



# PARENT HANDBOOK



## **REGISTRATION CHECK LIST**

[Please review the following checklist]

- My child will submit an essay (no more than 500 words) answering **one** of the following:
  - 1) "What Would You Like To Learn At WorldofMoney.org Youth Financial Education Institute" **OR**
  - 2) "What Are Your Goals For Your Future?" **OR**
  - 3) "Why Is It Important To Be Financially Responsible?"
- I will accompany my child(ren) to the mandatory orientation.
- I will bring a copy of my photo/legal identification **AND** my child's birth certificate.
- I understand placement is on a first come basis.
- I will bring to the orientation a money order or pay online for my child's Training Investment.
- I understand that attending the WorldofMoney.org Youth Financial Education Institute is valued at \$3000.00. However, I understand that my Training Investment helps WorldofMoney.org to defray rising costs to empower my child.
- I understand that cash and personal checks **are not** accepted.
- I understand that in exchange for my Training Investment, my child will receive (5) five days, 38 classroom hours, community service, lunch, a polo shirt and graduation ceremony. I understand that WorldofMoney.org Youth Financial Institute also offers educational Reunion activities throughout the year.
- I understand that my Training Investment is **non-refundable and non-transferable, no matter what the reason.**



Cash Camp, Inc. *dba* WorldOfMoney.org was formed in December 2005 and is a nonprofit, tax-exempt organization under Section 501(c) 3 of the Internal Revenue Code. It is the mission of the WorldofMoney.org, to give young people, ages 7 -18, empowering tools to survive economic roller-coasters by using their innate intelligence and creativity to expand their access to the free enterprise system beyond that of consumerism, but to disciplined saving, and the understanding of investing in capital markets.

I understand that the Beacon School is a high school where safety is a top priority. Once a student enters the Beacon School, he or she may not leave and later return for any reason. Please bring photo identification.

**ATTENDANCE: Prompt daily attendance is required. A 25 cent per minute fee will be charged for each minute late. All late fees must be paid no later than the following class day. Should late fee not be paid, child will not be admitted to class.**

**TRANSPORTATION:** I understand that the sole responsibility of transportation to and from the Beacon High School, 227 West 61<sup>st</sup> Street rests with the parent and/or the associated program. My child will arrive at Beacon School at 9:00 a.m. on each day of the training institute. If my child is unable to attend each day of the training institute, the WorldofMoney.org, Inc. will be notified.

**BEHAVIOR EXPECTATIONS/ CONDITIONS FOR PARTICIPATION:** Cash Camp, Inc. (*dba* World of Money.org ) strives to offer a group experience and opportunities to learn about business and the world of money within the boundaries of safety, common sense and the law. We reserve the right to terminate the participation of any student without formal hearing who we believe has violated the conditions for participation, or becomes a hindrance to the group or goals of the Training Institute.

**STRICTLY ENFORCED DRESS CODE:** The dress code is business casual. Each child must be groomed. Sneakers, jeans are not permitted. It is not necessary to be “Sunday Best”. Khakis, pants, shirts with collars are suitable. Casual day will be announced during the training. Clothes should be neat. Body covered. **Should a child arrive inappropriately dressed, that child will be dismissed immediately from class and parent notified.**

In addition, the following items are prohibited:

- |                        |                       |               |
|------------------------|-----------------------|---------------|
| Cell phones (in class) | Hats/Do Rags          | Candy         |
| Walkmans               | Sunglasses (in class) | Profanity     |
| CD Players             | Food                  | Rude Behavior |
| Televisions            | Illegal Drugs         | Sleeping      |
| Radios                 | Gang Colors/Beads     | Alcohol       |
| Jewelry                | Chewing Gum           |               |
| Ipod/MP3               |                       |               |
| Weapons                |                       |               |

**ABILITY TO ENGAGE IN TRAINING INSTITUTE AND ASSUMPTION OF THE RISK:** I warrant that my child is able to follow directions for all classes offered at the training institute, and that my child possesses reading, writing and speech skills in order to understand basic information and instruction. My child may also participate in yoga and light stretching exercises.

**WAIVER AND RELEASE LIABILITY:** As parent or guardian of my child, I agree that I will not hold Cash Camp, Inc. (*dba* World of Money.org), its employees, officers, directors, agents and contractors liable for any personal injury, property damage, loss or insurance. I agree to release and hold harmless Cash Camp, Inc. (*dba*

World of Money.org), its employees, officers, directors, agents and contractors from all liability incurred as a result of my child's participation in training institute and that these terms serve as a release for myself and members of my family.

**PHOTOGRAPHS:** Cash Camp, Inc. (*dba* World of Money.org ) is granted permission to use any group or individual photographs or photo images taken during training institute for publicity or promotional purposes.

**MEDICATION:** If my child is bringing any prescription and non-prescription medications or drugs of any kind, including asthma medication, I will list them on the Health History Form. I understand that if I send my child with any prescription or non-prescription medications to the training institute, my child must bring them in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. I also understand that **both prescription and non-prescription medications must be provided in its original container or they will not be administered.**

**Asthma Medication:** If your child has asthma - **even if s/he only rarely has attacks** - please bring a full inhaler or other asthma medicine to the training institute.

I hereby authorize the WorldofMoney.org. or a Beacon School staff to administer first aid as well as to dispense medication brought to the training institute by my child. I am the parent/guardian of the child who is under 18 years of age that I am registering for the WorldofMoney.org.

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



Transportation Notice

I warrant the following Adult to act in my stead to pick up my child in case of an emergency or if I am not available.

Name of Alternate Adult Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_; Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Print Name (Parent/Guardian) \_\_\_\_\_

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



Medical History Form

The following medication has been prescribed to my child under physician prescription in its original container listing the name of the medicine and frequency of application. If applicable, please list any allergies that your child may have.

If not applicable, initial here: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Print Name (Parent/Guardian) \_\_\_\_\_

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

Emergency Telephone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**EMERGENCY:** In the event of my child's sudden illness, a legal representative, or I am obliged to pick the child up. In the event that I cannot pick up my child, I will complete a Transportation Notice that indicates the name of the person(s) I have authorized to pick my child up if that person is not a parent or guardian. (The Transportation Notice is included with this form). I understand that I will provide all telephone contact numbers that I can be reached between the hours of 9:00am – 5:00pm.



**PARENT VOLUNTEER FORM**

As a Parent, your involvement to support and advance the mission of the WorldofMoney.org is crucial to the empowering of your children and your family. Please indicate in which areas you could contribute your resources and/or time:

Fundraising: \_\_\_\_\_

Parent Advisory Council: \_\_\_\_\_

Sponsorship: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE PRINT**