



The Chase Academy, Inc.
Camp CHASE Summer Programs
Student Application

Student Information

Student's Legal Name: _____
Last First Middle

Nick Name: _____ **Age:** _____ **Grade:** _____

Parent/ Legal Guardian: _____
Last First

Home Phone: _____ **Cell Phone:** _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Family Information

Family Contact & Pick-up Person/People

1) _____ 2) _____

License # _____ **License #** _____

Day Phone: _____ **Day Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

E-mail: _____ **Email:** _____

Work: _____ **Work:** _____

Emergency Contact Person/People

1) _____ 2) _____

License # _____ **License #** _____

Day Phone: _____ **Day Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

E-mail: _____ **Email:** _____

Student History

Date of Birth: _____ **Birthplace:** _____ **Sex:** _____

What is your student's primary diagnosis? _____

Is your student in an Exceptional Student Education Program? Yes No

Name of the ESE Program(s):
(mild / multi VE / language, etc) _____

Medical Information

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses.

Diagnosis: _____ **Date:** _____

Diagnosis: _____ **Date:** _____

Please list any medications the child is currently taking.

Medication: _____ **Daily Dosage:** _____ **Start Date:** _____

Explanation of Medication: _____

Medication: _____ **Daily Dosage:** _____ **Start Date:** _____

Explanation of Medication: _____

Primary Physician's Name: _____ **Phone:** _____

Allergies:

Food _____

Medication: _____

Environmental: _____

Is the child's vision within normal limits? YES NO

If no, please explain: _____

Is the child currently medically stable? YES NO

If no, please explain: _____

Is the child's hearing within normal range? YES NO

If no, please explain: _____

Does the child refuse food? YES NO

What are the student's primary maladaptive behaviors? _____

How does your child self-soothe / stimulate? _____

Name any sensory issues your child will react to: _____

The Chase Academy does not administer medication as part of the morning program.

Program & Session Reservation

4 Two-week Camp Sessions begin June 20th and end August 12

Session I = June 20-July 1; Session II = July 5-15; Session III = July 18-29; Session IV = August 1-12

_____ **We Can Play Too! (Ages 4-8)** _____ **Summer Scientists (2nd-6th Grade Academic Level)**

8:30-11:30 daily _____ **Scientist Hours (9-2);** _____ **Extended Hours (8-5)**

\$250.00 / session _____ **\$320.00/ session** _____ **\$420.00/session**

First Choice for Attendance is Session _____, the weeks of _____ - _____

Second Choice for Attendance is Session _____, the weeks of _____ - _____

I understand that each Session must hold a minimum of 8 students for activation. Each session must be booked TWO WEEKS prior to its start. Registration closes June 10 for Session 1. Parents will be notified that subsequent week of their session appointment.

Signatures

I attest that my child has the stamina to maintain his emotional regulation during the camp session & under most circumstances will not require support beyond those offered to the group as a whole. I understand that any consistently repeated periods of disregulation will mean my child will be removed from the camp session for the enjoyment of the other campers, and the session fees will be forfeited.

Signature: _____ Date: _____
Parent/Legal Guardian

I give permission for my child to be photographed while at the school or on a camp function for the purpose of instruction, observation, information/advertisements.

Signature: _____ Date: _____
Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention in case of an accident, injury, or illness.

Signature: _____ Date: _____
Parent/Legal Guardian

I understand that the children's safety comes first, but that there may be a rare occasion when a child may get hurt from the natural course of play or social interaction, and will not hold The Chase Academy liable for any injury that may occur from the normal course of play. I understand accident reports and witnesses will be provided in writing to all parents for any such incident.

Signature: _____ Date: _____
Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I agree to pay this one-time non-refundable registration fee of \$25.00 to reserve my child's place.

Signature: _____ Date: _____
Parent/Legal Guardian

Nondiscriminatory Policy: The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.