



For your Summer School registration, please complete and return the following :

- ☀ Student Registration Form
- ☀ Medical & Emergency Information
- ☀ \$50.00 Registration Fee Per Child
(Non-Refundable)

SUMMER SCHOOL 2014

Summer School is just around the corner! We are very excited about our summer program this year which will have an interdisciplinary focus on Plant and Animal Ecosystems. We will be integrating core subjects, reading, writing, math, and science, while learning about gardening, bugs, worms, animal life, scientific investigating, and biomes. Students will be taking mini-field trips to local plant/wildlife areas to have a hands-on experience. Student's IEP goals, where applicable, will be incorporated in these learning opportunities.

Information about duration and cost for Summer School is located at the bottom of this form. Please be sure to return this form to the school along with all other required information by **May 9th, 2014**. There are a limited number of spaces for available for summer school, so be sure to enroll as soon as possible to reserve a spot for your child.

We look forward having you join us for a fun-filled summer program!

Child's Full Name: <hr style="border: none; border-top: 1px solid black;"/>		<input type="checkbox"/> Current CHA Student <input type="checkbox"/> New CHA Student <input type="checkbox"/> Former CHA Student <input type="checkbox"/> Non-CHA Student	
Dates	June 17th to July 25th Every Tuesday, Wednesday, and Thursday <i>No school on Thursday, July 24th; will be replaced by Friday, July 25th.</i>	Times	10:00 AM to 3:00 PM Please see the drop off and pick up information form to learn how drop off and pick up times work here at CHA.
Cost	\$ 850.00 Total This cost includes quality education, an excellent learning environment, and all field trip related costs. <i>Payment due by May 23rd.</i>		

I understand that by registering for Clear Horizons Academy Summer School, I am asking CHA to reserve a place for my child to attend for the summer of 2014. If I later choose not to send my child, I understand that will be forfeiting my \$50.00 non-refundable fee, and will notify CHA as soon as possible.	
Parent/Guardian Signature:	Date:



Family Contact Information: 2014 Summer School

Student's Name (First, Middle, Last):	Date of Birth:	Home Phone:
Street Address:	City:	Zip Code:
Father/Guardian 1 Name:	Mobile Phone:	Work Phone:
Email Address:		
Mother/Guardian 2 Name:	Mobile Phone:	Work Phone:
Email Address:		

***If your child is not a current student at Clear Horizons Academy, please include in your summer school registration a copy of your child's most recent IEP.**

Emergency Medical Information: 2014 Summer School

Physician Name:	Phone Number:	My child takes the following medications: - - -	
Physician Address (Street, City, State, Zip):			
Dentist Name:	Phone Number:		
Dentist Address (Street, City, State, Zip):		My Child's Height: <small>Please do not leave blank.</small>	My Child's Weight: <small>Please do not leave blank.</small>

Please list any allergies (medical, food plant, animal, etc.) or other medical conditions your child may have and/or things the school and/or doctors may need to know about your child:

Allergies: Medical: _____ Food: _____
 Plant: _____ Animal: _____ Other: _____

If you cannot be reached in an emergency situation, please list two people we can call who can assume responsibility for your child:

Contact Name #1:	Contact Name #2:
Relationship:	Relationship:
Phone:	Phone Number:
Alternate Phone Number:	Alternate Phone Number:

In an emergency or urgent situation, if I/we cannot be reached, I/we authorize Clear Horizons Academy to contact his/her Physician and/or Dentist. This paper will provide the doctor(s) and/or emergency teams with permission to treat my child. I also accept full payment and liability for accident or injury incurred while at school understanding that the school will do its best to keep my child safe, but accidents and injuries do happen.

Authorized Representative Name (please print):	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Signature:	Date:



Field Trips & Outings Permission Slip Summer School 2014

Fun field trips and community outings will be scheduled to take place throughout Clear Horizons Academy's 2014 summer school. Times and destinations will be announced before each field trip and reminders sent home with the option to opt out if needed; otherwise the **information and permission given below will apply for the full duration of summer school**. If you'd like to attend any field trips with your child, please let us know as soon as possible, to allow sufficient time for planning. Due to space and transportation issues, we ask that siblings stay at home.

- I give my permission for my child, _____, to participate in the Clear Horizons Academy (CHA) 2014 summer school field trips and community outings. I understand that CHA will do it's very best to keep my child safe with transportation, and throughout the duration of the field trip. If any accident should happen, I will not hold CHA liable. I give CHA permission to contact 9-1-1 and my child's physician if emergency care is needed. I have informed CHA staff of anything they may need to know to keep my child safe during these field trips.

- I do NOT give permission for my child, _____, to participate in the CHA 2014 summer school field trips and community outings. I understand that CHA staff members will be attending field trips on certain days and that I will need to keep my child at home those days, as I do not want him/her attending these field trips.

Transportation Preferences

- I give CHA permission to transport my child, _____, on CHA 2014 summer school field trips and community outings. I will allow my child to ride with the following people: (please check ALL that apply)
 - ___ Teachers
 - ___ Paraeducators (Teacher's Aides)
 - ___ CHA Administration
 - ___ Parents who have volunteered to chaperone
 - ___ Specific parent(s) in my child's class: _____

- I do not give CHA permission to transport my child, _____, on CHA 2014 summer school field trips and community outings. I will be driving my child to and from the field trips. I understand that if I am not able to drive and attend with my child, he/she will be required to stay at home that day if staff is not available to support him/her in another classroom or at the school.

Parent/Guardian Signature: _____ Date: _____