

## 2023 DATES

**PLEASE CHECK THE WEEK(S)  
YOU WOULD LIKE TO ATTEND:**

- June 19 - 23
- June 26 - 30
- July 5 - 7 (no camp July 3-4)
- July 10 - 14
- July 17 - 21
- July 24 - 28
- July 31 - August 4

## IMPORTANT INFORMATION

- Child must be 5 years old by June 13, 2023, or already enrolled in the Kaleidoscope program.
- Camp ends at 6:00 PM. each day. Site Coordinators have the right to assess late pick-up fees. \$1.00 per minute per child after 6:00 PM.
- We have a zero tolerance policy for violence and other such infractions. All rules and regulations of the Charleston County School District will apply to this camp.
- All students must be potty trained and not require a nap during the day.
- No students may be dropped off before 7:30 AM.

**Note: Camp registration will be subject to limited availability. If minimum registration for operations isn't met one or more camps may be combined.**

## FEES

**Weekly Cost Per Child:** \$90\*

**Non-Refundable | Non-Transferable Deposit  
Per Child Per Week:** \$0

**Non-Refundable | Non-Transferable  
One-Time Supply/Registration Fee Per Child:** \$30

### Payment

1. When your child is registered, you'll receive a confirmation email. Upon receipt of the registration confirmation email, please follow the directions in that email to pay your registration fees and/or deposits online through our service provider RevTrak.
2. You'll receive invoices weekly via email for remaining weekly balances during the summer camp period. Please note that paying online is the preferred method of payment.

**Note: Payment is due no later than Monday for that week of camp.**

\*Weekly Cost per child for students who attend a CCSD Title I school: \$90 Weekly Cost per child for non-Title I students: \$150

## REGISTRATION INFORMATION

Please make sure that you complete the registration form along with the forms attached. All forms must be completed before your child can be enrolled in the program.

To register your child(ren) for camp you may email your forms to Deborah Graham at [deborah\\_graham@charleston.k12.sc.us](mailto:deborah_graham@charleston.k12.sc.us) or hand deliver them between the hours of 4 PM to 6 PM to the summer camp location.

OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Deposit Amt: \_\_\_\_\_

# Kaleidoscope/EPIC Camp at Charleston Progressive Academy (D20)

**JUNE 19 – AUGUST 4**

**Monday - Friday  
7:30 a.m. to 6:00 p.m.**



# What you will experience at camp!

Students will participate in fun academic activities each day in reading, writing, math, and science skills through practical exercises, focused assignments, hands-on learning and one-on-one attention. Afternoon sessions will be packed with a wide variety of activities. Breakfast and lunch will be provided for students daily.

## FEES

**Weekly Cost Per Child: \$90**

**Non-Refundable | Non-Transferable  
Deposit Per Child Per Week: \$0**

**Non-Refundable | Non-Transferable  
One-Time Supply and Registration Fee  
Per Child: \$30**

**For more information, please contact:**

Deborah Graham  
843-709-3233  
deborah\_graham@charleston.k12.sc.us

## 2023 DATES

**(Please circle for your records.)**

June 19 - 23

June 26 - 30

July 5 - 7 (no camp July 3-4)

July 10 - 14

July 17 - 21

July 24 - 28

July 31 - August 4

## REGISTRATION: Kaleidoscope/EPIC Camp at Charleston Progressive Academy (D20)

Name of School Currently Attending \_\_\_\_\_

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Child must be 5 years old by June 13, 2023 or already enrolled in the Kaleidoscope Program. The maximum age is a rising 6th grader (max grade completed is 5th grade).

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Grade completed as of June 13, 2023 \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

On swimming field trips or visits to water parks, my child  Requires a life jacket  Does not require a life jacket.  
Any changes must be made in writing to the camp director.

Email \_\_\_\_\_

Individualized Education Plan, check yes or no (IEP)  Yes  No Individualized Health Plan, check yes or no (IHP)  Yes  No

Parent 1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Persons authorized to pick up your child(ren):

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my child to be photographed or videotaped for promotional purposes only.  Yes  No

I give permission for my child to watch PG movies.  Yes  No

Are there conditions or specific needs that require special attention?  Yes  No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

**All campers must complete a Health Information/Emergency Card. Your registration is not complete until this form has been completed and submitted. Please be aware that there will not be a nurse on site. There will be a nurse available by phone should the staff need medical guidance. If you have any medical questions or concerns, please contact Melissa Johnson, RN, Kaleidoscope Nurse Liaison at 843-209-6944.**

Signature \_\_\_\_\_

PLEASE DETACH HERE