



Fees Paid:

Wk. #1 _____ Wk. #5 _____

Wk. #2 _____ Wk. #6 _____

Wk. #3 _____ Wk. #7 _____

Wk. #4 _____ Wk. #8 _____

Summer School Application 2021

Please complete and return with a \$25 non-refundable registration fee.

Please be aware that summer school is ORIENTATION for all new students. ALL New students are required to attend summer school.

Child's name: _____ Male
Female

Birthdate: _____ Present age: _____
Month / day / year

School: _____ Current Grade: _____

Home telephone number: _____

Name of the person the child lives with: _____

Mother's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____

Work telephone: _____ Cell phone: _____

Email Address: _____

Father's name: _____

P.O. Box: _____ Home telephone: _____

Street Address: _____

Place of employment: _____

Work telephone: _____ Cell phone: _____

Email address: _____

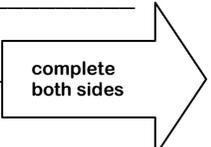
OTHER PERSONS AUTHORIZED TO PICK UP:

*** Please list the name of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.

Guardian #1. _____ Cell # _____

Guardian #2. _____ Cell # _____

Guardian #3. _____ Cell # _____



Medical History

Please answer each question as accurately as possible to ensure proper care and attention

1. Does your child have any academic limitations of which we should be made aware?

2. Allergies? How do they manifest themselves?

3. Does your child have any eye, ear, or speech difficulties or physical limitations?

Behavioral Description

The following statements may apply to your child. If the statement applies to your child, or was a concern in the past, answer 'YES' and, if not, answer 'NO'. Try to answer every item.

1. My child engages in flapping hands, spinning in circles, walking on toes. YES NO

2. My child lines up toys and other objects during play. YES NO

3. My child repeats or 'echoes' what he/she has just heard from other people. YES NO

4. My child's speech is delayed YES NO

5. My child cannot start or hold a conversation with others. YES NO

6. My child usually ignores me when I call for him/her. YES NO

7. My child often uses odd words that he/she seems to have made up. YES NO

8. Making eye contact with people is very difficult for my child. YES NO

9. Even minor changes in schedules or plans cause my child to have outbursts. YES NO

10. Loud noises really bother my child. YES NO

11. My child only eats a very limited number of foods. YES NO

12. My child has a very rich and advanced vocabulary that is well beyond his/her peers. YES NO

13. My child repeats certain phrases over and over, such as repeating commercials or favorite movie scripts. YES NO

14. During meal times, my child refuses to eat or has severe tantrums. YES NO

15. My child will eat only foods with certain textures (e.g., only crunchy foods). YES NO