

# 2016 HORIZONS HAMPTON ROADS SUMMER PROGRAM

AN AFFILIATE OF HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM

## STUDENT APPLICATION

Program Dates – June 28 – August 5

### 1 Student Information

Name: \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME CURRENT GRADE

**Mailing address:**

ADDRESS LINE

CITY/STATE/ZIP

Parent/Guardian Name: \_\_\_\_\_

Has Custody Lives with Contact allowed May pick up

Address: \_\_\_\_\_ CITY/STATE/ZIP

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Has Custody Lives with Contact allowed May pick up

Address: \_\_\_\_\_ CITY/STATE/ZIP

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
MONTH DAY YEAR

Gender: Male Female

**Ethnic Heritage:**

**Are you Hispanic, Latino, or of Spanish Origin?** Yes No

**Please select your race:** *(choose all that apply)*

African American/Black

American Indian/Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

White/Caucasian

Country of Birth: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

### 2 Additional Emergency Contacts

**Emergency Contact (NOT Parent/Guardian):**

Has Custody Lives with Contact allowed May pick up

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_

**Emergency Contact (NOT Parent/Guardian):**

Has Custody Lives with Contact allowed May pick up

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_

Please list all other persons who may pick up your child from the program: \_\_\_\_\_

Student Name \_\_\_\_\_

Office Use Only

Identification of Child confirmed:  Yes  No

Signature of Person Viewing Documentation: \_\_\_\_\_

Please list persons who may NOT pick up your child from the program:\*

### 3 Household Information

Would you describe your household as a "single-parent home"?  Yes  No

**Household Size:** (Total number of persons who live in your home with the student.) \_\_\_\_\_ people

**Annual Household Income** (Please include income from all family members living in the household- wages, public assistance, retirement, disability, gifts, loans, and all other income.) \_\_\_\_\_ dollars per year .

Please attach **ONE** of following documents to verify income: last 3 (three) paystubs, lease for public housing, statement for retirement income, disability, social security, and/or EBT income.

**Household Composition:** (Please list all the persons who currently live with the student, including you.)

Name	Age	Relation to the student

### 4 School/Activities

### 5 Health Information

**PRIMARY SCHOOL NAME:**

Please list previous **schools** your child has attended:

Please list all **child day care centers** your child has attended:

Please list all **afterschool activities** your child participates during the regular school-year.

Please list any **afterschool activities** your child has participated in the **past**.

**CHILD'S PHYSICIAN:**

**PHONE NUMBER:** \_\_\_\_\_

Please list **allergies, intolerance to food, medication, or other substances AND actions to take in an emergency situation.**

Please list **chronic physical problems, pertinent developmental information, and special accommodations** needed.

**Please review the following information very carefully, and sign ONLY if all is clear and you are in agreement.**

Horizons Hampton Roads agrees to notify the parent(s)/guardian(s) if 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 state 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.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Programs:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
( Elaine Lyons )

If my child is accepted into the 2016 HORIZONS HAMPTON ROADS SUMMER PROGRAM, by signing below, I understand that attendance is mandatory, extended vacations are NOT allowed, and I commit myself to having my child fully participate in the program. I also understand, upon acceptance, there will be a \$25 enrollment fee (this amount is subject to increase if the child is no longer eligible to receive free/reduced lunch).

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If my child is accepted into the 2016 HORIZONS HAMPTON ROADS SUMMER PROGRAM, by signing below, I understand that my child and an adult representative of my choice MUST attend the Family Night that will occur before the summer program begins. (This evening completes our application and registration process and is absolutely MANDATORY.)

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2016 RELEASE OF INFORMATION**

I give my permission to my child's school to release the following school records to Horizons Hampton Roads, Inc. (HHR):

- **Academic Records**  
(Report Cards, SOLs, Evaluations)
- **Attendance Records**
- **Health Records**  
(Health Physical and Immunization Documentation)
- **Discipline/Behavior Referrals**
- Documentation that indicates your child has an **active IEP**, or information detailing their **special educational needs**
- Copies of items that may confirm your **child's identity**

**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 2016 summer program or until the date when my student leaves the Virginia Beach, Norfolk and/or Portsmouth Public School systems, whichever date occurs sooner.

**Printed Name of Student:** \_\_\_\_\_ **Primary School:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_