



A Friends Elementary, Middle and High School Serving Children Who Learn Differently.

2020 SUMMER ENRICHMENT PROGRAM

Child's First Name _____ Last Name _____

Child's Nickname _____ Date of Birth _____ Age (as of 6/1/20) _____

Parent 1 _____ Parent 2 _____

Address _____ Address _____

City/State: _____ Zip _____ City/State _____ Zip _____

E-Mail Parent 1 _____ E-Mail Parent 2 _____

Telephone: Parent 1 Home (____) _____ Parent 2 Home (____) _____

Parent 1 Cell (____) _____ Parent 2 Cell (____) _____

Current School _____ Current Grade _____

Does the applicant have any difficulties or limitations with:

	Yes	No	Description	Therapist's Name
Speech	_____	_____	_____	_____
Hearing	_____	_____	_____	_____
Vision	_____	_____	_____	_____
Physical Activity	_____	_____	_____	_____

What testing has been completed? (Please list evaluators and dates)

Medical _____

Psychological _____

Educational _____

Therapeutic _____

Does your child have an IEP for ESY? Yes (____) No (____)

May we contact these professionals for more information about your child? Yes (____) No (____)

Health Information: allergies, medications, chronic conditions _____

Please describe your child's areas of strengths and needs that you wish to be addressed during our Summer Program
(Please attach a current psycho-educational evaluation): _____

How did you first learn about The Quaker School at Horsham? _____

Are you a member of a Friends meeting? _____ If so, which meeting? _____

Please see reverse side

Tuition and Options

Please read carefully and **CHECK** the appropriate box based on program.

☐ **Morning Program (2 classes).....\$2274**

Choose one session

☐ 8:15-10:30 Session 1

OR

☐ 10:15-12:30 Session 2

☐ **Mid-day Program (2 Classes plus afternoon)\$2965**

10:15-3:15 Session 2 & Afternoon

☐ **Half-Day Program (4 Morning Classes).....\$3877**

8:15-12:30 Sessions 1 & 2

☐ **Full Day Program (4 Classes plus afternoon).....\$4457**

8:15-3:15 Sessions 1 and 2 & Afternoon

Optional Services

☐ **Speech and Language.....\$122/session**

☐ **Occupational Therapy.....\$122/session**

Please list the academic classes you are interested in for your child. Please be specific.

(Options include: Wilson Reading, Writing, Math, Vocabulary Development, Reading Comprehension, Keyboarding)

1:1 Class _____

(All program options include a 1:1 class)

Class #3 _____

Class #2 _____

Class #4 _____

☐ Private Pay - \$500 Check enclosed for non-refundable deposit. If my child is enrolled, I agree to pay the balance by June 1, 2020.

ESY District Funding - We have entered into an Agreement (settlement agreement or agreement in lieu of FAPE) with _____ (state the name of the School District or Charter School). It is understood that enrollment is not guaranteed until we provide a copy of Agreement to TQS prior to our child's first day of attendance.

I/we understand that The Quaker School at Horsham will need medical, psychological and educational records before an enrollment decision can be made.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date