



SUMMER BONANZA PARTNERSHIP

Sponsored in part by Chatham County

www.summerbonanza.com

General Information

Summer Bonanza Partnership is a mentoring program for youth ages 7-14. We provide structured activities to strengthen educational development and core values (respectfulness, responsible choices, character, leadership, accountability, moral behavior), while promoting health and wellness, cultural sensitivity, spiritual enrichment, and civic responsibility through fun activities in a safe environment. Junior Volunteers (JVs) are high schoolers ages 14-16, serving as peer leaders, who have been actively involved in the program or recommended for leadership by an educator or community representative. Upon successful completion, JVs may be eligible to receive community service credit and referred to participate in Chatham County Youth Commission (CCYC). As both programs are sponsored in part by Chatham County, Summer Bonanza (SB) is available to Chatham County residents, with specific recruitment for under-served youth from low-income households. The SB program operates from June until August, primarily during months when traditional education systems recess. Activities may continue year round when funding is available. Participants must abide by all rules of the program. Failure to do so may result in corrective action or immediate dismissal from the program.

Important Information for Registration

Child's most current report card is required with the application.

Registration fee: \$10/per child.

Enrollment is complete when we receive a signed application and report card along with the registration fee.

Each child will be given a camp T-shirt to be worn each Saturday and at special group events as requested. Program will be held every Saturday morning from 10:00 – 12:00 noon. A snack and lunch are provided.

Parents' Responsibility

Attend Parent Orientation on Kick-Off day at Liberty City Community Center. (See Activity Schedule)

Sign in child to each program on Saturday morning by 9:45 a.m.

Sign out child for pick up at 12:00 noon; suggested arrival time is 11:45 a.m.

Read email (Bonanza Gram) each week for upcoming activities and possible schedule changes.

Complete and submit required paperwork when requested.

Consider becoming a Parent Volunteer or assist when needed. Ex: Serve as a chaperone for field trips.

Assist with fundraisers. Parents are encouraged to purchase camp T-shirt for themselves to promote program.

Attend Parent University Workshops when held for SB Parents.

A \$10.00 registration fee is required for each application via cash/cash apps, money order or check, payable to Summer Bonanza Partnership.

Applications are available on the website, at the bottom of homepage, and can be completed for submittal on line: www.summerbonanza.com. Paper applications may be mailed to P.O. Box 18135, Savannah, GA 31418. You can also scan, save and attach completed application (pages 2&3), and email to adorsey704@gmail.com.

Summer Bonanza Partnership Program Location:

Liberty City Community Center, 1401 Mills B Lane, Savannah, GA 31401

Contact Program Director: Angela Dorsey (912) 663- 4528 / adorsey@chathamcounty.org or

adorsey704@gmail.com. Visit www.summerbonanza.com for more information on the program.



For Office Use Only

Fee ____ Grades ____ Shirt ____

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Date _____ T-Shirt Size _____ Child _____ Adult _____

Student Name:		Phone Number:	
DOB:	Age:	Sex:	Grade (just completed):
Address:			
City, State, Zip Code:			
School Attends:		Child have an IEP?	
Which school subject do you need help with most: ____ Science ____ Math ____ English			
PARENT/LEGAL GUARDIAN INFORMATION			
Name:		Relationship:	
Home Phone:		Cell Phone:	
Parent's Email (please print clearly):			
Are you employed by Chatham County? ____ Yes ____ No			
If Yes, please provide Department Name:			
Do you wish to become a Summer Bonanza Parent Volunteer? ____ Yes ____ No			
All Volunteers must complete a separate Volunteer Application			
PARTICIPANT EMERGENCY INFORMATION			
Emergency Contact's Name:		Relationship:	
Address (if different):		Phone:	
City, State, Zip Code:			
Emergency Contact's Name:		Relationship:	
Address:		Phone:	
City, State, Zip Code:			
HEALTH INSURANCE INFORMATION			
Insurance Company Name:		Policy Number:	
Preferred Hospital:			
Physician's Name:		Physician's Number:	
Indicate any type of allergies or medical conditions:			
Is child prescribed medication, please list:			



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Youth - Program Liability Waiver Form

The Parent/Guardian agrees to hold harmless Summer Bonanza Partnership, the sponsors and affiliates from any and all liability relating or occurring from any accidents or injuries resulting from you or your child's participation in any event and/or travel to and from any event. Furthermore, it is understood that any and all medical expenses incurred due to injuries sustained at any project or event organized by the directors of Summer Bonanza Partnership, are the sole responsibility of the participant in the event(s). This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in any event(s). It is also understood that no legal action will be brought against Summer Bonanza Partnership or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any session or events held by Summer Bonanza Partnership.

As a Parent/Guardian of (**child**) _____, I request my child attend the Summer Bonanza Partnership program and take part in all activities. In case of emergency the Program Director has my permission to give minor first aid or take my child to an emergency treatment facility. I understand that the program staff will make a conscientious effort to locate me via the telephone number provided at drop off as well as attempt to contact me at (**Phone Number**) _____, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

Photo Release

I, (**Parent/Guardian**) _____, hereby give permission for images and recordings of my child, captured during Summer Bonanza activities and events through video, audio, photo, and digital camera, to be used solely for the purposes of promoting the Summer Bonanza Program. By signing your name, you are stating that you have read and fully understand and are in agreement with this waiver.

Parent/Guardian Signature _____

Child Signature

Date

Warning: Under Georgia law there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming the risk by entering these premises.



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Code of Conduct

Summer Bonanza Partnership is a youth-serving, community-based organization dedicated to providing exposure to local government, cultural diversity, and positive role models in various businesses and organizations. During the summer months, the goal is to strengthen academic development while providing safe, structured, and fun activities for youth ages 7 to 14. Participation in the SBP program is subject to the observance of Summer Bonanza's rules and procedures. ***The conduct outlined below is strictly prohibited.*** Any participant or staff who violates this Code is subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer or another participant.
- Possession or use of alcoholic beverages or illegal drugs on property or reporting to the program while under the influence of drugs or alcohol.
- Bringing onto property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer.
- Verbal, physical, or visual harassment of another participant, staff member, or volunteer.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow any agency policy or procedure.
- Bullying or taking unfair advantage of any participant.
- Failing to cooperate with an adult supervisor/leader/mentor.

I have read and I understand the Summer Bonanza's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed if I violate any of these rules.

Student Signature _____

Parent Signature _____ Date _____