

Horizons Education Center
Language Arts and Math Academy – Fifth Grade
Registration Form
2018 – 2019

Name _____ Age 9/1/2018 _____

Grade Level Entering Fall, 2018: _____ Date of Birth _____

Street Address _____

City _____ Zip Code _____

Email _____

Mother's name _____

Father's name _____

Phone #1 (primary phone/text): _____

Phone #2 _____

Emergency Contact Information

Emergency contact (other than self) _____

Emergency contact relationship _____ Phone _____

Medical

Physician _____ Phone _____

Any special instructions _____

Does student have any past or present health concerns? Yes No

If yes, please describe _____

Note any medications or allergies here

Student Name _____

Does student have any significant past or present emotional or discipline or attitude concerns?

Yes No If yes, please describe

AUTHORIZATION AND RELEASE

To: Horizons Education Center: If the participant named on the registration form becomes ill or sustains injuries while participating in the Horizons Program, I hereby authorize you to administer, or cause to be administered, at my cost, such first aid or treatment as may be necessary under the circumstances, to include treatment by a physician or hospital of your choice.

Parent or Legal Guardian signature _____ Date _____

Parents, please read and initial to indicate your acceptance.

_____ I understand that registration and tuition paid are nonrefundable.

_____ I understand that tuition is due on the 20th of each month beginning May 20, 2018 for eleven consecutive months. A late fee of 10% will be assessed on the 25th of each month tuition is due.

_____ I understand that my tuition and required fees must be current for my child to receive services.

_____ I understand that a \$35 fee will be assessed for a returned check or returned funds.

_____ I understand that a \$10 fee will be assessed for picking up my child 5 minutes late for any Horizons program/activity in which my child is participating. After 5 minutes (\$10) late, I will pay an additional \$1 for each additional late minute.

_____ I understand that I must bring my child on time to school and make every effort to allow my child to remain in the program throughout scheduled school hours. Requests for early dismissal are strongly discouraged. I agree to follow an established dismissal procedure.

_____ I understand that students at Horizons are expected to be respectful, including respect for personal and school property, respect for their teachers, and respect for their fellow classmates.

_____ I understand that students will be required to wear a Horizons polo shirt to class and to all school functions. I understand that modest slacks and jeans are acceptable, and skirts for girls and shorts for girls/boys must be no more than two inches above the knee. For P.E., long shorts must be worn under skirts.

Student Name _____

_____ I understand that Horizons will make the final determination for class placement for my child, and that a class/curriculum change may be made in order to offer the best learning opportunity for my child.

_____ If the director, Ms. Rohe, determines that my child does not benefit from the Horizons Program, or that my child significantly hinders other students from benefiting from the Horizons Program, or that my child significantly hinders the teachers from teaching, I agree that Ms. Rohe, at her discretion, may terminate my child's enrollment without refund of tuition and fees paid, including pre-paid tuition.

_____ I understand that my child will participate in end-of-year Iowa Achievement Testing during a portion of several regularly scheduled Academy class days. There is no additional fee for this service.

_____ I understand that I must purchase the correct edition of the Saxon Math 6/5 curriculum and the Grammar and Writing 5 curriculum.

_____ I understand that my child will receive a quarterly grade report informing me of my child's progress in math and language arts.

Exit Policy – Please Read Carefully!

_____ If I decide to withdraw my child from any of the Horizons programs, I understand that I must give Ms. Rohe 30 days' advance written notice of my intent to withdraw including the reason for withdrawal (email is acceptable) and pay any tuition (and late fees, if applicable) that may become due during the 30 days in accordance with the tuition schedule.

Tuition is due according to the following schedule: 1st tuition payment (May 20, 2018), 2nd (June 20), 3rd (July 20), 4th (August 20), 5th (September 20), 6th (October 20), 7th (November 20), 8th (December 20), 9th (January 20), 10th (February 20), 11th (March 20). *Academy Program: 33 weeks*

Please provide personal references - new students only: Provide the names and contact information for two character references for your child (other than family):

- 1) _____
- 2) _____

Please list child's last school (including homeschool programs) and dates of attendance.

School/Program _____

Dates attended _____

Horizons Academy Calendar
 33 weeks (66 class days x 7 hours = 462 hours)
 2018 – 2019

Fall, 15 weeks

Spring, 18 weeks

August 13, 14 20, 21 27, 28	January 7, 8 14, 15 21, 22 28, 29
September 10, 11 17, 18 24, 25	February 4, 5 11, 12 18, 19 25, 26
October 1, 2 8, 9 15, 16	March 4, 5 25, 26
November 5, 6 12, 13 26, 27	April 1, 2 8, 9 15, 16 22, 23 29, 30
December 3, 4 10, 11 17, 18	May 6, 7 13, 14 20, 21

MAKE-UP DATES

Make-up date(s), if needed, due to inclement weather or any other unforeseen incident requiring cancellation of a class day, will be as follows:

October 22, 23

March 18, 19

June 3, 4

Parent or Guardian Signature _____ Date _____