

PROGRAM INFORMATION

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| 4 week session (June 25 – July 20, 2012) | <input type="checkbox"/> Half day (8:15am – 12:00pm) | \$1,745.00 |
| | <input type="checkbox"/> Full day (8:15am – 4:30pm) | \$2,615.00 |
| 6 week session (June 25 – August 3, 2012) | <input type="checkbox"/> Half day (8:15am – 12:00pm) | \$2,510.00 |
| | <input type="checkbox"/> Full day (8:15am – 4:30pm) | \$3,760.00 |

How did you hear about Summer Voyagers? _____

STUDENT INFORMATION

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|-------------------------|--------------------------|-----------|
| Person completing form: | Relationship to student: | |
| Student name: | | |
| Date of birth: | Gender: | |
| Home address: | | |
| City: | State: | Zip code: |

PARENT/GUARDIAN INFORMATION

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|---|---------|-----------|
| Parent 1 name: | | |
| Parent 1 address (if different than above): | | |
| City: | State: | Zip code: |
| Primary Phone: | Email: | |
| Parent 2 name: | | |
| Parent 2 address (if different than above): | | |
| City: | State: | Zip code: |
| Primary Phone: | E-mail: | |

EDUCATIONAL INFORMATION

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| Current School: | Current Grade: | | | |
| Does student have an Individualized Educational Plan (IEP) or a 504 Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
| If so, does he/she qualify for Extended School Year (ESY) Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
| Indicate any services student receives: | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Social Skills |
| | <input type="checkbox"/> N/A | <input type="checkbox"/> Other: _____ | | |

Send a copy of student's current IEP/504 plan and other relevant reports/evaluations along with application or fax to Holly Zipperer, Director of Summer Programs, at 610-640-0132 or email to hozipperer@vfes.net.

MEDICAL INFORMATION

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|----------------------------------|--|---|--|
| Student has been diagnosed with: | <input type="checkbox"/> AD/HD | <input type="checkbox"/> Learning Differences | <input type="checkbox"/> Speech/Language Delay |
| | <input type="checkbox"/> Sensory Processing Difficulties | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> N/A |

List any allergies, dietary restrictions or medical conditions that may impact student's participation in the program:

Does student currently take medication? (If yes, list medications.) Yes No

Student wears: Glasses Hearing aid N/A Other: _____

The Summer Voyagers program assumes permission to use images of its current and former students in promotional publications, on its website, in local newspapers, in videos, in manuals, and/or in teacher training research, unless prior written notification rescinding this authority is given by the students' parent(s), stepparent(s) or guardian(s). Call 610-296-6725 x115 to rescind this authority.

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| Parent/Guardian Signature: | Date: |
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