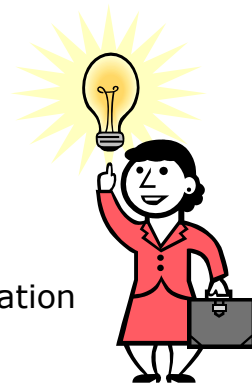


# Entrepreneur's Workshop For Middle School Students



Imagine a **business** and make a collage or PowerPoint presentation to help you visualize what your business could look like.

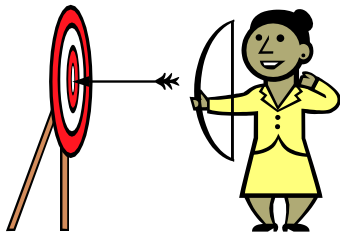


Design your **product or service**, and make a package or advertising flyer for it. Start thinking about your target market and customer service.

Figure out ways to help people **website for your business**.

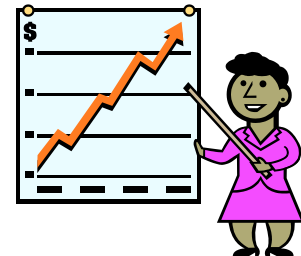


find out about your product, and **create a**



Design a **sales presentation** to help you talk to people about your product.

Practice **keeping track of your money**, and learn Quicken basics.



- We'll have a banker talk to us about credit.
- You'll make a presentation to your classmates for your business idea.
- You'll take home a notebook with all your brilliant ideas in it!

Susan Longley will be your instructor. She is the director of Garrison Afterschool program, a business coach and experienced teacher. She teaches this program at Pace Academy summer camp.

**Fall Break, October 11-12, 2010**

**9 AM to 4 PM (extended care available from 8 - 9 and 4 - 6:30)**

**Limited to grades 6-8, maximum 10 students Tuition: \$295**

**To register complete the on the next page and mail to:**

**Garrison Afterschool Program, 1068 N. Highland, Atlanta 30306**



My child is currently on medication(s) prescribed for long-term continuous use.

Name of medication(s):

My child will need to take the following medication(s) during the workshop:

My child has the following pre-existing illness, allergies, or health concerns:

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

# EMERGENCY MEDICAL AUTHORIZATION

---

In the event that my child \_\_\_\_\_ suffers an injury or illness while attending the Entrepreneur's Workshop and the facility is unable to contact me/us immediately, I/we give authorization for the staff to secure such medical attention and care for the child as is necessary. I understand that the staff will make every possible attempt to contact me/us, the child's physician, and other persons listed as an emergency contact. I/we will not hold workshop personnel responsible for the accident or illness. I/we further understand that the parent/ guardian is responsible for any and all medical expenses incurred during the treatment of my child.

I/we recognize that the Entrepreneur's Workshop uses Children's Healthcare of Atlanta at Egleston located at 1405 Clifton Road, NE for medical emergencies.

The Entrepreneur's Workshop agrees to keep me/us informed of any and all accidents and incidents requiring professional medical attention involving my child.

\_\_\_\_\_  
Child's Full Name Birth Date

\_\_\_\_\_  
Primary Physician Physician's Phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Group Number/Policy Number

\_\_\_\_\_  
Child's Allergies

\_\_\_\_\_  
Current Prescribed Medication

\_\_\_\_\_

Any other Special Needs or Medical Concerns:

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

## OTHER PERMISSIONS

---

### Photo/Video Release Form

I hereby give permission for images of my child, captured during activities at Entrepreneur's Workshop, through video, photo and digital camera, to be used solely for the purposes of promoting the program, both in print and on the internet, and waive any rights of compensation or ownership thereto.

Name of Child (please print) \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I DO NOT give permission for images of my child, captured during activities at Garrison Afterschool Program, through video, photo and digital camera, to be published in any form.

Name of Child (please print) \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insect Repellent

I hereby give permission for Garrison Afterschool Program to provide insect repellent for my child when needed.

- Family Formula w/ DEET OK
- Natural w/o DEET OK
- Do not use insect repellent

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