

Mt. Helix Academy

Educational Excellence Through Measurably Superior Methods

"Get Ready" 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 summer program.

Child's name: _____ M F
Last First Middle Init Preferred/Nickname

Address: _____
Street Apt# City ZIP

DOB: ____/____/____ **Age:** ____ **Resides with:** _____
Mo. Day Year

Child's School: _____ **Grade in Fall:** _____

Emergency Contact Persons

In the event of an emergency and parents cannot be contacted, Mt. Helix Academy will attempt to contact the following individuals:

Name: _____
 Phone #: _____

Name: _____
 Phone #: _____

Name: _____
 Phone #: _____

Please enroll my child in Mt. Helix Academy's "Get Ready" summer camp for 4.5 to 6 year olds. **Session I** **Session II** **Session III**

See 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 permit the staff to administer acetaminophen (e.g., Tylenol) to my child if necessary. Yes No
 Program staff should be aware that my child has the following physical, behavioral, and/or medical problems:

Mother's name: _____ () _____
Last First Middle Init Cell phone #

Home Address: _____ () _____
Street Apt# City ZIP Home phone #

E-mail: _____

Father's name: _____ () _____
Last First Middle Init Cell phone #

Home Address: _____ () _____
Street Apt# City ZIP Home phone #

E-mail: _____

Please provide as applicable:
Step-Father's Name: _____ **Step-Mother's Name:** _____

I give my permission for Mt. Helix Academy 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.

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.

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	Session III
Deposit:	Fee I	Fee II	Fee III
			Day School