



APPLICATION – 2012 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 25, 2012 – AUGUST 3, 2012

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

APPLICANT STATUS *(check all that apply)*

Current Grade: _____ Gender: M F Race: _____

- _____ **My child is returning to Horizons and attended during summer 2011.**
_____ **My child is returning to Horizons and attended in a previous year. List ALL summer(s) attended:** _____
_____ **My child has a sibling who attended Horizons in a previous year. List sibling(s)** _____
_____ **My child has never been part of the Horizons Program.**

COMPLETED APPLICATIONS ARE DUE JANUARY 13, 2012. Students applying to Horizons are not guaranteed entry into the program. Hundreds of students apply each year for limited classroom spaces. Once an application is received, an information sheet is submitted to individual schools about each applicant. We make admission decisions mid-February and acceptance letters are mailed out by March 1.

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: _____ Parent Cell Phone Number: _____

Parent Email: _____ Current School: _____

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:

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

Primary Language Spoken in Home: _____

Please Turn Over to Complete

FAMILY INFORMATION:

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

_____ Father and Mother _____ Stepmother/father: _____
name
_____ Mother _____ Father _____ Other : _____
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 (including applicant):

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

Highest Level of Education Completed: ___ Grade School ___ High School ___ College ___ Graduate School

Home Phone Number: _____ Cell Phone Number: _____

Employer / Company: _____ Occupation: _____

Work Phone Number: _____ Preferred Email: _____

Name of Parent/Guardian: _____
First Middle Initial Last

Highest Level of Education Completed: ___ Grade School ___ High School ___ College ___ Graduate School

Home Phone Number: _____ Cell Phone Number: _____

Employer / Company: _____ Occupation: _____

Work Phone Number: _____ Preferred Email: _____

How did you hear about Horizons Hampton Roads? _____

List student's after school activities: _____

Student Name _____

**HORIZONS HAMPTON ROADS
STUDENT REGISTRATION FORM**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the 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 a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Student Name _____

AGREEMENTS

1. The child day center 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.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center 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.

SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: _____ Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

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

_____ *Date*

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the 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 (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., 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 or retained by the child day program 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 2012 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.

Chesapeake Bay Academy Family Night (All Grades):	May 14, 2012	6:45-8:30 pm
Norfolk Collegiate School Family Night (All Grades):	May 15, 2012	6:45-8:30 pm
Portsmouth Catholic School Family Night (All Grades):	May 16, 2012	6:45-8:30 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 to Horizons Hampton Roads, Inc. (HHR):

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

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 Norfolk and/or Portsmouth Public School systems, whichever date occurs sooner.

Name of Child: _____ **Current Grade** _____ **School** _____

Name of Parent/Guardian: _____

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 will **NOT** be considered. Applications due by January 13, 2012. Place the 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.