

**APPLICATION – 2010 HORIZONS SUMMER PROGRAM  
HORIZONS STUDENT ENRICHMENT PROGRAM**

At New Canaan Country School P.O. Box 997 New Canaan, CT 06840 (203) 972-7005 Fax: (203) 972-2732

Horizons serves students from low income families in lower Fairfield County in Kindergarten through 12th Grade.

- **SUMMER PROGRAM** - The Summer Program is a Kindergarten through 8<sup>th</sup> Grade 6-week enrichment program that **BEGINS ON JUNE 30<sup>TH</sup> AND ENDS ON AUGUST 6<sup>TH</sup>**. Transportation is provided, and the students are on the New Canaan Country School campus Monday - Friday from 8:15 am -3:00 pm. The students participate in academics, art classes, swimming lessons (on and off-campus), and weekly field trips. We require that our students attend the entire summer session. **IF YOUR CHILD CANNOT MAKE THE 6-WEEK COMMITMENT, PLEASE APPLY ANOTHER YEAR.**
- **SCHOOL YEAR PROGRAM** - The School Year program begins in September. The program offers music lessons, tutoring, enrichment classes, and a Winter Saturday Program.
- **HIGH SCHOOL PROGRAM** - All Horizons 8<sup>th</sup> grade graduates enter our High School Program. The Horizons high school students meet with academic coaches, visit colleges, get SAT help, and participate in trips and community service.

**APPLICANT STATUS** (*check only one*)

\_\_\_\_\_ **My child has never been part of the Horizons Program.** Gender (circle one): **M** **F**  
\_\_\_\_\_ **My child received an attendance letter and needs to reapply.** Current Grade: \_\_\_\_\_  
\_\_\_\_\_ **My child previously applied for Horizons and was not admitted.** How many times has he/she applied? \_\_\_\_\_

**COMPLETED APPLICATIONS ARE DUE JANUARY 15, 2010.** Students applying to Horizons are not guaranteed entry into the program. We have hundreds of students apply each year for limited classroom spaces. Once we receive an application, an information sheet goes out to individual schools about each applicant. We make our decisions in early March and acceptance letters are mailed out.

**HORIZONS MUST BE NOTIFIED IMMEDIATELY IF HOME ADDRESS, PHONE NUMBER OR EMAIL ADDRESS CHANGES BEFORE THE START OF THE SUMMER PROGRAM!**

**APPLICANT INFORMATION** (*only one child per form, please print*):

Applicant's Full Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
First Middle Last Preferred name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current School: \_\_\_\_\_  
Mo / Day / Year

Homeroom Teacher: \_\_\_\_\_ School Social Worker/Guidance Counselor: \_\_\_\_\_

**FAMILY INFORMATION:**

**Student lives with:** (check any that apply)

- Father and Mother
- Mother
- Father
- Stepmother/father \_\_\_\_\_  
Name
- Other \_\_\_\_\_  
Name

**In the case of divorce, separation or other family circumstances, please describe the child's living schedule** (for example ½ week with mom; ½ week with dad): \_\_\_\_\_  
\_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_  
First Middle Last Relationship to student

Home Address: \_\_\_\_\_  
Street, Apartment # City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer / Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_  
First Middle Last Relationship to student

Home Address: \_\_\_\_\_  
Street, Apartment # City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer / Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Please check here if you do not want your information in our Horizons directory that is mailed to all Horizons families.

**Emergency Contact:** \_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_ Phone # \_\_\_\_\_ Cell #

Primary language spoken in home: \_\_\_\_\_

Do you have other children currently or previously enrolled in Horizons? Yes No

Please list their names: \_\_\_\_\_

Names of other relatives and their relationship that are connected with Horizons: \_\_\_\_\_

How did you hear about Horizons? \_\_\_\_\_

**FINANCIAL STATUS:**

School Lunch Status (check one): Free ( ) Reduced ( ) Regular ( )

**PLEASE ATTACH PROOF OF ENROLLMENT IN THE FREE/REDUCED LUNCH PROGRAM**

**Family Income** – Should include all family members living in the household (Gross income is before taxes are taken out from all jobs):

Weekly Gross Income \$ \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_ Yearly Gross Income \$ \_\_\_\_\_

List All Household Names	Age	Sex M/F	Earnings from all Jobs (Before Deductions)	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$

**HOUSEHOLDS NOW GETTING FOOD STAMPS OR TFA BENEFITS:** please complete this part.

Food Stamp Case Number: \_\_\_\_\_ (Temporary Family Assistance) TFA Case Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**The Horizons Summer Enrichment Program requires the following commitments from both parent and child:**

- Get your child to Horizons every day. Attendance is mandatory. If your child cannot make the 6 week commitment, please apply for another year.
- The 6-week program starts on the last week of June and ends the first week of August (Monday ~ Friday, 8:15 am – 3:00 pm). Student must attend entire session.
- Buses are provided. An authorized adult needs to be there to put your child on the bus and to meet him/her when he/she gets off the bus.
- Expect your child to take part in all activities every day. Activities include: academics, art, swimming lessons (on and off campus), and weekly field trips.
- Let us know if something is happening in your child's life that could affect his/her behavior or mood.
- Take a little time everyday to ask your child about their experience at Horizons.

**THE MORE WE UNDERSTAND YOUR FAMILY SITUATION, THE BETTER WE CAN SERVE YOUR CHILD. PLEASE ANSWER ALL THESE QUESTIONS IN DETAIL. WE CANNOT CONSIDER A CHILD FOR THE PROGRAM IF WE KNOW NOTHING ABOUT HIM/HER. ARE THERE ANY EVENTS THAT MAY HAVE AFFECTED YOUR FAMILY AND YOUR CHILD? PLEASE CHECK THOSE THAT APPLY AND EXPLAIN BELOW.**

- |   |   |
|---|---|
| <input type="checkbox"/> Death              | <input type="checkbox"/> Family Violence        |
| <input type="checkbox"/> Serious Illness    | <input type="checkbox"/> Relocated              |
| <input type="checkbox"/> Foster Care        | <input type="checkbox"/> Alcohol/Drug Problem   |
| <input type="checkbox"/> Job Loss           | <input type="checkbox"/> New Child in Household |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Other(explain) _____   |

**Please explain in detail about the check marks above:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was your child born prematurely?** Yes / No If yes, by how many weeks? \_\_\_\_\_

**Has your child ever been individually tested or evaluated?** Yes / No If yes, please indicate what tests were administered, by whom and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child ever been suspended or dismissed from school?** Yes / No If yes, please indicate when and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Parents of Kindergarten through 2<sup>nd</sup> Grade Students:**  
How many days/nights a week do you read aloud to your child? \_\_\_\_\_

**For Parents of 3<sup>rd</sup> through 7<sup>th</sup> Grade Students:**  
How much uninterrupted time does your child spend on homework each night? \_\_\_\_\_

**Why do you think attending the Horizons Summer Program would be a positive experience for your child?\_**

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**From what activities does your child gain self- confidence?**

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**From what activities does your child experience stress, tension or discomfort?**

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**Please describe any struggles or issues at school:**

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**List your child's involvement in sports, church, dance, art, voice lessons, etc:**

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**PARENT AGREEMENT AND RELEASE FORM:**

Horizons expects parent participation and commitment. The first commitment is getting your children to the programs after they have registered. Attendance is what we expect from our families. Parents also volunteer. Please check the volunteer opportunities in which you will participate. We require each parent to participate in at least 2 volunteer activities per school year.

- |  |  |
|--|--|
| <input type="checkbox"/> Participate in Parent Workshops | <input type="checkbox"/> Join the Parent Council     |
| <input type="checkbox"/> Help with mailings              | <input type="checkbox"/> Cook for bake sales         |
| <input type="checkbox"/> Volunteer at children's events  | <input type="checkbox"/> Set-up / Clean-up at events |

**THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT YOUR SIGNATURE AND A COPY OF PROOF OF ENROLLMENT IN THE FREE/REDUCED LUNCH PROGRAM. IF YOU DO NOT QUALIFY FOR THE FREE/REDUCED PROGRAM, PLEASE CALL THE HORIZONS OFFICE FOR ADDITIONAL INSTRUCTIONS.**

**I AUTHORIZE MY CHILD'S SCHOOL TO RELEASE HORIZONS TO REQUEST THE FOLLOWING ITEMS TO HORIZONS**

- Grade reports
- Standardized testing results
- Attendance forms
- Any psychological, educational, and/or developmental information
- Medical Forms

**IF MY CHILD IS ACCEPTED TO HORIZONS, I GIVE PERMISSION TO MY CHILD'S SCHOOL TO RELEASE CONTACT AND FORWARDING INFORMATION TO THE HORIZONS STUDENT ENRICHMENT PROGRAM FOR THE PURPOSES OF CONTACTING ME AND/OR MY CHILD IN THE FUTURE.**

**I AM AWARE THAT I MAY REVIEW OR CHALLENGE ANY RECORDS OR INFORMATION PRIOR TO THEIR RELEASE. THIS RELEASE IS TO BE IN EFFECT AS LONG AS MY CHILD IS ENROLLED IN HORIZONS.**

**ALL INFORMATION AND MATERIALS OF ANY KIND GATHERED DURING THE PROCESS WILL BE CONFIDENTIAL AND WILL NOT BE DISCLOSED TO MY CHILD OR FAMILY.**

**IF MY CHILD IS ACCEPTED INTO THE 2010 HORIZONS STUDENT ENRICHMENT PROGRAM, BY SIGNING BELOW, I UNDERSTAND THAT ATTENDANCE IS MANDATORY, AND I COMMIT TO HAVING MY CHILD FULLY PARTICIPATE IN THE PROGRAM.**

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_