MT HELIX ACADEMY

Mt. Helix Academy

Educational Excellence Through Measurably Superior Methods

"Get Set" 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:**_____

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 #:

I would like to enroll my child "Get Set" (6 to 11 yrs) ☐ **Session I** ☐ **Session II**
Please see WWW.MTHELIXACADEMY.ORG or contact the admissions office for exact dates.

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:

init.

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.

init.

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.

init.

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:

Mt. Helix Academy is a quality program of The Institute for Effective Education (TIEE), a California nonprofit corporation. TIEE is an equal opportunity organization.
Revised 12/09