



APPLICATION – 2010 HORIZONS SUMMER PROGRAM

AN AFFILIATE OF HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM

Riversedge North, 2529 Virginia Beach Blvd., Ste 200, Virginia Beach, VA 23452 (757) 412-0249 Info@HorizonsHamptonRoads.org

Summer Program Dates: JUNE 29, 2010 – AUGUST 6, 2010

Norfolk Collegiate School, Chesapeake Bay Academy, & Portsmouth Catholic Elementary School

APPLICANT STATUS (check all that apply)

Current Grade: _____ Gender: M F Race: _____

- My child is returning to Horizons and attended during summer 2009.
 My child is returning to Horizons and attended in a previous year. List summer(s) attended: _____
 My child has a sibling who attended Horizons in a previous year. List sibling _____
 My child has never been part of the Horizons Program.

COMPLETED APPLICATIONS ARE DUE FEBRUARY 5, 2010. Students applying to Horizons are not guaranteed entry into the program. We have hundreds of students that 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 mid March and acceptance letters are mailed out.

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

Applicant's Full Name: _____
First Middle Last Preferred Nickname

Home Address: _____
Street, Apartment # City State Zip

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ / _____ / _____ Current School: _____
Month Day Year

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

Lunch Status (circle one): Free Reduced Regular

HOUSEHOLD INFORMATION:

Household Size (should include yourself & all others who live in the house with the Student): _____ People

Household Income (should include income from all family members living in the household- wages, public assistance, retirement, disability, gifts, loans, and all other income) Gross income is before taxes are taken out:

Weekly Gross Income \$ _____ OR Monthly Gross Income \$ _____ OR Yearly Gross Income \$ _____

Primary Language Spoken in Home: _____

FAMILY INFORMATION:

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

_____ Father and Mother _____ Stepmother/father: _____
_____ Mother _____ Father _____ Other : _____
name
name

Marital Status of Parents/Guardians with whom the Student Lives: *(circle one)*

Married Remarried Separated Divorced Living with Partner Single (never married) Widowed

List all children living in the household:

| Name | Age | Sex | Name | Age | Sex |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | M / F | _____ | _____ | M / F |
| _____ | _____ | M / F | _____ | _____ | M / F |
| _____ | _____ | M / F | _____ | _____ | M / F |

Name of Parent/Guardian: _____
First Middle Initial Last

Home Phone Number: _____ Cell Phone Number: _____

Employer / Company: _____ Occupation: _____

Work Phone Number: _____ Preferred Email: _____

Name of Parent/Guardian: _____
First Middle Initial Last

Home Phone Number: _____ Cell Phone Number: _____

Employer / Company: _____ Occupation: _____

Work Phone Number: _____ Preferred Email: _____

Person(s) or agency having legal custody of child: _____
First Middle Initial Last

Home Phone Number: _____ Cell Phone Number: _____

Employer / Company: _____ Occupation: _____

Work Phone Number: _____ Preferred Email: _____

Employer's Address: _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.

MEDICAL INFORMATION:

Medical Information: (conditions, medicine allergies, food allergies/restrictions) _____ check here if NONE

Action to take in case of Emergency _____

Medications: List the name & dose of ANY medication the Student takes _____ check here if NONE

Doctor's Name: _____ **Doctor's Phone:** _____

Emergency Contacts: Please list TWO different people to contact in an **emergency** & to whom we may **release** the student.

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell / Work: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell / Work: _____

Person(s) Authorized to Pick up Child:

Person(s) **NOT** Authorized to Pick up Child:

* NOTE Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in public school or day care center must be included , upon the request of non custodial parent, as an emergency contact for events during school or day care activities.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth: _____ Birth Date: _____ Birth Certificate: _____ Date Issued: _____

Other Form of Proof: _____ Date Documents viewed: _____ Person viewing documents: _____

Date of Notification of Local Law-Enforcement Agency(when required proof of identity is not provided): _____

Proof of the child's identity and age may include a certified copy of the child's birthcertificate, birth registration card, notification of birth (hospital, physican, or midwife record), passport, copy of placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (ie. After school program) or HHR transfers responsibility of the child directly to the school (ie. Before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced by HHR or retained or both shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

AGREEMENTS AND RELEASE:

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.

I understand that if my child is admitted, my student AND an adult representative of my choice MUST attend the Family Night prior to the beginning of the summer session in order to complete enrollment. I understand that my Student may surrender his/her place by not attending.

| | | |
|--|----------------------|--------------|
| Portsmouth Catholic School Family Night (All Grades): | June 15, 2010 | 6:45-8:30 pm |
| Chesapeake Bay Academy New Student Orientation (All New Students): | June 16, 2010 | 6:45-8:30 pm |
| Chesapeake Bay Academy New Student Orientation (All returning Students): | June 17, 2010 | 6:45-8:00 pm |
| Norfolk Collegiate New Student Orientation (ALL NEW students): | June 22, 2010 | 6:45-8:30 pm |
| Norfolk Collegiate School Family Night (Returning students grades 1-3): | June 23, 2010 | 6:45-7:45 pm |
| Norfolk Collegiate School Family Night (Returning students grades 4-9): | June 24, 2010 | 6:45-8:00 pm |

Horizons Hampton Roads agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

I authorize HHR to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the reason for the objection.

I agree to inform HHR within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

I give my permission to my Student's school to release the following school records (if within the past 3 years) to Horizons Hampton Roads, Inc. (HHR):

- School Building of Enrolment (even when it changes)
- Academic (grades, test scores, evaluations)
- Health and Attendance
- Discipline/Behavior Referrals and Psychological Report Summaries
- National School Lunch Program information and status

I am aware that I may review or challenge the records prior to their release.

This permission to release information to HHR about my Student is to be in effect until twelve (12) months after the conclusion of the summer program indicated above or until the date when my Student leaves the Virginia Beach and/or Norfolk Public School systems, whichever date occurs sooner.

Name of Parent/Guardian: _____ **Name of Child:** _____

Signature of Parent/Guardian: _____ **Date:** _____

INSTRUCTIONS FOR COMPLETION & RETURN:

Make sure that EVERY item is completed and that you have dated and signed above.

Incomplete applications cannot be considered. Applications due by February 5, 2010.

Place the 2 page Application in the pre-addressed, postpaid envelope provided, seal it, and mail it to:

HHR Riversedge North, 2529 Virginia Beach Blvd., Ste. 200, Virginia Beach, VA 23452

NO PAYMENT is required now. If the Student is admitted, then payment will be requested. Thank you.