



The Joy School
SUMMER SCHOOL-ADDITIONAL INFORMATION

Program applying to:

- ___ Skill Builders
- __1st session __2nd session
- ___ Social Skills
- ___ Language Booster

Student Name
(First, Middle, Last): _____

Collaboration Release

I hereby give my permission for The Joy School faculty and staff to communicate with the following outside professionals who are involved in the care and education of my child. Please consider providing information on current teachers, speech therapists, occupational therapists, physical therapists, psychologists, tutors and diagnosticians.

Name	Title	Phone

Dismissal Information/Emergency Contact Info

In the spaces below, please list the names and phone numbers to be contacted in the event of an emergency or in the event that your child must be picked up from school. **These names are the only people to whom your child will be released without written permission!**

Please itemize this list to reflect the order in which the numbers should be contacted. **Always list parent contact information first.** Since many parents are not at home during the school day, it is important that we know which number to call first in the event of an emergency. For example, you may prefer that we try Mom at home, then on her cell, then at the office before calling Grandmother. Or, if Mom cannot receive phone calls at work, it may be more appropriate that we always call Dad first. Please make sure that your personal preferences are indicated on this list.

Please use the abbreviations O,H,C, or P to note whether each number is for an office, home, cell, or pager number. **Be sure to include area codes.**

	Name	Relation	Phone Number	O, H, C, P
1				
2				
3				
4				
5				
6				

Health Information

Does your child have any allergies to food?	If any questions require further explanation than the space provided, attach a separate page.
Does your child have any serious allergies that may result in anaphylactic shock?	
Does your child have any existing illness of which we should be aware?	
Has your child had any serious illness, surgery, or injury in the past of which we should be aware?	
Is your child taking any medications on a long-term basis?	
Please list and give dosage amounts	

OTC Medications

The following medications are kept on campus in case of minor illness and discomfort. Please indicate, with your initials, those which you grant permission for us to administer to your child. If your child no longer uses the Children's Version of these medications, please note that in the space provided. Please also list dosage amounts that you normally give to your child, understanding that we will not go over the weight/height recommendations on the container.

Medication	Permission	Which Formula? (Children's/Adult)	Dosage
Tylenol			
Advil			
Benadryl			

Miscellaneous Information

	If any questions require further explanation than the space provided, attach a separate page.
Has the child ever repeated a grade?	
Has the child ever been suspended or expelled from school?	
Has the child ever been asked to withdraw from school?	
Is a language other than English regularly spoken at home?	

Authorization for Emergency Medical Attention

In the event that I cannot be reached to arrange for emergency medical attention, I authorize the faculty and staff members of The Joy School to either contact emergency services via 911, or to transport my child to one of the following:

Name of Physician	Location/Address	Phone Number
Name of Clinic or Hospital	Location/Address	Phone Number

I hereby give my consent for necessary emergency treatment when my child is in the care of the above physician, clinic, or hospital, or 911 emergency personnel.

Parent/Guardian Signature

Date

Financial Information

Name of Person Financially Responsible for Student:	
Does the family plan to apply for financial aid?	

Transportation Permission

I hereby give () do not give () my permission for my child to be transported and supervised by The Joy School faculty and staff on field trips, including those within walking distance.

Media Release

I hereby give () do not give () my permission for my child to participate in media events which may occur without prior notice. The Joy School has my permission to use photographs, anonymous work samples, quotations, etc. from my child in the use of publications, advertising, and inservice training. I understand that appearances by my child in any such media publications will be made voluntarily and without compensation of any kind.

Website Activities

I hereby give () do not give () my permission for my child's picture to be used on The Joy School website.

I hereby give () do not give () my permission for my child's work samples to be used on The Joy School website.

If permission is granted, I would prefer:

- () my child's name not be used at all
- () only my child's first name be used
- () my child's first and last name be used

The information included in this enrollment form is accurate as of today's date. For the safety of my child, I agree to maintain up-to-date contact and medical information with the school office at all times.

Parent Signature

Date

Parent Description

On a separate page, please answer the following, providing as much detail as possible.

1. Describe your child in terms of personality, character and interests.
2. Give a history of your child's school or pre-school experience.
3. Provide a timeline of events leading to your decision to look for a remedial summer program.
4. Please describe your child's academic strengths and weaknesses as they apply to reading, writing, spelling, and math.
5. Please describe your child's strengths and weaknesses as they apply to social skills, friendships, and classroom behavior.
6. If not already addressed, detail health, behavioral, or miscellaneous information requiring explanation.
7. Please attach a recent picture of your child.

The following items are necessary to complete the application process:

- **Completed Application for Admission**
- **\$100 Application Fee**
- **Most recent academic, developmental, or psychological testing**
- **Parent Description of Child**

Return to The Joy School by May 1, 2012.

Parent/Guardian Signature

Date

The Joy School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students or employees of the school. The Joy School hires personnel of any race, color, national or ethnic origin. It does not discriminate on the basis of gender, race, color, national or ethnic origin, religion, age, or sexual orientation in administration of its hiring policies, educational policies, admissions policies, scholarship programs, or other school-administered programs.