

# APPLICATION FORM

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade (September '10): \_\_\_\_\_

Returning Student?  Yes  No

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

Street \_\_\_\_\_

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

Parent or Legal Guardian - 1: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

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

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent or Legal Guardian - 2: \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional authorized person(s) who may take responsibility for your child if you are not available in an emergency:

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

## INSURANCE INFORMATION

Name of insured \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Member number \_\_\_\_\_

PERMISSION TO TREAT: I hereby grant the Site Director of the RITES Summer Program, or its authorized representatives, to furnish such medical care as \_\_\_\_\_ (child/children) may require, including examination, treatments, etc., and this permission is contingent upon the understanding that in the event of serious illness or injury requiring hospitalization and/or surgery, the Site Director will use all reasonable means to contact me. I understand I am responsible for any costs incurred during an emergency.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## DISMISSAL RELEASE INFORMATION

*(Please check the box if you are interested in carpooling.)*

I am interested in carpooling with other families. Please release my contact information so carpooling can be arranged.

In addition to those already listed, please add the names of anyone else who will be picking your child up. Your child will only be released to the people on the list unless a note is given to the teacher ahead of time. This is for the safety of your child. Please write names as they appear on the picture I.D.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

# APPLICATION FORM

*Fill out and please check ALL boxes.*

***This form must be signed by a parent or guardian.***

..... <b>COURSE SELECTION</b> .....		
<b>Class #:</b>	<b>Course Name/Description:</b>	<b>Amount:</b>
<b>SUB TOTAL</b>		
<b>- \$300 DEPOSIT</b>		
<input type="checkbox"/> Yes, my child is participating in the <b>Wheeler Afternoon</b> program		

- I understand my child may not attend the RITES Summer Program unless completed forms are received prior to my child's arrival.
  
- I understand it is my responsibility to bring any special concerns about my child to the Site Director's attention at the time of registration or as they occur.
  
- I authorize RITES or its affiliates to have, use, publish, and reproduce photographs, slides, moving pictures, or video tapes of my child for its records or publication efforts.
  
- RITES and its staff will make every effort to provide for the safety of my child; however, I recognize there are inherent risks associated with summer programs, such as recess activities.
  
- I have read and understand the RITES Summer Program application and registration forms. I accept the program's policies concerning registration fees, tuition, and terms of enrollment.
  
- I understand it is my responsibility to notify the Site Director of any change in my child's health status, including his/her medication regimen.
  
- I understand the Site Director reserves the right to dismiss a student when the student's behavior is judged to interfere with the rights of others, the smooth functioning of the group or activity, or violates RITES' principles of conduct.
  
- I understand RITES will not issue refunds or credits after June 12, 2010 for its academic programs.
  
- I understand non-payment will result in my child not being able to attend. Any additions to the original registration after the printed deadline will require full payment at that time.
  
- If I arrive late for dismissal, I understand I will be charged \$20 for each 15-minute increment after the dismissal time.

Signature \_\_\_\_\_





Date \_\_\_\_\_

# WRITING SAMPLE

Required for all programs, except SA4 math class and individual tutorials.

To complete the application, we are asking for a writing sample that is to be done by the child with no assistance.

## Directions:

-  On a separate piece of paper, spend 10 to 20 minutes writing a paragraph about a topic listed below.
-  Do not exceed 20 minutes.
-  Make a rough draft, then edit and proofread it.
-  Send in the final handwritten copy with the application.

Choose ONE of the following topics and write a paragraph about it:

- 1) What is your favorite sport or activity and why?
  - 2) Whom do you admire and why?
  - 3) What do you like best about yourself and why?

## APPLICATION INFORMATION

**Deadline: May 28, 2010** (after deadline, please check for availability)

UTES Summer Programs have an application process to ensure that the program matches your child's needs to maximize instruction and learning. Acceptance is based on appropriate match of student need to the program's curriculum and scope, as well as space. You will be notified by mail as soon as possible. If your child is not accepted into the program, we will let you know the reason for the decision and try to assist you with other options.

**If you are planning to be away for one week or more during the course dates, your child will not receive the greatest benefit from our program. We recommend our individual tutoring services as an alternative in these cases.**

### Application Checklist:

All of the following must be submitted before we can process your application.

Course application form(s):

- Application form
- Medical form (for Providence and Barrington programs only)
- Teacher questionnaire
- Parent questionnaire
- Writing sample
- A copy of any evaluations and/or IEP
  - If you are a returning student and we already have this information, you do not need to send again unless this information has been updated
- Deposit check of **\$300.00** to hold the space.
  - For Pawtucket twice-weekly courses, the full fee of \$250 or \$315 is due
  - If your child is not accepted into the program, your deposit will be refunded in full

Make checks payable to: **Rhode Island Tutorial & Educational Services (UTES)**

Mail to:

**UTES**

**334 East Avenue**

**Pawtucket, RI 02860**

If charging to Visa/MasterCard/American Express, please use form on page 14.