

Mt. Helix Academy

Educational Excellence Through Measurably Superior Methods

Middle School Summer Program Enrollment Form

Please fill out this entire form. Make the selections you desire for your child and initial the boxes as appropriate. Sign the form and return it along with the nonrefundable deposit not later than May 1 to Mt. HELIX ACADEMY, %TIEE, 2255 Camino Del Rio South, San Diego 92108. We look forward to having your child in our exciting Summer Program.

Child's

Name _____
Last First Middle Initial Preferred name

Home Address: _____
Street City Zip

Phone #:() _____ DOB: / / Age: Male: Female:
Mo. Day Yr.

Child resides with: _____

Child's School: _____ Grade in Fall: _____

Please enroll my child in

Language Arts "Jump Start" 6 7 8
 Mathematics "Jump Start" 6 7 8

Language Arts "Firm Up" 6 7 8
 Mathematics "Firm Up" 6 7 8

My child has an Individualized Education Plan (IEP). YES NO

My child has received all the immunizations and boosters necessary to attend public school in California. YES NO

I give my permission for the staff to administer acetaminophin (e.g., Tylenol) to my child. YES NO

Summer Program staff should be aware that my child has the following physical, behavioral, and/or medical problems:

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Mother's

Name: _____ Day Phone:() _____ Eve. Phone: () _____
Last First [Dr. Mr. Mr. & Mrs.]

Email Address: _____ Home Address: _____
Street City Zip

Father's

Name: _____ Day Phone:() _____ Eve. Phone: () _____
Last First [Dr. Mrs. Ms. Mr. & Mrs.]

Email Address: _____ Home Address: _____
Street City Zip

Please provide as applicable:

Stepfather's Name: _____ Stepmother's Name: _____

Brother/Sister's Name: _____ Age: _____ School: _____ Grade: _____

Brother/Sister's Name: _____ Age: _____ School: _____ Grade: _____

Brother/Sister's Name: _____ Age: _____ School: _____ Grade: _____

I give my permission for Mt. Helix Academy Summer Program to photograph or videotape my child for archival, professional training, or promotional purposes, and I understand that neither my child nor I will receive financial or other benefit.

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I agree that my child may be taken on certain field trips and that transportation will be provided in the School's vans driven by staff members who are approved TIEE drivers, or it will be provided by Public Transportation, and/or the School will contract for transportation with a common carrier who is properly licensed and is insured for liability at appropriate levels. In the event of accident, illness, injury and/or death to my child while being transported by Public Transportation or contracted common carrier, I agree to save and hold harmless and waive all claims against Mt. Helix Academy, TIEE, its officers, and its employees.

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I have read and understand this form and I have filled it out and initialed it in accordance with my beliefs and wishes.

Signed _____ Date ____/____/____

For Office use only Session I: _____ Session II: _____

Deposit: _____ Tuition I: _____ Tuition II: _____ Day School: _____

Emergency Contact Persons
 In the event of an emergency, Mt. Helix Academy personnel will attempt to contact the following individuals:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____