



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

### 2019 SUMMER ENRICHMENT PROGRAM

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (as of 6/1/19) \_\_\_\_\_

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).....\$2155**

*Choose one session*

8:15-10:30      Session 1

**OR**

10:15-12:30      Session 2

**Mid-day Program (2 Classes plus afternoon) .....\$2810**  
10:15-3:15              Session 2 & Afternoon

**Half-Day Program (4 Morning Classes).....\$3675**  
8:15-12:30              Sessions 1 & 2

**Full Day Program (4 Classes plus afternoon).....\$4225**  
8:15-3:15              Sessions 1 and 2 & Afternoon

**Optional Services**

**Speech and Language.....\$116/session**

**Occupational Therapy.....\$116/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 \_\_\_\_\_

Class #3 \_\_\_\_\_

(All program options include a 1:1 class)

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, 2019.

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