**

*Please print the requested information:*

Student Name \_\_\_\_\_ School \_\_\_\_\_

Gender M F Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact other than parent:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Course Offering and Description**

*Return the form by May 30, 2019 to the Office of Teaching and Learning---  
See you at Enrichment Camp!*

**Art Around the World**

Students will learn about different cultures around the world. The countries that will be emphasized are Africa, Russia, Mexico, India, China and Tibet. Students will learn how to create a travel journal for future explorations. Students will create a variety of art work from African Clay bowls, Mexico day of the dead, Aljebres animals, Mandalas, Chinese New Year and Russian Matryoshkas. Come join us for fun as we travel the world!

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**PLEASE REMEMBER: All fees must be paid in order to secure your child a spot at camp. Payment may be made at the RCPS Office of Teaching and Learning, 1143 West Avenue, Conyers, between the hours of 8AM and 4PM, May 13-30, 2019. Please ask for Stephanie Baxter.**

**Camp Location:**

General Ray Davis Middle School  
3375 E. Fairview Rd SW  
Stockbridge, Georgia 30281  
(770) 388-5675

**Camp Director:**

Katy King [kking@rockdale.k12.ga.us](mailto:kking@rockdale.k12.ga.us)

**Please initial beside each condition below and then sign at the appropriate place at the bottom of the form.**

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**Conditions:**

- I understand that transportation will not be provided for this Enrichment Camp and that students must be on time for delivery and pick up. *Late pick up may result in the student being withdrawn from the program.*
- I understand that my child must be present on the first day of the camp she/he is selected for or she/he will be withdrawn from the program and the seat given to the next student on the waiting list.
- I understand that any violation of the Rockdale County Behavior Code may result in immediate withdrawal from the program.
- I understand that lunch is provided by RCPS. Lunch time will be 11:45-12:30.

I give permission for my child to be photographed/videotaped and to have these photos possibly published in various local publications (school system presentations and/or local school cable TV and/or local newspapers).

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\_\_\_\_\_  
Student (Print Name)

\_\_\_\_\_  
Grade Level for 2018-2019 School Year

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

**2019 RCPS Summer Enrichment Camp  
Medical History, Permission and Release Form**

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

IMMUNIZATIONS: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

**MEDICAL HISTORY**

\_\_\_ Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney \_\_\_ Heart \_\_\_ Diabetes

\_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever \_\_\_ Other \_\_\_\_\_

Allergies \_\_\_\_\_ Food (name) \_\_\_\_\_ Medication (name) \_\_\_\_\_

\_\_\_ Poison Sumac, Oak or Ivy \_\_\_ Insect bites/stings Other \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications \_\_\_\_\_ Special Diet (name) \_\_\_\_\_

Childhood Diseases: \_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough

Any medical needs of which adult supervisors should be aware: \_\_\_\_\_

**LUNCH:** This year, we are excited to be able to provide sack lunches for Enrichment Camp students. Please let us know whether or not your child will be participating in this lunch program.

\_\_\_\_\_ Yes. My child will eat the sack lunch. \_\_\_\_\_ No. My child will bring his or her lunch.

**PARENT/GUARDIAN:**

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student. I release and waive, and further agree to indemnify, hold harmless or reimburse the Rockdale County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp the rendering of emergency medical procedures or treatment, if any.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**