



# St. Nicholas Summer Academic Program

## REGISTRATION FORM 2019

Kindergarten – Grade 8

(Please print)

Student's Name \_\_\_\_\_  
Last First Middle Initial

Grade Entering in Fall 2019 \_\_\_\_\_ School Attending in Fall 2019 \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### June 24-July 26

- Academic Program is available from 8:00 a.m. to 12:30 p.m.
- Elite Sports Camp is available from 12:30-4:00 p.m.
- **No school on Thursday, July 4 and Friday, July 5**

<b>Summer Academic Program</b>	
Academic Half-Day Program 8:00 – 12:30 p.m. Monday – Friday (includes \$15.00 Art fee)	\$ 765.00
Advanced Prep for HSPT ONLY (includes HSPT handbook) 8:00-9:30	\$ 225.00
Total for Academic Program (make checks payable to St. Nicholas School)	
Elite Sports Camp 12:30-4:00 (make check payable to Mr. Josh Geiger)	
Additional Child for Elite Sports Camp (50% discount) see Elite Sports Camp form	

REGISTRATION FEE: A **non-refundable** Registration deposit of 1/2 of the tuition is due by April 5. A late fee of \$50.00 (per child) will be applied to any registration deposit after April 5. **Tuition must be paid in full by Friday, May 31. Health form must be turned in when final payment is made.**

- Registration begins Monday, March 4, 2019
- Late fee applies on Monday, April 8, 2019
- If registering after May 31, 2019, total balance due upon registration

*St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.*

For inquiries: Please e-mail us at [info@stnicholaseducation.com](mailto:info@stnicholaseducation.com) or call the school office at (818) 886-6751.

Registration Deposit (before April 8)	\$382.50
Late Fee of \$50.00 (after April 5)	_____
Final Payment (due May 31)	\$382.50
<b>TOTAL DUE</b>	<b>\$765.00</b>
<i>Make Checks Payable to St. Nicholas School</i>	
<i>Mail or return to: St. Nicholas School</i>	
<i>9501 Balboa Ave.</i>	
<i>Northridge, CA 91325</i>	

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



# St. Nicholas School

## Summer Health Information 2019

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

Do you authorize the office staff to administer Tylenol if needed? Yes  No  Call me first

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance With \_\_\_\_\_ Policy# \_\_\_\_\_

My child has a history of:

- Attention Deficit
- Asthma
- Autism/Asperger's Syndrome
- Chronic Medical Conditions
- Diabetes
- Epilepsy/Seizure Disorder
- Hearing/Vision Problems
- Speech Problems
- Other \_\_\_\_\_

My child is allergic to the following food, medicine and/or other relevant items:

\_\_\_\_\_

Recent operations or serious injury \_\_\_\_\_

Specific activity to be restricted? \_\_\_\_\_

Currently taking medication for \_\_\_\_\_

Does this medication need to be taken during school hours? \_\_\_\_\_

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. Should my child require a prescription medicine or over-the-counter medication during school hours, I will bring the medication to the health office and complete the required form. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules.
2. As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE

To enable proper care of your child, fill in completely. It is the responsibility of the parents to keep this information current. If any of this information changes, notify the school office immediately.

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Room # \_\_\_\_\_

BEST PHONE NUMBER TO CALL DURING THE SCHOOL DAY \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

If my child is sick or injured and the school is unable to reach me, please call:

Please name anyone who has permission to pick up your child.

If their name is not on this list, your child will not be released to them. Use the back if needed.

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

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

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

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

Who **does not** have permission to pick up your child? \_\_\_\_\_ Relationship \_\_\_\_\_

**If you have a court order stating a parent or other adult does not have permission to visit or pick up your child, you must provide a copy of the court order for the school office.**

Name of friend or relative within walking distance who can pick-up child:

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

Name of relative living out of the area who can be contacted, if necessary

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



# St. Nicholas Summer Academic Program

## TEACHER RECOMMENDATION

This form must be mailed directly to St. Nicholas School from the recommending teacher.

Name of Applicant \_\_\_\_\_ Grade \_\_\_\_\_  
Last First

### To the Parent:

St. Nicholas Summer School students are grouped according to grade level. For applicants requesting special consideration due to the remedial or highly gifted status of their child, a teacher recommendation form must be completed by the applicant's primary teacher (1<sup>st</sup> – 5<sup>th</sup> gr). For sixth through eighth grade candidates, teacher recommendation forms must be completed by the applicant's English and math teachers. I hereby waive my right to access this recommendation on my behalf.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Academic Assessment

Please circle the number that best applies in each category	Weak	Fair	Good	Excellent	Exceptional
Motivation	1	2	3	4	5
Critical and abstract thinking skills	1	2	3	4	5
Intellectual aptitude	1	2	3	4	5
Growth potential	1	2	3	4	5
Attention span	1	2	3	4	5
Listening skills	1	2	3	4	5
Follows directions	1	2	3	4	5
Work habits	1	2	3	4	5
Study habits	1	2	3	4	5
Organization skills	1	2	3	4	5
Self-discipline	1	2	3	4	5
Social development	1	2	3	4	5
Leadership	1	2	3	4	5
Self-confidence	1	2	3	4	5
Creativity and originality	1	2	3	4	5
Respect for authority	1	2	3	4	5
Considerate of peers	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Integrity	1	2	3	4	5
Attendance	1	2	3	4	5

1.) In what areas has the student been recognized for any outstanding academic, and/or artistic achievement?

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2.) In what areas do you feel this student needs improvement?

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3.) Has the student been subjected to any serious disciplinary procedures (i.e. suspension, expulsion, etc.)?

Yes  No

Explain:

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4.) What observations may help us to know more about this student?

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5.) Check the words that describe the student.

- |                                     |                                    |  |                                     |   |   |
|-------------------------------------|------------------------------------|--|-------------------------------------|---|---|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Anxious   | <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Congenial  | <input type="checkbox"/> Disobedient            | <input type="checkbox"/> Easily discouraged     |
| <input type="checkbox"/> Honest     | <input type="checkbox"/> Vivacious | <input type="checkbox"/> Irritable     | <input type="checkbox"/> Nervous    | <input type="checkbox"/> Passive                | <input type="checkbox"/> Perfectionist          |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Poised    | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Shy        | <input type="checkbox"/> Influential - positive | <input type="checkbox"/> Influential - negative |
| <input type="checkbox"/> Sociable   | <input type="checkbox"/> Stubborn  | <input type="checkbox"/> Sullen        | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Untrustworthy          | <input type="checkbox"/> Athletic               |

6.) How would you describe the student's parents' involvement in school activities?

- Appropriately involved  Overly involved  Rarely involved  Only involved when necessary  No basis for judgment

7.) How would you describe the student's parents' cooperation with school personnel and policies?

- Outstanding Volunteer Leader  Good  Fair  Contentious/Critical  No basis for judgment

8.) Is education a priority for the parents?  Yes  No Is education a priority for the student?  Yes  No

### Recommendation For Summer School

**For academic promise**  Below Grade Level  Requires Assistance  At Grade Level  Above Grade Level  Highly Gifted

**For character promise**  Do not recommend  Without enthusiasm  Fairly strongly  Strongly  Enthusiastically

**Overall recommendation**  Do not recommend  Without enthusiasm  Fairly strongly  Strongly  Enthusiastically

In what capacity do you know this student? \_\_\_\_\_ How Long? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Teacher's Name (print) \_\_\_\_\_

School \_\_\_\_\_  
Name Address City Zip

Please mail this form directly to St. Nicholas School, Admissions Office at:  
9501 Balboa Blvd. Northridge, CA 91325