

**HORIZONS Student Enrichment Program
at The Harley School**

1981 Clover St. Rochester, NY 14618 (585) 442-1770 extension 3014

2010 Registration Form

All Information will be treated as confidential. The entire form must be completed and signed on pages 3 & 4

APPLICANT STATUS (*check only one*)

My child attended Horizons in 2009.

My child has never been part of the Horizons Program

My child previously applied for Horizons and was not admitted.

Gender (circle one): M F

Current Grade: _____

How many times has he/she applied? _____

APPLICATIONS ARE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS. Students applying to Horizons are not guaranteed entry into the program. We have many students apply each year for limited classroom spaces. Once we receive an application, we review it along with the child's report card and teacher evaluation form as part of the admissions process. Enrollment decisions are made in March and families are notified.

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

Student's Full Name: _____ Ethnicity: _____

First Middle Last

Home Address: _____

Street, Apartment # City

State Zip

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: ____/____/____ Current School: _____
Mo / Day / Year

Homeroom Teacher: _____ School Social Worker/Guidance Counselor: _____

FAMILY INFORMATION:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Phone _____ Cell Phone _____

Employer/Company _____ Work Phone _____

Preferred Email Address _____

_____ Please check here if you do not want your contact information shared with other Horizons families in a program directory, on a telephone tree list, or for special events.

Parent's/Guardian's Marital Status: ___ Married ___ Single Is legal custody of this child shared with anyone else? ___yes ___no
If yes, enter name:

Has the guardianship for this child changed in the past year? ___ yes ___ no
If yes, please explain child's living situation:

FINANCIAL STATUS:

Check any of the following that you or your child is eligible for or receiving:

- Free or Reduced-Price Meals Food Stamps
 TANF (Temporary Assistance for Needy Families, "Welfare")
 WIC (assistance for Women, Infants and Children) SSI Disability/Title 5 for child

Current case number with the Monroe County DHHS (Social Services), if any: _____

FAMILY & SCHOOL INFORMATION

Please check any event(s) that may have affected your family and your child & 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:

During the school year, is this child receiving: _____ tutoring, _____ counseling _____ academic intervention? If so, please describe the service & frequency (e.g. daily meetings with social worker, weekly math tutoring...)

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 8th Grade Students:

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

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:

2010 Medical/Emergency/Transportation Information

Medical Information

1. Does this child have a chronic disease? If yes, identify _____
2. Does this child have all school-required immunizations? ___yes ___no
3. If your child takes medication for hyperactivity during the school year, or has any known allergies to foods, substances or insects, please list below along with his/her doctor's prescribed treatment:

Condition or Allergy	Prescribed Treatment or Medicine

4. Does this child have any other medical condition about which we should be informed? If so, please identify:
5. Occasionally a child will complain of a symptom such as a headache. If your child complains of an ailment for which Tylenol is an appropriate remedy, does Horizons Nurse have your permission to administer one dose of Tylenol to this child? ___yes ___yes, but call first ___no

Transportation Information-- Bus departure time is 8:15 a.m. and return time is 3:15 p.m.

Check one bus stop location for morning & one for afternoon.

Morning Bus Stop: ___ School #9 (485 N. Clinton Ave.) OR ___ School #12 (999 South Ave.)

Afternoon Bus Stop: ___ School #9 (485 N. Clinton Ave.) OR ___ School #12 (999 South Ave.)

How will s/he get home from the bus stop in the afternoon?

___ s/he can walk home alone ___s/he will be met and walked home ___ s/he will be met and driven

I give permission for my child to be walked by a Horizons counselor to the School Recreation Center for late pick-up.

___Yes ___No

Emergency Contact: In the event of an emergency involving your child, who would you have us contact?

You will be called first--we must have at least one additional reliable emergency contact person.

1st Choice: _____ Phone(s): _____

2nd Choice: _____ Phone(s): _____

Parent/Guardian Signature _____

Today's Date _____

Horizons' Mission

Horizons seeks to help urban children of limited financial means to find success in school and to set high goals for themselves including high school graduation. Horizons is committed to the development of the whole child through experiences that enhance confidence, foster awareness of community responsibility, build problem-solving skills and encourage a life-long interest in learning. We encourage children to take charge of their lives and realize their full potential.

Parent Agreement and Release Form

Parent involvement is critical to children's school success. Horizons is designed to help prevent summer learning loss and give each child wonderful new summer experiences. We want to partner with parents to help ensure school success for your child. Please consider volunteering to help Horizons, and check the volunteer opportunities in which you will participate. We hope each parent will participate in at least two volunteer activities per school year.

- | | |
|---|---|
| <input type="checkbox"/> Participate in Parent Workshops | <input type="checkbox"/> Attend parent meetings during the summer session |
| <input type="checkbox"/> Help at children's events (check one)
_____summer _____school year | <input type="checkbox"/> Be a "caller" to call other parents on our telephone tree |
| <input type="checkbox"/> Drive for field trips | <input type="checkbox"/> Share your job/hobby/knowledge with your child's Horizons class.
Topic: _____ |
| <input type="checkbox"/> Share transportation with Horizons families. Your zip code: _____ | <input type="checkbox"/> Participate in community presentations about Horizons |

PERMISSIONS AND AGREEMENTS

1. I give permission to my child's school to release the following annual school records to the Horizons Student Enrichment Program: academic (grades), health, attendance, disciplinary, and psychological. I give permission to my child's school to release, and/or provide contact or forwarding information to the Horizons Student Enrichment Program for the purposes of contacting me and/or my child in the future. This permission to release information to Horizons about my child is to be in effect until the child graduates from high school. I am aware that I may review or challenge any records or information prior to release. All information and materials of any kind gathered during this process will be confidential and will not be disclosed to my child or my family.
3. I give permission to Horizons for my child to participate in and be transported to field trips, overnight camping, and other special events taking place during the summer program. I give permission for my child to take part in all summer program activities including academic and health assessment, and trips away from the school premises. I hereby release the Horizons Enrichment Program and the Harley 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 at Horizons, during any Horizons' activity, or while being transported to and from Horizons.
4. I give permission to the Horizons program to provide academic, social, and emotional documentation to my child's school. I understand that the purpose of providing this documentation is to support my child in reaching their full potential during the school year and in being as successful as possible in the Horizons program at the Harley school. I understand that this release is good during my child's enrollment in the Horizons program and through their graduation from high school. I understand that this release can be revoked at any time by providing written notice that permission is no longer valid.
5. I authorize pictures and quotes of my child that were taken during Horizons to be reproduced for use in media and publications.
6. I give permission for my child to use the Internet at Horizons and hereby release the school from any associated liabilities.
7. I understand and agree with the Horizons Enrichment Program's Attendance Policy : *"It is extremely important that children attend the program every day. You should not plan trips, doctor's appointments or anything else that would keep your child from attending all program days. **If your child misses 3 days or more because of non-medical emergencies, we will not invite him or her to return the following year and will give his or her place to another child.** This policy will be strictly enforced."*

Signature of Parent/Guardian: _____

Name of Child: _____ **Date:** _____