



Center for Excellence

2022 Summer Tutoring Program – Student Application

Student's Name

_____ SSN _____

Birth Date _____ Age ___ Male ___ Female ___ Grade Level (Next Fall) ___ School _____

Home Phone _____ If not at home, please contact the parent/guardian listed below:

Mother's Name _____ Phone _____ Cell _____

Father's Name _____ Phone _____ Cell _____

Email Address _____

EMERGENCY CONTACTS

Name	Relationship	Phone Number

In case of accident or serious illness of the above named student, I request the school to contact me. If the school is unable to contact me, I authorize the school to call:

Physician _____ Phone _____

Health Insurance _____

Insurance Name ID # (Please attach a copy of insurance card)

Please follow this doctor's instructions. If it is impossible to contact this physician, I hereby authorize Carnegie IDEA Academy to take appropriate action.

Allergies food/drug _____

Allergic to insect bites? Yes ___ No ___ Explain _____

If yes, emergency care needed _____

List any medical condition your child has we should be aware of _____

Please list any medications your child will be taking during the program _____

In case of emergency, I give permission for my child to be administered the medication below:

Tylenol: Yes ___ No ___ Dosage _____ Tums: Yes ___ No ___ Dosage _____

Benadryl: Yes ___ No ___ Dosage _____ Other: (Indicate) _____

Signature of Parent or Guardian _____

Date _____

I hereby make application to Carnegie IDEA Academy's Summer Tutoring Program.

I understand I must abide by and sign the Parental Approval Statement and return this statement with the application.

I understand that I must sign and return the Student Health History form, which is attached.

Enclosed is a \$50 deposit (Make check payable to IDEA). This can be waived if you are unable to pay it. Tuition for IDEA Academy's Summer Tutoring Program is \$750.00. Financial Aid maybe available. If assistance is needed, please fill out the Financial Aid Application included in this packet.

Signature of Parent or Guardian

Date

Please return this application to: IDEA: Center for Excellence
 P.O. Box 22
 Emmalena, Kentucky 41740
 Or Email to: bito5@me.com or janetn@cleangasinc.com

Please enclose:

1. \$50.00 deposit (if you have it)
2. Signed Parental Approval Statement
3. Health History & Medical Forms
4. Financial Aid Application and Most Recent Income Tax forms (if aid is requested)



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Student Health History

Date _____ Student Name _____

Date of Birth _____ Age _____ Male _____ Female _____

Emergency Phone #'s 1. _____ 2. _____ 3. _____

I. Allergies

1. Is your child allergic to any of the following:

Food Yes () No ()

If yes, please specify: _____

Medication Yes () No ()

If yes, please specify: _____

Insect Bites Yes () No ()

If yes, emergency care needed: _____

2. Has your child had one of the following? Please circle and discuss:

Eczema Hives Skin itching/dryness

Wheezing Asthma Skin rashes

Other/Comment _____

3. Does your child take allergy injections or allergy medication? Yes () No ()

Please list: _____

II. Current Student Information

1. Does your child have a condition which is under treatment at this time?

Yes () No () Explain: _____

If any prescribed or over-the counter medications such as (Tylenol, Tums, cough drops), is to be administered to your child at school, please send that medication in original bottles and complete the following instructions:

Symptoms	Medication	Dosage	Time Given

2. If needed can your child take the following over-the-counter medications:

Benadryl Yes () No () Dosage _____

Tylenol Yes () No () Dosage _____

Tums Yes () No () Other _____

Sugarless Cough Drops Yes () No ()

IN CASE OF EMERGENCY ONLY If you have failed to bring us medication and we can't reach you or the listed alternative persons by phone, do we have your permission to administer the medications checked (**Yes**) above (Benadryl, Tylenol, Tums and cough drops) to your child? **Yes () No ()**

III. Family History

1. Are both parents in good health? _____
2. Are there any other members of your child's immediate family (parents, grandparents, brothers, sisters) with serious health problems? _____

3. Circle any of the following problems that affect someone in your immediate family.

Anemia	Diabetes	Cancer
Seizures	Rheumatic fever	TB
Hay fever	Heart disease	Mental disability
Allergies	Kidney disease	
Other? Please list: _____		

IV. Immunizations

Please send a copy of your child's immunization record. If your child is up-to-date on his/her shots you can write "UTD" on the list below.

Type	Date	Type	Date
D.P.T.	_____	Mumps	_____
Polio	_____	Rubella	_____
Measles	_____	M.M.R.	_____

V. Infections/Illnesses

1. Has your child had any of the following illnesses? If so, please circle. Discuss if there are any continuing problems.

- | | | |
|---------------|----------------|-----------------|
| Mumps | Measles | Rubella |
| Chicken pox | Pneumonia | Diabetes |
| Scarlet fever | Asthma | Kidney problems |
| Anemia | Heart problems | Seizures |

Comments: _____

2. Has your child ever had a serious accident? If so, please discuss:
 - Fractured bones _____
 - Head injuries _____
 - Lead poisoning _____
 - Household chemical poisoning _____
 - Medication overdoes _____

3. Has your child ever had:
 A convulsion or fainting spell _____
 Seizure _____
 To be hospitalized _____
 Hearing problems _____
 Visual problems _____
 Trouble with his/her teeth _____
 A condition or handicap _____
 To take a medication regularly _____
4. Does your child have frequent:
 Headaches? **Yes () No ()** Medicines given _____
 Stomach aches? **Yes () No ()** Medicines given _____
 Ear infections? **Yes () No ()** Medicine given _____
 Tubes in ears? **Yes () No ()**

VI. Eating/Sleeping Patterns

Do you have concerns in any of the following areas? Please circle and discuss below:

- | | | |
|-------------|----------------|----------------|
| Appetite | Picky eater | Food allergies |
| Diarrhea | Constipation | Overweight |
| Underweight | Sleep patterns | Bed wetting |

Explain: _____

VII. Behavior/Discipline

1. Is your child more difficult to raise than your other children? **Yes () No ()**
2. What is the most effective way of disciplining your child? _____

3. Are you concerned about any of the following? Please circle and discuss below:
- | | | |
|----------------------|---------------|-------------------------------|
| Speech problems | Bad temper | Playing with brothers/sisters |
| Hard to toilet train | Jealous | Does not pay attention |
| Very shy | Nail-biting | Slow to learn |
| Overactive | Tattles | Will not mind |
| Eats dirt/paint | Thumb-sucking | Holds his breath |

Explain: _____

4. Is there any information you feel we need to know in order to better understand your child?

Should my child receive an injury or become ill, I give permission for the Director of Carnegie IDEA Academy or a person so designated by the Director to take my child to a doctor for emergency treatment. I also give permission for the Director or designee to share the information enclosed on this form with medical staff.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date



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Summer Tutoring Program Non-Prescription Medication Form

Dear Parent or Guardian,

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by the doctor/parents for prescribed and over-the-counter medications. The medications must be received in original labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

If you have questions about the policy, or other issues related to the administration of medication during the Summer Tutoring Program, please contact the Carnegie IDEA Academy at the following number (?? need phone#??)

Consent for Administering Non-Prescription Medications

Note: All medications are to be furnished by the parent to the school with appropriate instructions, including, Tylenol, Tums, Benadryl, cough drops, etc.

Student's Name _____ Date _____

Name of Medicine _____

Dosage Instructions _____

Times to be Given _____

Diagnosis or Reason for Medication _____

Special Instructions _____

I request my child be permitted to take medication as outlined above and expressly waive any liability on behalf of the school as the result of administration of the above medicine.

Signature of Parent or Guardian

Date



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Summer Tutoring Program Prescription Medication Form

Date form received by the school _____ (*Carnegie IDEA Academy will complete this*)

Student _____ Date of birth, or age _____ Grade _____

To be completed by the physician or authorized prescriber:

Reason for medication _____

Name of medication _____

Prescribed dosage _____

Time of day for dosage _____

Form of medication/treatment _____

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Possible reactions or side effects of medicine _____

Start Date form received Other date _____

Stop End of school year Other date/duration _____

For episodic/emergency events only

Restrictions and/or important effects None anticipated

Yes Please describe _____

Special storage requirements None Refrigerate

Other _____

This student is both capable and responsible for self-administering this medication

No Yes-Supervised Yes-Unsupervised

This student may carry this medication No Yes

Please indicate if you have provided additional information On the back side of this form As an attachment

Physician's Name _____

Address _____

Phone Number _____

Date _____ Signature _____

Student has asthma and has been instructed
in self-administration of asthma medications.

Yes No

To be completed by parent/guardian:

I give my permission for (name of child) _____ to receive the above medication during the Summer Tutoring Program according to school policy. (*Carnegie IDEA Academy requires parent/guardian to bring this medication in its original container.*)

Signing this form shall release Carnegie IDEA Academy and staff members from any liability of any nature that might result from the administration of medication to the student.

Date _____ Signature of Parent/Guardian _____ Relationship _____

Telephone Numbers Home _____ Work _____ Emergency _____



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CONFIDENTIAL

Financial Aid Application
Summer Tutoring Program

In order to be considered for financial aid, you must attach a copy of your most recent Federal Income Tax form. All information will be treated confidentially.

Name of Parent or (or Guardian) _____

Phone _____ # of Dependent Children _____

Name of Child(ren) Enrolled _____

Address _____
Street/PO Box City State Zip County

Email Address _____

Father's Occupation _____ Approximate Annual Income
From all Sources \$ _____

Mother's Occupation _____ Approximate Annual Income
From all Sources \$ _____

List any outstanding debts that would affect your ability to pay the full fee: _____

In which After-School Program (County) is your child enrolled? _____

How many of your children have been screened for dyslexic characteristics? _____

How many have been recommended for remediation? _____

How much tuition assistance do you need for the summer? _____

How much of a down payment can you make? _____

I agree to make monthly payments of \$_____ per month on the remainder of my summer school bill.

Have you ever received financial aid for the Summer Tutoring Program? Yes ____ No ____

If yes, how much did you receive? \$_____

I/we certify that the above information is true and correct to the best of my/our knowledge and I/we agree that if a scholarship is granted I/we will adhere to the attendance requirements of Carnegie IDEA Academy's Summer Tutoring Program. I/we understand that failure to do so will cancel the scholarship.

Signature of Parent or Legal Guardian



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Student Pick-Up List

To Parents/Guardians,

The safety and protection of your child is very important to us, and we will adhere to the policy regarding student pick-up procedures.

Please list the names and driver's license numbers of all people who will be allowed to pick up your child from Carnegie IDEA Academy. Students will be released only to those listed. Persons picking up your child should be prepared to show their driver's license as proof of identification.

Thank you for assisting us in protecting our students.

—Carnegie IDEA Academy Staff

Student Name _____

Parent/Guardian allowed to pick up your child: (Driver's License Number)

_____ DLN _____

_____ DLN _____

Others who may pick up the student:

Name	Relationship	DLN

If there is anyone **not allowed** to pick up your child, please list below:

Signature of Parent or Guardian

Date



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Photograph & Image Release

Complete this section for **Minor Program Participants**

I am the parent or legal guardian of _____
(list all children enrolled in program), a participant in a Carnegie IDEA Academy program. I hereby give Carnegie IDEA Academy, a nonprofit institution the irrevocable right to use my child's name, words, recorded audio and image, and photograph, whether in film or electronic media, and in all other methods and forms, for the purposes of education, advertising, publicity and exhibition, or any other lawful purposes. I waive the right to review or approve the finished or final product that may be created in connection with the same. I acknowledge and agree that I have read this release and am familiar with its content and effect, and that I give this release voluntarily.

Complete this section for **Adult Program Participants**

I, _____, a participant in a Carnegie IDEA Academy program, hereby give Carnegie IDEA Academy, a nonprofit institution the irrevocable right to use my name, words, recorded audio and image, and photograph, whether in film or electronic media, and in all other methods and forms, for the purposes of education, advertising, publicity and exhibition, or any other lawful purposes. I waive the right to review or approve the finished or final product that may be created in connection with the same. I acknowledge and agree that I have read this release and am familiar with its content and effect, and that I give this release voluntarily.

Date _____

Program _____

Signature _____

Please Print Your Name _____

Address _____

Email _____



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Parental Approval Statement Summer Tutoring Program

We (I) hereby give permission for our (my) son/daughter to participate in all the activities of Carnegie IDEA Academy's Summer Tutoring Program.

In so doing, we (I) understand that Carnegie IDEA Academy and related properties shall not be liable for any injury, or possible injury, resulting from said participation.

We (I) approve and endorse the application for our (my) son/daughter and in consideration of his/her acceptance as a student, we (I) hereby guarantee to Carnegie IDEA Academy the payment of tuition and such other expenses as he/she may incur on account with the school, recognizing, however, the right of the Director to exclude at any time a student whose conduct, or attendance record renders his/her presence undesirable in the Summer Tutoring Program. If such be the case, we (I) understand tuition payment will **not be refundable**.

We (I) further recognize the right of Carnegie IDEA Academy's Summer Tutoring Program, at its option, to withhold the evaluation of progress of a student whose attendance is less than 14 days or any student who is absent on the final day.

We (I) understand that our (my) son/daughter will comply with rules and regulations of the Summer Tutoring Program and Carnegie IDEA Academy.

Student's Name

(Signed) _____
Father

(Signed) _____
Mother

(Signed) _____
Guardian (If applicable)

Date