



We are pleased you are interested in Springer School and Center's *Adventures in Summer Learning* programs. Enclosed is the application packet. These programs have been highly rated by parents, have low student-teacher ratios, and are enjoyed by the students. Our classes tend to fill up quickly, so return your application as soon as possible. We cannot hold a place for a student without a completed application and deposit on file.

Application Checklist:

Application for enrollment (4 pages)

Copy of most recent report card

Copy of any testing (educational, language, psychological and/or standardized testing)

Recent photograph of child

Information from classroom teacher (submitted directly by teacher)

\$100 deposit (check made payable to Springer School and Center)

Once we receive all parts of the application, deposit, and teacher form, your child's file will be reviewed. If there are any questions, a Summer Adventures Co-Director will contact you. *Adventures in Summer Learning* retains the right to determine the appropriateness of our program for an applicant. We are not able to accommodate students who require the assistance of an aide during the school year.

Students are grouped by grade and age. Students who attend an afternoon program will have a supervised lunch period and recess.

We look forward to working with your child this summer. If you have questions regarding the summer program, please contact Debbie Mallory at 513-871-6080 x 402 or [center@springer-ld.org](mailto:center@springer-ld.org).



**FOR OFFICE USE**

Date Received: \_\_\_\_\_  
 Discount: \_\_\_\_\_  
 Acct. # \_\_\_\_\_  
 Enrollment: \_\_\_\_\_

*Application for Enrollment*

**2019 ADVENTURES IN SUMMER LEARNING**

All programs will be held at Springer School and Center, 2121 Madison Road, Cincinnati, OH 45208

**NOTE: No Programs Will Be Held On July 4**

Check all that apply: (Grades indicated below refer to grade entering in fall 2019)

	<u>COST</u>	<u>*FEES DUE</u>
<b>MORNING PROGRAM</b> Registration closes on May 30		
For students entering grades 2 - 6, Dates: June 17 - July 12, 8:30 a.m. - 12:30 p.m.	\$1,600	\$ _____
<u>OR</u>		
<b>\$200 Discount</b> (Application & deposit received by April 18)	\$1,400	\$ _____
<b>LAUNCH PROGRAM</b> Registration closes on May 30		
First graders only, Dates: June 17 - July 12, 8:30 a.m. - 12:30 p.m.	\$1,600	\$ _____
<u>OR</u>		
<b>\$200 Discount</b> (Application & deposit received by April 18)	\$1,400	\$ _____
<b>PLUS PROGRAMS</b>		
<b>Fun With Friends</b> (entering grades 1-6) Extended afternoon program: June 17 - July 12, 1:00 - 4:00 p.m.	\$480	\$ _____
<b>Handwriting 1</b> (entering grades 3-5) June 17 - June 28, 1:00 - 2:00 p.m.	\$325	\$ _____
<b>Math Essentials</b> (entering grades 6-8) June 17 - June 28, 1:00 - 3:00 p.m.	\$400	\$ _____
<b>Improving Writing Skills</b> (entering grades 6-8) July 1 - July 12, 1:00 - 3:00 p.m.	\$400	\$ _____
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	<b>TOTAL DUE:</b>	<b>\$ _____</b>

**\$100 DEPOSIT DUE WITH SUBMISSION OF APPLICATION**

Deposit Amount Enclosed (*Deposit is applied to total fee*): \$100.00

Remaining Balance Due Upon Acceptance (total due minus \$100): \$ \_\_\_\_\_

*Fees listed on this application and in program literature are the discounted price for paying by cash or check.*

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



**MEDICAL INFORMATION AND AUTHORIZATION**

**This form must be completed in its entirety. If the question is not applicable, indicate with N/A.**

STUDENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

INDICATE ANY CURRENT DIAGNOSIS THAT HAS BEEN MADE OF YOUR CHILD \_\_\_\_\_

MEDICATION TAKEN CURRENTLY (PRESCRIPTION AND NON-PRESCRIPTION)

Type	Dose	Reason
_____	_____	_____
_____	_____	_____

DIAGNOSED ALLERGIES: \_\_\_\_\_ USES AN EPI PEN? YES NO

WEARS GLASSES OR CONTACTS? \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

Whenever a child becomes ill or is injured at Springer, we make every reasonable attempt to contact the parents. However, that is not always possible.

**Please complete Part A OR Part B**

**PART A - TO GRANT CONSENT**

In the event that injury or serious illness occurs when I cannot be contacted, **I hereby authorize** Springer to call the medical personnel listed for instructions or to make whatever arrangements seem necessary.

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
 DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_  
 PREFERRED HOSPITAL \_\_\_\_\_  
 INSURANCE COMPANY \_\_\_\_\_ NUMBER \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT / GUARDIAN**

\_\_\_\_\_  
**DATE**

**PART B - REFUSAL TO CONSENT**

I do **NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Springer personnel to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT / GUARDIAN**

\_\_\_\_\_  
**DATE**

**EMERGENCY INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT ASSIST US SHOULD TREATMENT OF ANY TYPE BE NECESSARY:** \_\_\_\_\_

**PHOTO AND VIDEO CONSENT**  
**(MUST be Completed for All Applicants)**

Child's Name \_\_\_\_\_

\_\_\_\_ **I give permission** for Springer School and Center to use photos and/or videos without my child's name for publicity purposes.

\_\_\_\_ **I do not give permission** for Springer School and Center to use photos and/or videos of my child for publicity purposes.

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

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**MORNING PROGRAM CONSENT AND WAIVER**  
**(Completed by morning program applicant only)**

We offer a variety of physical activities in our program including gross motor activities, a climbing wall and games.

Child's Name: \_\_\_\_\_

**I give permission** for my child to participate in all physical activities during the program.

I hereby state that I have full knowledge of the physical acts involved in this activity, that my child is physically fit enough to engage in this activity and is not under medical care or medication that precludes him / her from engaging in such activity. I do hereby release and discharge Springer School and Center, its trustees, employees and agents from all claims of damage and actions whatsoever, including medical and emergency expenses, resulting from participation in these activities.

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

Or: **My child is unable** to participate in physical activities for the following reasons:

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

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**Please complete application form entirely and return to:**

***Adventures in Summer Learning***  
***Springer School and Center***  
***2121 Madison Road, Cincinnati, OH 45208***

**IF YOU HAVE ANY QUESTIONS,**  
**PLEASE CALL (513) 871-6080 x402**  
**FAX: (513) 871-6428**  
**Email: [center@springer-ld.org](mailto:center@springer-ld.org)**

*Springer School and Center does not discriminate on the basis of gender, religion, race or national origin.*