

**AUGUSTA STATE UNIVERSITY CONTINUING EDUCATION**  
***Welcome to the 14th annual KIDS UNIVERSITY!***

**MARK YOUR CALENDAR FOR THE  
KIDS UNIVERSITY DROP IN/DROP OFF**

*Drop in between 5 – 7 pm in the lobby of Galloway Hall and Drop Off your forms.  
Ask our staff your questions about KU!*

For participants in Session I and II

**Tuesday June 2<sup>nd</sup>**

For participants in Session III, IV, V

**Wednesday July 1**

Once you've turned in your required forms for one session,  
you **DO NOT** need to complete another set for subsequent sessions you attend.

**NOTE: Your child's forms must be on file with us on the morning of the first day of the session. If not, your child will not be able to participate in KU activities until we receive completed forms.**

**You will not receive a carpool number until we receive your completed forms.**

**At the drop in:**

- ◆ Get your carpool number.
- ◆ Return all forms signed and completed.
- ◆ **Receive orientation for pick up and drop off procedures.**
- ◆ If you are unable to come to the drop in, then drop by our offices from **8 – 4:30 before** the first day of your session.
  - ◆ Please come between 7:45 and 8:15 a.m. **on the first day** of your session if you still have forms to return.
  - ◆ **Or before the start day of the session**, mail the forms back to us and ask us to mail you your carpool number.

◆ **Returning forms or handing in check payments**

Please hand completed forms or a check payment directly to our staff in the Galloway Hall registration office. Please do not hand them to a KU staff person in carpool line; this is disruptive to the carpool line.

**Enclosed in this packet are:**

- ◆ Your child's morning schedule, General Information, Map
- ◆ Forms to be signed - Emergency Contact, Medical, Waiver, Discipline Rules



## GENERAL INFORMATION ABOUT KIDS UNIVERSITY

- **DRESS** – no slide shoes; shoes must be securely attached to your child’s feet since they will be climbing stairs and may be walking on the history walk. Dress comfortably.
- **ART** – children in most of our courses do art/craft activities involving paint or glue. Dress your child appropriately.
- **DROP OFF/PICK UP DIRECTIONS** – see map and directions. **Public Safety has asked us to remind parents to buckle up their children when leaving this campus.**
- **ALL FORMS medical, emergency, registration, waivers – must be on file from the first day of attendance.** The required forms are included. Also, additional copies of forms can be filled out online and then mailed to us or dropped off at the Drop In/Drop Off .  
**Mailing address: Augusta State University, Division of Continuing Education, 2500 Walton Way, Augusta, GA 30904-2200.**  
**On line – [www.ced.aug.edu](http://www.ced.aug.edu)**
- **MEDICAL FORM** – if this applies to your child please complete this form.
- **SPECIAL CIRCUMSTANCES** – if your child needs special attention please let us know on the medical form. This special attention may be for physical needs or may apply to communication/language difficulties.
- **MORNING COURSE SCHEDULE** – Enclosed is the listing of the courses your child will attend each morning. If your child’s first choice class was filled when we received your registration, then your second choice would have been added in its place.
- **LUNCH** – Your child must bring his or her own lunch. The lunches will not be refrigerated.
- **AFTERNOON SCHEDULE -**  
12:30 – 1:00 Lunch  
1:00 – 4:15 – Three activity periods including art, team games and fitness, and theme week activities. Snack, too! Plus outside presentations, storytellers, and ASU campus explorations. The theme weeks are: Session 1 – Amazing Dirt! Session 2 – Chemistry Fun! Session 3 – Inventions 1700! Session 4 – Legendary Places! Session 5 – The Big Dig!  
4:15 – 4:50 – Classic game time – Monopoly, Chess, Bingo, Checkers, Sorry  
5:00 – 5:15 – Regular dismissal



## DROP OFF and PICK UP DIRECTIONS

- Look for the Kids University Signs marking the way!
- Enter ASU off Katherine Street. Pick up/drop off at back of Galloway Hall. See map.
- ALL children must exit from the passenger side for their safety.
- If there is thunder, lightening or rain at any pick-up time, please park and come inside Galloway to get your child.

**EARLY DROP OFF 7:30 a.m. – before 8:15 a.m. and**

**LATE PICK UP 5:15 – 6:00 pm**

- You must sign up and pay for the service of early drop off and/or late pick up.
- The fee for either or both early drop off and late pick up is \$12 per week per child.
- Children participating in early arrival or late pick up will be supervised by an adult.
- **Early drop off does not begin until 7:30 a.m. and late pick up ends at 6:00 pm. No supervision is provided before 7:30 a.m. or after 6:00 pm. Please be on time.**
- For morning pick up, the carpool line begins forming a little after 8 am; unloading begins when there are several cars lined up. So you may have a 5 – 10 minute wait.

### **For early drop off or late pick up at GALLOWAY HALL**

- Park your car and walk into Galloway Hall to pick up or drop off your child.

**REGULAR DROP OFF and PICK UP**

**MORNING DROP OFF– 8:15 a.m. – 8:30 a.m.**

- Line up in carpool line beginning at the Kids University sign.
- Wait for our staff to escort your children from your car.
- Children exit from passenger side.

**HALF DAY PICK UP – 12:30 pm**

- Children will be waiting outside Galloway Hall by 12:35 -12:40 pm.

**AFTERNOON PICK UP – 5:00 – 5:15**

- At 4:55 the children are brought out, and from 4:55 – 5:15 the children will be escorted to your car in the carpool line.
- Display your carpool sign on the passenger side so our staff can see it easily.
- At 5:15 the children are brought back into the building.
- If you must pick up your child before carpool begins, please arrive no later than 4:30 to get your child. Pick ups between 4:30 and 4:50 are very distracting to the staff. You must park and come in to sign your child out.

**Emergency Phone Numbers and Contact Persons**

- **Continuing Education office phone 706-737-1636; Hours M – F 8:00 – 4:30** Please ask to speak to the morning or afternoon director, whichever is appropriate. If she is unable to come to the phone, leave a brief message with the receptionist and the Director will return the call. Barbara Gleitsmann or Leasa Jarman is the Morning Director. They are here from 7:30 a.m. – 1:00 pm. Debra Hundt is the Afternoon Director. She's here from 12:30 – 6:00 pm. **Public Safety campus number is 706-737-1401.**

**NOTE: Your child's forms must be on file with us on the morning of the first day of the session. If not, your child will not be able to participate in KU activities.**

## EMERGENCY CONTACT FORM

*Kids University understands that this information is confidential and is to be shared only with Kids University administrative staff so they can make informed decisions about your child's care. When your child completes his/her participation in Kids University this summer, this sheet is destroyed.*

**Please check all that apply:**

**Carpool number:** \_\_\_\_\_  
(we'll fill this in)

½ day \_\_\_\_\_ or Full Day \_\_\_\_\_

Early arrival \_\_\_\_\_ Late pickup \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

**Second Child's Name** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name of parent or guardian:** \_\_\_\_\_

**Emergency phone numbers day and evening:** Home \_\_\_\_\_

Mom's work \_\_\_\_\_ cell \_\_\_\_\_ pager \_\_\_\_\_

Dad's work \_\_\_\_\_ cell \_\_\_\_\_ pager \_\_\_\_\_

**If we are unable to reach a parent in the event of an emergency, whom should we call?**

**Name:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Name(s) of all persons authorized to pick up your child(ren) including yourself:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**In the event of a medical emergency may we take your child to the emergency room?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy #** \_\_\_\_\_

**Physician's name:** \_\_\_\_\_ **Office phone:** \_\_\_\_\_

## **IMPORTANT MEDICAL OR SPECIAL CIRCUMSTANCES INFORMATION FOR KIDS UNIVERSITY K – 5**

*Kids University understands that this information is confidential and is to be shared only with Kids University administrative staff so they can make informed decisions about your child's care. When your child completes his/her participation in Kids University this summer, this sheet is destroyed.*

Child's Name \_\_\_\_\_

Session Attending:    Check session(s) attending

\_\_\_\_\_ 1<sup>st</sup> June 8 - 12

\_\_\_\_\_ 2<sup>nd</sup> June 15- 19

\_\_\_\_\_ 3<sup>rd</sup> July 6 - 10

\_\_\_\_\_ 4<sup>th</sup> July 13 – 17

\_\_\_\_\_ 5<sup>th</sup> July 20 - 24

**Child's allergies (food or other allergies) and other needs we should be aware of:**

\_\_\_\_\_

\_\_\_\_\_

**Name of Medication** to be taken: \_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Directions for Administering (specify what time to be given): \_\_\_\_\_

\_\_\_\_\_

Termination Date for Administering Medicine: \_\_\_\_\_

**My child has special physical needs or communication/language difficulties** (please describe): \_\_\_\_\_

\_\_\_\_\_

**I understand that it is my child's responsibility to come to the Kids University Director at the appointed time for his/her medicine. I also understand that the Kids University program is not responsible for problems or complications arising from your request.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_.

## WAIVER OF LIABILITY (REQUIRED)

My Child(ren) (please print names) \_\_\_\_\_  
herein is/are registered participant in the **Kids University** program that is endorsed and supervised by Augusta State University and its representatives. I acknowledge that I am fully aware that this activity entails certain inherent risks, and I agree to assume all such risks of my child's participation. I hereby release Augusta State University and its employees and the Board of Regents of the University System of Georgia from responsibility for any personal injury or loss that may result from participation in this activity. I acknowledge that I am solely responsible for any medical and other costs arising out of any bodily injury or loss sustained through my child's participation in this activity. I further covenant and agree that I will not sue Augusta State University, its employees or the Board of Regents of the University System of Georgia for any claims for damages arising out of my child's or children's participation in this program. Further, this covenant not to sue shall be effective during the entire period of my child's enrollment with Augusta State University.

Parent's (Guardian's) Signature \_\_\_\_\_

Date \_\_\_\_\_

## PHOTOGRAPHIC NOTIFICATION

Sign only if you **DO NOT** want your child's photograph used for publicity purposes for Kids University. Photographs may be taken of the class activities during Kids University; such photographs are to be used for publicity purposes only and there is no monetary compensation for their use.

**I do NOT want my child's photo used.** Parent's (Guardian's) Initials \_\_\_\_\_

## DISCIPLINE RULES

### Parent (Guardian) and Student Signature Required

*(Please review with your child.)*

**General Policy:** Students who choose to behave in ways which interfere with other students' opportunity to learn and/or the instructor's teaching, forfeit their own opportunity to participate in Kids University. Parental support and cooperation is appreciated. No refunds will be made for students dismissed from courses for disciplinary reasons.

KIDS UNIVERSITY staff enforces the same rules that the children know from school regarding pushing, hitting, profane or inappropriate language, verbal "put downs", talking back, running in the halls/stairs, and making threats. Immediate consequences for misbehavior include a call to the parent or guardian, removal from the class activity or no pool time that afternoon.

Parent's (Guardian's) Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_