



2018 APPLICATION FORM

APPLICATION DEADLINE: MARCH 1st

*This information will be used for enrollment and research purposes only.
All information will be kept ENTIRELY CONFIDENTIAL.*

**ALL INFORMATION MUST BE FILLED OUT COMPLETELY
TO BE CONSIDERED FOR ADMISSION. PLEASE PRINT!**

PLEASE CHECK ALL THAT APPLY:

- My child is a sibling of a Horizons student.
- My child has applied to Horizons in the past.
- My child is a new applicant to Horizons.

CHILD'S FULL NAME _____

BIRTHDATE _____ GENDER Male Female ETHNICITY _____

CURRENT GRADE _____ CURRENT SCHOOL _____ SCHOOL FALL 2018 _____

CHILD LIVES WITH: MOTHER & FATHER MOTHER FATHER OTHER (please specify): _____

CHILD'S ADDRESS (include Zip Code) _____

NAME OF PRIMARY CONTACT _____ RELATIONSHIP TO CHILD _____

MAILING ADDRESS (if different than child, include Zip Code) _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____ PRIMARY LANGUAGE SPOKEN AT HOME _____

FATHER'S EMPLOYMENT: _____ 2017 ANNUAL INCOME (REQUIRED) \$ _____

MOTHER'S EMPLOYMENT: _____ 2017 ANNUAL INCOME (REQUIRED) \$ _____

DOES YOUR CHILD QUALIFY FOR FREE OR REDUCED COST SCHOOL MEALS? YES NO
(Please provide a copy of the letter with this application)

IS A PARENT A NORWALK COMMUNITY COLLEGE STUDENT? CURRENT PAST STUDENT/GRADUATE
(Please provide the name of the student)

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD'S SIBLINGS.

Name	Age	Gender		Enrolled in Horizons?		Grade	Current School
		M	F	Yes	No		
_____	_____	M	F	Yes	No	_____	_____
_____	_____	M	F	Yes	No	_____	_____
_____	_____	M	F	Yes	No	_____	_____
_____	_____	M	F	Yes	No	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS.

- 1) How is your child doing in school (academics & behavior)?

- 2) Are there subjects in which your child needs support? If yes, please explain.

IMPORTANT: To best serve the needs of the children we serve; it is very helpful for us to be aware if students receive special services or have an IEP or 504 Plan in place. If your child falls into that group, we would appreciate being aware of that as well as receive a copy of the IEP or 504 Plan, which you can send in with this application.

- 3) Does your child read books at home? YES NO If yes, approximately how many books per week _____
- 4) Does your child use a computer at home? YES NO
- 5) Please describe your child's behavior at home.

6) Please describe activities (sports, religious education, hobbies, etc.) that your child is involved with this year and/or last summer.

7) Are there family travel plans, activities from question 6 above, or any changes you foresee in your household that could prevent your child from participating in the 2018 Horizons program year? ***NOTE: The 2018 Horizons program year consists of the six week summer session, which will be Tuesday, June 26th to Friday, August 3rd.***

8) Are there any events (illness, death, divorce, job loss, new child in household, custody issues, etc.) that have affected your family and your child that we should be aware of? Please explain. ***This information will be kept completely confidential.***

9) Please use the space below to provide us with any other information about your child that you would like to share (you may use a separate sheet of paper if needed).

10) Would you be willing to volunteer for special events or participate with a Horizons Parent Committee? Yes No

11) Please select below to best describe your child's swimming ability:

- My child knows how to swim
- My child cannot swim but can tread water
- My child cannot swim and cannot tread water
- My child is afraid of the water

By reading and placing your initials next to the following statements, you hereby declare your understanding that *in the event your child is accepted*, you agree to the requirements and conditions of enrolling your child in the Horizons program:

_____ *I will pay the 2018 program fee of \$40 by MAY 1ST. I understand if I do not, my child will lose his/her spot in the program.*

_____ *I will complete and return all required enrollment and registration paperwork by MAY 1st.*

_____ *I will provide a copy of my child's report cards to the Horizons staff after I receive them each marking period.*

_____ *I will provide Horizons staff with any changes to my family's contact information (school, address, phone, etc.) in a timely fashion.*

PRINT NAME: _____

SIGNED: _____ DATE: _____

APPLICATION CHECKLIST

- Application (this form)
- Copy of free/reduced lunch letter for your child
- Report Card for Last Marking Period
- Teacher Assessment
- Copy of IEP or 504 Plan, If Applicable Only

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APPLICATION MATERIALS SHOULD BE MAILED TO:

HORIZONS AT NCC

PO BOX 244

NORWALK, CT 06853

ATTN: Rachel Dewey

racheldewey2@gmail.com

Office: 203-857-7396