



We are pleased you are interested in Springer School and Center's *Adventures in Summer Learning* programs. Enclosed is the application packet. These programs have been highly rated by parents, have low student-teacher ratios, and are enjoyed by the students. Our classes tend to fill up quickly, so return your application as soon as possible. We cannot hold a place for a student without a completed application and deposit on file.

Application Checklist:

Application for enrollment (4 pages)

Copy of most recent report card

Copy of any testing (educational, language, psychological and/or standardized testing)

Recent photograph of child

Information from classroom teacher (submitted directly by teacher)

\$100 deposit (check made payable to Springer School and Center)

Once we receive all parts of the application, deposit, and teacher form, your child's file will be reviewed. If there are any questions, the Summer Adventures Director will contact you. *Adventures in Summer Learning* retains the right to determine the appropriateness of our program for an applicant. We are not able to accommodate students who require the assistance of an aide during the school year.

Students are grouped by grade and age. Students who attend an afternoon program will have a supervised lunch period and recess.

We look forward to working with your child this summer. If you have questions regarding the summer program, please contact Jill Wieging at 513-871-6080 x 402 or center@springer-ld.org.



FOR OFFICE USE

Date Received: _____
 Discount: _____
 Acct. # _____
 Enrollment: _____

Application for Enrollment

2017 ADVENTURES IN SUMMER LEARNING

All programs will be held at Springer School and Center, 2121 Madison Road, Cincinnati, OH 45208

NOTE: No Programs Will Be Held On July 4

Check all that apply: (Grades indicated below refer to grade entering in fall 2017)

	<u>COST</u>	<u>*FEES DUE</u>
MORNING PROGRAM Registration closes on June 1		
For students entering grades 2 - 6, Dates: June 19 - July 14, 8:30 a.m. - 12:30 p.m.	\$1,500	\$ _____
<u>OR</u>		
\$200 Discount (Application & deposit received by May 1)	\$1,300	\$ _____
LAUNCH PROGRAM Registration closes on June 1		
Entering grade 1 only, Dates: June 19 - July 14, 8:30 a.m. – 12:30 p.m.	\$1,500	\$ _____
<u>OR</u>		
\$200 Discount (Application & deposit received by May 1)	\$1,300	\$ _____
PLUS PROGRAMS		
Fun With Friends (entering grades 1-6) Extended afternoon program: June 19 – July 14, 1:00 - 4:00 p.m.	\$400	\$ _____
Handwriting (entering grades 3-5) June 19 – June 30, 1:00-2:00 p.m.	\$300	\$ _____
Improving Writing Skills (entering grades 6-8) July 3 – July 14, 1:00-3:00 p.m.	\$400	\$ _____
Math Essentials (entering grades 6-8) June 19 – June 30, 1:00-3:00 p.m.	\$400	\$ _____

TOTAL DUE:		\$ _____

\$100 DEPOSIT DUE WITH SUBMISSION OF APPLICATION

Deposit Amount Enclosed (*Deposit is applied to total fee*): \$100.00

Remaining Balance Due Upon Acceptance (total due minus \$100): \$ _____

Make checks payable to Springer School and Center. There will be an additional fee of 3.5% if paying by credit card.

Parent Signature _____ Date _____

STUDENT INFORMATION

(Please Print)

Student's Name: _____
First Middle Last

_____ **Guardian's Name(s)**

_____ **Name of Guardian With Whom Child Lives** Email Address

Student's Home Address _____
Street City State Zip

Note: If you answer YES to the following question, we will contact you:

Interested in Joining a Car Pool: Yes No

Home Telephone # _____ **Cell Phone #** _____

Phone number to receive an emergency automated message _____

Child's Date of Birth _____ ~~XXXXXX~~ **Sex:** M F

Present Grade (2016-2017) _____ **Present School** _____

Has your child ever repeated any grade(s)? Yes No **Which grade(s)?** _____

Your short/long term goals for your child:

Has your child been diagnosed with behavioral, emotional or adjustment difficulties? Yes No

If Yes, please explain:

Has your child received support services (tutoring, speech/language, LD services)?

Yes No **What kind of services, with whom, and how frequent?**

Please include copies of 2016-2017 report cards, results of any testing (educational, language, psychological or standardized testing) that has been done, and a photograph. The completed Teacher Form may be submitted directly by the teacher. No additional forms are required for children presently enrolled in Springer's day school program.

MEDICAL INFORMATION AND AUTHORIZATION

This form must be completed in its entirety. If the question is not applicable, indicate with N/A.

STUDENT NAME _____ D.O.B. _____

INDICATE ANY CURRENT DIAGNOSIS THAT HAS BEEN MADE OF YOUR CHILD _____

MEDICATION TAKEN CURRENTLY (PRESCRIPTION AND NON-PRESCRIPTION)

Type	Dose	Reason
_____	_____	_____
_____	_____	_____

DIAGNOSED ALLERGIES: _____ USES AN EPI PEN? YES NO

WEARS GLASSES OR CONTACTS? _____

EMERGENCY AUTHORIZATION

Whenever a child becomes ill or is injured at Springer, we make every reasonable attempt to contact the parents. However, that is not always possible.

Please complete Part A OR Part B

PART A - TO GRANT CONSENT

In the event that injury or serious illness occurs when I cannot be contacted, **I hereby authorize** Springer to call the medical personnel listed for instructions or to make whatever arrangements seem necessary.

PHYSICIAN _____ PHONE _____
 DENTIST _____ PHONE _____
 PREFERRED HOSPITAL _____
 INSURANCE COMPANY _____ NUMBER _____

SIGNATURE OF PARENT / GUARDIAN

DATE

PART B - REFUSAL TO CONSENT

I do **NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Springer personnel to take no action or to: _____

SIGNATURE OF PARENT / GUARDIAN

DATE

EMERGENCY INFORMATION

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Daytime Phone # _____ Daytime Phone # _____

PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT ASSIST US SHOULD TREATMENT OF ANY TYPE BE NECESSARY: _____

PHOTO AND VIDEO CONSENT
(MUST be Completed for All Applicants)

Child's Name _____

____ **I give permission** for Springer School and Center to use photos and/or videos without my child's name for publicity purposes.

____ **I do not give permission** for Springer School and Center to use photos and/or videos of my child for publicity purposes.

Parent Signature _____ Date _____

MORNING PROGRAM CONSENT AND WAIVER
(Completed by morning program applicant only)

We offer a variety of physical activities in our program including gross motor activities, a climbing wall and games.

Child's Name: _____

I give permission for my child to participate in all physical activities during the program.

I hereby state that I have full knowledge of the physical acts involved in this activity, that my child is physically fit enough to engage in this activity and is not under medical care or medication that precludes him / her from engaging in such activity. I do hereby release and discharge Springer School and Center, its trustees, employees and agents from all claims of damage and actions whatsoever, including medical and emergency expenses, resulting from participation in these activities.

Parent Signature _____ Date _____

Or: **My child is unable** to participate in physical activities for the following reasons:

Parent Signature _____ Date _____

Please complete application form entirely and return to:

Adventures in Summer Learning
Springer School and Center
2121 Madison Road, Cincinnati, OH 45208

IF YOU HAVE ANY QUESTIONS,
PLEASE CALL (513) 871-6080 x402
FAX: (513) 871-6428
Email: center@springer-ld.org

Springer School and Center does not discriminate on the basis of gender, religion, race or national origin.