



230 NE 9th St., Bend, OR 97701 • (541) 419-3324 • info@samaralearningcenter.org • www.samaralearningcenter.org

ACADEMIC SUMMER CAMP ENROLLMENT 2019

I. GENERAL INFORMATION

Date: _____

Student Information

Child's name: _____ Age: _____ Gender: _____ Date of Birth: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Name of person(s) with whom child lives (if not parents): _____

Relationship to applicant: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Home phone: () _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Employer: _____ Work phone: () _____

Parent/Guardian Name: _____ Home phone: () _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ e-mail _____

Employer: _____ Work phone: () _____

Additional Parent/Guardian Name: _____ e-mail _____

Primary phone: () _____

Additional Parent/Guardian: _____ e-mail _____

Primary phone: () _____

II. School History

Current School Placement (will attend in the Fall 2018)

School presently attending: _____ Current grade: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: () _____ Date started: _____

Identify your child's strengths and areas of need.

	above grade level	at grade level	below grade level	
	<u>STRENGTH</u>	<u>OK</u>	<u>NEED</u>	(please describe)
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Staying on Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>

Note: If your child has a **504** or **IEP**, please feel free to attach a copy of the document, goals, and accommodations.

Procedural safeguards under the Individual with Disabilities Education Act (IDEA) and Family Educational Rights and Privacy Act (FERPA) are followed at Samara Learning Center. Samara has licensed special education teachers on staff and is happy to discuss accommodations and modifications. Please note that if an enrolled child displays behaviors that pose safety concerns for

other students, staff, or property, the child may lose the privilege of attending for a determined amount or remaining portion of the program without a refund.

Does your child have a Google Account? ☐ No ☐ Yes

If No, please initial to allow us to help your child sign up for an account.

If Yes, child's Gmail _____

Password _____

If your child finishes the required organizing, planning, and homework for the session, they will be allowed to work on an academic related activity. Please place an **x** on the line or **number in order** of priority the activities you would like your child to work on:

____ Grammar

____ Logic/Problem Solving

____ Math Review

Review Specifically _____

____ Multiplication Facts

____ Reading (non-homework related)

____ Spelling

____ Typing

COST: Includes all academic supplies, craft/art materials, and field trip costs. Camps run on the following weeks:

1) 7/8-12/2019

2) 7/15-19/2019

3) 7/22- 26/2019

4) 7/29 - 8/2/2019

Paid on or before 5/1/18

4 week: \$694

3 week: \$521

2 week: \$347

1 week: \$173

Paid after 5/1/18

4 week: \$817

3 week: \$613

2 week: \$409

1 week: \$205

Forms of Payment Accepted:

- Cash
- Check
- Money Order
- Credit Card (with a 3% additional charge.)

Email application to: info@samaralearningcenter.org

OR

Submit your form and payment to:

Samara Learning Center, 230 NE 9th St., Bend, OR 97701

Please sign below to confirm that the information on this application is complete, correct, and accurate to the best of your knowledge.

Parent/Guardian name:

Printed _____

Signature _____

Date _____

Samara Learning Center

Consent Statement -Medical Release Permission Form

I, the parent/guardian of the above named participant, understand the possibility of injuries resulting from Samara Learning Center activities. I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless Samara Learning Center and its directors, employees and agents. I understand there is no health insurance coverage provided by Samara Learning Center for participants and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby consent to emergency medical treatment of participant to ensure prompt treatment, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician.

Parent/Guardian name:

Printed _____

Signature _____ Date _____

Emergency Information

Child's Name: _____ Sex: M _____ F _____

Grade: _____ Age: _____

Parent/Guardian's Name _____

Home Address _____

Phone # _____ Phone # _____

Secondary Contact _____ Relationship _____

Primary Phone # _____ Secondary Phone # _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES _____

Web, Social Media, & Marketing Release Form

☐

YES, the Samara Learning Center, Samara's collaborators or news/information based publication may post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, or newspaper/magazine articles. Your child's name will not be associated with any of the pictures unless you are specifically contacted and you give your permission for the use of your child's name for each specific use.

☐

NO, I would prefer that the Samara Learning Center, Samara's collaborators or news/information based publication NOT post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, newspaper, or magazines.

Child's name: _____

Parent/Guardian name: Printed _____

Signature _____

Date _____

Administrative only

Payment type:

Check: _____

Cash: _____

Card (2.75% fee, pay online or in person): _____