



# Camp CHASE ~ Summer 2010

## 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 Person/People**

1) _____	2) _____
<b>Day Phone:</b> _____	<b>Day Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>E-mail:</b> _____	<b>Email:</b> _____
<b>Work:</b> _____	<b>Work:</b> _____

**Emergency Contact Person/People**

1) _____	2) _____
<b>Day Phone:</b> _____	<b>Day Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>E-mail:</b> _____	<b>Email:</b> _____

**Student History**

**Date of Birth:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**What is your student's primary diagnosis?** \_\_\_\_\_

**Does your student have an IEP?** **Yes** **No**

**Does your student attend school full time?** **Yes** **No**

**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 Reservation**

\_\_\_\_\_ **WE CAN PLAY TOO!**

**I would like my child to attend** \_\_\_\_ **Session(s) at a cost of \$125.00 per session.**

**1st Choice: Session** \_\_\_\_, **the week of** \_\_\_\_\_ **-** \_\_\_\_\_ **2nd Choice: Session** \_\_\_\_, **the week of** \_\_\_\_\_ **-** \_\_\_\_\_

**I understand that each Session must hold a minimum of 8 students for activation. Registration closes two weeks before the selected Session date, and parents will be notified the following week of their session reservation.**

\_\_\_\_\_ **SUMMER SHORELINE SCIENTISTS**

I would like my child to attend \_\_\_\_\_ Week(s) at a cost of \$200.00 per week.

1st Choice: Week \_\_\_\_, the week of \_\_\_\_\_ - \_\_\_\_\_ 2nd Choice: Week \_\_\_\_, the week of \_\_\_\_\_ - \_\_\_\_\_

I understand that each Session must hold a minimum of 8 students for activation. Registration closes two weeks before the selected Session date, and parents will be notified the following week of their session reservation.

\_\_\_\_\_ **TEENS TOGETHER**

I would like my child to attend: \_\_\_\_ 8 - Week Program (\$715.00) \_\_\_\_ Residential Camp Program (\$450.00)

**Student Pickup Information**

*The following people, other than the parents/family members listed above, may pick up my child.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License # \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

**Signatures**

I give permission for my child to be photographed while at the school or on a school 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 or Ormond Beach Union Learning Center 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.