

**THOMAS A. EDISON CHARTER SCHOOL  
SUMMER ENRICHMENT PROGRAM**

**Application  
2017**

Phone Number: (302) 778-1101/ Fax Number: (302) 778-2232

Name(s) of Siblings attending TECS:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_

\*\*\*One Application Per Student\*\*\*

**Please check each session your child(ren) will attend:**

Session 1(June 19<sup>th</sup> -23<sup>rd</sup>): \_\_\_\_\_ Session 2 (June 26<sup>th</sup>-June 30<sup>th</sup>): \_\_\_\_\_  
Session 3(July 3<sup>rd</sup> -7<sup>th</sup>): \_\_\_\_\_ Session 4(July 10<sup>th</sup> - 14<sup>th</sup>): \_\_\_\_\_

\$100/ a session (1student)\*\*\* \$175/a session (2 students)\*\*\* \$200/a session (3students)  
(\*students must be in one household)

**POC (Purchase of Care) Accepted #1890748300**

**\$50 (non-fundable) TRIP FEE/per Student**

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Teacher: \_\_\_\_\_

Indicate student's serious medical problems and any medication taken routinely:

\_\_\_\_\_

Is student allergic to food, medicine or bugs? (Be specific-Name of food, medicine, etc.) \_\_\_\_\_

Are there any foods/products you wish for your child not to have?

\_\_\_\_\_

Child Resides With: \_\_\_\_\_

Name/Relationship

**Mother/Guardian Information**

**Father/Guardian Information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

May we contact you on the job? \_\_\_\_\_

May we contact you on the job? \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Will anyone else ever pick up your child from the program? Yes \_\_\_\_\_ No \_\_\_\_\_

1) \_\_\_\_\_  
 Name Relationship Day/Evening Cell Numbers

2) \_\_\_\_\_  
 Name Relationship Day/Evening Cell Numbers

3) \_\_\_\_\_  
 Name Relationship Day/Evening Cell Numbers

Please provide two people that we may call in an emergency if you are unavailable:

1) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number/s: \_\_\_\_\_

2) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number/s: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

ID#: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

ID#: \_\_\_\_\_

**I verify that all the information above is accurate.**

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL EMERGENCY PROCEDURE**

The Summer Enrichment Program has adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured while at our program. In extreme emergencies we will seek immediate medical care.

In case of emergency and/or need of medical or hospital care:

- 1.) We will call the mother, father, or guardian's place of employment. If there is no answer,
- 2.) We will call the other telephone number(s) listed and the physician.
- 3.) If none of the above answer, we will call an ambulance if necessary, to transport your child to a local medical facility,
- 4.) Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
- 5.) We will continue to call parents, guardians, or physicians until one is contacted.
- 6.) The information on this form may be shared with emergency medical staff.

I understand all of the above information. \_\_\_\_ (initials) If I cannot be reached and the school authorities have followed the procedure described, I agree to assume all expenses for moving and medically treating my child. \_\_\_\_ (initials) I also hereby consent to any treatment, \_\_\_\_ (initials) surgery, \_\_\_\_ (initials) diagnostic procedures \_\_\_\_ (initials) or the admission of anesthesia, \_\_\_\_ (initials) which may be carried out based on the medical judgment of the attending physician.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**For Official Use Only**

**Student Start Date:** \_\_\_\_\_

**Method of Payment:** POC \_\_\_\_\_ Regular Fee \_\_\_\_\_ Scholarship \_\_\_\_\_ Amount \_\_\_\_\_

**POC Start Date** \_\_\_\_\_

## CONDUCT AGREEMENT

Thomas A. Edison Charter School Summer Enrichment Program (TECS) agrees to provide your child with a secure, safe and healthy environment. We agree to communicate negative behavior exhibited by a child to his/her parent/guardian. We will enforce the *Policies and Procedures* established by TECS.

I, \_\_\_\_\_ (Parent/Guardian's Name), parent/guardian of  
\_\_\_\_\_ (Student Name); certify that agree with the *Policies and  
Procedures* of Thomas Edison Charter School. I understand the conduct expected of my child. I realize that if my child exhibits negative behavior, the consequences may be enforced.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*TAECS to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, gender, religion, national origin, age, disability, or other protected characteristics, in accordance with applicable federal and state laws. This equal opportunity policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, training, promotion, compensation, and termination from employment.