

HORIZONS STUDENT ENRICHMENT PROGRAM

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

★ Re-Enrollment Application Checklist ★

(Please be sure to sign and date all forms)

___ Student Information Form Summer 2010 (pg. 2-5)

___ Permission & Medical Form and Release (pg. 6)

___ †Health History and Medical Evaluation Forms (pg. 7-8)

___ ‡Registration Fee –a check or money order made out to Horizons. Rates are \$50 for the first child and \$20 for each additional child.

† Horizons requires an **updated physical examination form for your child dated within 2 years of the start of the program**. You may send in a form from your doctor, have your doctor fill out the attached form, or send in a copy of your child's medical form from school as long as it is current (dated after August 2008). Physicals are due in the Horizons office by May 1, 2010 at the latest in order for your child to participate in the program. If you have difficulty fulfilling this requirement, please contact our office for assistance at (203) 972-7005.

‡ Waived in cases of extreme hardship. Please notify us if you are experiencing difficulty.

**RE-ENROLLMENT FORM – 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 8th grade 6-week enrichment program. 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 8th grade graduates apply to 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.

***COMPLETED RE-ENROLLMENT FORMS ARE DUE DECEMBER 15, 2009.**
***HORIZONS SUMMER 2010 PROGRAMS DATES: JUNE 30TH - AUGUST 6TH.**
***HORIZONS MUST BE NOTIFIED IMMEDIATELY IF HOME ADDRESS OR PHONE NUMBER CHANGES BEFORE THE START OF THE SUMMER PROGRAM!**

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

Student's Full Name: _____ Ethnicity: _____
First Middle Last

Gender: Male / Female (please circle one)

Date of Birth: ____/____/____ Current School: _____ Grade: _____
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
- Other

_____ Name

_____ 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: _____

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 2nd Grade Students:

How many days/nights a week do you read aloud to your child? _____

For Parents of 3rd through 7th Grade Students:

How much uninterrupted time does your child spend on homework each night? _____

From what activities does your child gain self- confidence?

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

Please describe any struggles or issues at school:

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

RE-ENROLLMENT FORM ~ HORIZONS SUMMER PROGRAM 2010

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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: _____

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Permission & Medical Form

I, _____, parent or guardian of _____
Parent or guardian's name Child's name and Birth date

give my permission for my child to participate in all Horizons summer and school year program activities, including trips away from school premises.

I authorize pictures and quotes of my child to be taken during Horizons and used in media and publications.

I do/do not (*circle one*) authorize the Horizons Nurse to administer Tylenol to my child in _____ dosage.

Please provide the name and telephone number of a relative, friend or neighbor who may be contacted in the event that we cannot reach you in an emergency:

Emergency Contact Name: _____

Relationship to Participant: _____

Home Phone Number: _____

Cell Phone Number: _____

In case my child is a victim of a serious accident, injury or illness when immediate medical or surgical care is needed and I cannot be reached after efforts reasonable in the circumstances to do so, I authorize the Horizons chaperone to act in my behalf on the instructions of our family doctor, or, if unavailable after reasonable efforts are made to reach the doctor, to take such actions and give such consent on my behalf as good judgment dictates.

Name of Family Doctor: _____

Doctor's Telephone Number: _____

I hereby release the Horizons Student Enrichment Program and New Canaan Country School from liability to me or to my child for any loss or damage sustained by me or my child because of an injury to my child while participating in or being transported to or from any Horizons program, field trip or special event.

Date: _____

Names of Mother/Guardian _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

Names of Father/Guardian _____

Home Phone Number: _____ Cell Phone Number: _____

Address: _____

Signature of a Parent/Guardian: _____

**HORIZONS STUDENT ENRICHMENT PROGRAM
ANNUAL REPORT OF STUDENT HEALTH HISTORY**

Please fill form out completely and consciously. The more information Horizons has about your child's health, the more we will be able to address the issue while your son/daughter is here on campus.

Name _____ Date of Birth _____ Grade _____
Address _____ Home Phone _____ Cell Phone _____
Mother's work number _____ Father's work number _____
I do / do not (*circle one*) authorize the Horizons Nurse to administer Tylenol to my child in _____ dosage.

This form should be completed and returned to the Horizons Office by. State legislation requires that evidence of certain immunizations be submitted for each child, or specific explanation be given why such immunizations have not been obtained.

HEALTH HISTORY – Please check and explain where available.

_____ Heart Disease	_____ Contact Lens	Allergies to:	
_____ Neurological	_____ Glasses		_____ Medication
_____ Diabetes	_____ Inhaler Epi Pen		_____ Food
_____ Ear/Nose/Throat	_____ Asthma		_____ Bee Stings
_____ Ear Tubes	_____ Hearing Aid		_____ Other
_____ Eyes:			

We want your child to be safe at Horizons. Please describe in detail your child's allergies and what the doctors have prescribed:

1. Please note any other information that would be helpful in an emergency (i.e., athletic injuries, etc.).

2. Please list any illnesses, injuries, operations or immunizations during the past year

3. Is this student under any form of treatment or taking medication either daily or occasionally? Are there any doctor's recommendations with which we might cooperate?

4. Do you have any concerns about your child's general health, eating and sleeping habits, weight, teeth, etc.?

NOTE: For the protection and safety of the Horizons Community, we ask that no form of medication be carried by students during the day. Medications may be dispensed through the Medical Office with a written order from the attending physician and parental authorization. Self-administration of medication by inhaler is permitted provided that the parent or guardian has informed the medical office in advance. Inhalers may be carried and appropriately used following state guidelines, which the nurse will provide.

(PHYSICIAN TO COMPLETE INFORMATION ON REVERSE SIDE)

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Medical Evaluation Form

To be completed by medical practitioner:

Students Name: _____ Birth date: _____

Date of Exam: _____

_____ May participate in all program activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? Yes _____ No _____

If yes, indicate prescription: _____

Does the individual have allergies? Yes _____ No _____ If yes, please explain

Is this individual on a special diet? Yes _____ No _____ If yes, please explain: _____

This individual is up to date on all the following childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
<u>MMR</u>			<u>Diphtheria</u>		
<u>Hepatitis B</u>			<u>Tetanus</u>		
<u>HIB</u>			<u>Pertussis</u>		
<u>Varicella</u>			<u>IPV (polio)</u>		

Most recent PPD test date: _____ PPD results _____ Last Tetanus: _____

Comments _____

Medical Provider's Information (please print):

Name: _____ Phone: _____

Address: _____

Street, Apartment # _____ City _____ State _____

Zip _____

Phone Number: _____ Signature of Physician, APRN or PA: _____

Date: _____