



**THE UNIVERSITY *of***  
**MISSISSIPPI**  
McLEAN INSTITUTE FOR PUBLIC SERVICE  
AND COMMUNITY ENGAGEMENT

**Entrepreneurial Learning Center (ELC)**

**Charleston, MS**

Dates: May 22 – June 16

Time: 9:30 am – 2:00 pm

Location: Charleston Day Center

*\* Registration packets are due on May 15<sup>th</sup> from 4-6 pm at the Charleston Day Center (neighborhood facility). Registration is first come, first served to the first 20 who sign up.*

Attention Parents and Guardians,

Welcome to the Entrepreneurial Learning Center (ELC) in Charleston. We have lots of educational, fun and interactive activities for the students this summer, which include: entrepreneurial lessons, health care topics, and more.

Read this packet carefully and review the program rules with your child(ren). The registration packet provides you with important information about some of the activities the children will be involved in throughout the summer. Registration fees will pay for operational expenses of the ELC. Re

The mission of the ELC is to provide a fun, educational experience for students and the promote entrepreneurship and economic development in Tallahatchie county. Our goal is that children are continuously learning, developing healthy habits, and participating in experiences that build an entrepreneurial mindset. This program is being presented by UM students of the CEED Initiative at the McLean Institute for Public Service and Community Engagement at the University of Mississippi in partnership with the Charleston Day Organization. The Tallahatchie County CEED team cohort consists of two lead team members: Robert Patterson and Austin Carroll. Additional CEED students, UM faculty, and community members will be a part of the ELC.

Thank you for participating in our ELC-Charleston. We are looking forward to meeting your students in the program.

If you have any questions, please contact us at (662) 609-6701 or (662) 662-689-0304.  
Sincerely,

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Robert Patterson

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Austin Carroll

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Gwen Dailey

### Program Registration Form

**Please complete this form prior to the child’s first day of attendance and updated as needed.**

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

#### Where can you be reached while your child is in this program?

Parent/ Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Parent’s Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts:** Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed must be able to take responsibility for your child in case the parent/ guardian cannot be contacted and should be at least 18 years of age.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_



## Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes- check all that apply     Food     Medication     Environmental  
 Please list and explain:

Does your child's allergy/allergies require program staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes

Does your child have a special health or medical condition? (*check one*)

- No  
 Yes

Does the special health or medical condition require program staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during program hours? (*check one*)

- No  
 Yes

Is your child currently using any medication, food supplement or medical food?

- No  
 Yes- Please Explain

If yes, does this medication, food supplement, or medical food need to be administered during program hours?

- No  
 Yes

Does your child have any dietary restriction, including those for medical, religious, or cultural reasons? (*Check one*)

- No  
 Yes – please include written instructions

List any history of hospitalization or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

## Waiver & Release of all Claims & Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I understand that the selection of programs shall be my responsibility, and that the *ELC* program, including its staff and volunteers shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and /or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the *ELC* staff and volunteers from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

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Signature of Parent/Guardian 18 years and older

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Date

## **Participant Responsibilities**

### **Code of Conduct**

Participants are expected to exhibit appropriate behavior at all times.

Participants shall:

1. Show respect to participants/staff, and take directions from staff.
2. Refrain from using abusive or foul language.
3. Refrain from causing bodily harm to self, participants or staff.
4. Show respect to equipment, supplies, and facilities.

## **Additional Information**

### **Items from Home**

Participants should leave all toys, electronic games, cell phones, MP3 players and other items at home unless program staff requests the item. The ELC is not responsible for any lost or stolen items.

### **Appropriate Attire**

Make sure your child wear comfortable clothes and shoes to the program each day. Clothing with alcohol, cigarette advertisements and/or explicit or profane messages will not be allowed at the program.

Participants who are not wearing gym shoes will not be allowed to participate in activities that include physical activity.

### **ELC Staff:**

If you have any questions or comments, please feel free to contact the following staff members at the ELC.

Austin Carroll  
Robert Patterson

Bennie Page  
Gwen Dailey

**To ensure that you have all of the information you need, please make sure that you read everything in your Registration Packet!**

### Emergency Transportation Authorization

<b>Give <u>permission</u> to Transport</b>	<b>OR Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>
Program Name:		Program Name:
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature                      Date		Parent's Signature                      Date

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

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### Photo Release Form for Minor Children

I \_\_\_\_\_ hereby authorize the ELC to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in publication. I release the ELC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the ELC to use their photographs and names.

I acknowledge that since participation in publications and websites produced by the ELC is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the ELC confers no rights of ownership whatsoever. I release the ELC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Schedule and Payment Agreement

### Payment Policy:

- 1) Payments are due in advance of attendance for the week.
- 2) Payments can be made by cash or money order.
- 3) Payments are made to the Charleston Day Organization.

### Payment schedule/ Rate Plan

Schedule (only mark one)	Price
<input type="radio"/> Weekly	<b>\$5</b>
<input type="radio"/> Monthly	<b>\$20</b>

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tentative Daily Schedule

9:30 am	Students Arrive
9:30-10:00 am	Introduction
10:00-10:30am	Physical Activity
10:30-11:45 am	Activity #1
12:00-1:00 pm	Lunch
1:00-1:30 pm	Activity #2
1:30-2:00 pm	Lessons Learned
2:00 pm	Students Depart

## Program Concerns or Questions

ELC-Charleston encourages constant communication between parents, staff and children to assure everyone's needs are being met. If you should ever have a problem, concern or question, we encourage you to ask your summer program staff. It is through your input that we are better able to meet the needs of the community and enhance the quality of our program.

## Thank You!

We are happy that you are interested in ELC-Charleston for your child. We offer days that will be educational, fun, and interactive!