



**HORIZONS**

**IS**

**AN**

**ACADEMIC SUMMER  
CAMP**

**ACCEPTED STUDENTS WILL DO  
SCHOOLWORK AND OTHER  
ACADEMICALLY RELATED WORK  
DURING THE SIX WEEKS OF THE  
HORIZONS PROGRAM**

**PLEASE DO NOT ENROLL  
STUDENTS WHO DO NOT KNOW  
THEY ARE ENTERING AN  
ACADEMIC SUMMER CAMP!**

Phone: 317-926-0425 (ext. 700)

[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)

# HORIZONS URBAN STUDENT ENRICHMENT PROGRAM



## STUDENT APPLICATION

SUMMER 2008

JUNE 9 – JULY 18, 2007

8 AM – 5 PM DAILY

ST. RICHARD'S SCHOOL

33 EAST 33<sup>RD</sup> STREET

INDIANAPOLIS, IN 46208

Before May 15, 2008  
\$110 per student

\$85 for each additional student per family household\*  
Scholarships are available for those who qualify due to income.

After May 15, 2008  
**Late Registration Fee of \$160**  
Flat fee per student regardless of family relationships\*

\* Family Household does not include students who do not live with family during the regular school year (i.e., cousins, niece, nephew, etc.)

<http://www.horizonskidsnational.org/html/strichards.html>  
[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)



Dear Interested Horizons Family:

Thank you for your interest in the Horizons Urban Student Enrichment Program. **OUR PROGRAM GIVES FIRST PRIORITY TO IPS (Indianapolis Public School) Students** – But accepts out of IPS (Private School and Township) Student Applications Beginning on April 1<sup>st</sup>.

We appreciate your interest in our **academically** based program and ask you thoroughly read the following materials **BEFORE** registering your students for our program for this summer. Please do not register late and expect your students to immediately enter the Horizons Program. **FAMILIES WHO APPLY LATE WILL BE REVIEWED IN THROUGH THE SAME PROCESS AS THOSE WHO APPLIED ON TIME – BUT MUCH LATER IN PRIORITY THAN THOSE WHO APPLIED ON TIME.**

Horizons is an enrichment program designed to promote the potential of a diverse population of children from low-income families. Guided by a professional faculty in a nurturing environment, the program emphasizes academics, the arts, intramural sports and social growth. Horizons is committed to the development of the whole child through experiences that enhance self-esteem, foster awareness of community responsibility, build problem solving skills, and encourage a life-long interest in learning.

Our program is not for all students. We are interested in hosting students who are struggling academically and would like help or students who are doing well academically and would like to continue on the path toward college. Our program is **not** designed for the following youth:

- Students with behavioral problems (Disrespect for authority)
- Student who are not interested in doing better in school.
- Students who want to pick and choose the activities they like.
- Students who require a “day care” type scenario.

The following behavioral issues will not be tolerated:

- Sleeping in class
- Fighting
- Disrespecting authority
- Improper dress
- Theft of any kind

Should your student be sincerely interested in improving academically, please complete all attached forms, and send them in an envelope before May 15. Students who meet Horizons’ standards are admitted on a first-come, first-serve basis- there are only 12 spots per classroom (K-8). Please submit application materials as soon as possible, as particular grade-level may reach capacity well before the application deadline.



Students are placed in the *classroom grade they recently completed* in the most recent school year (e.g., first graders go back into the first grade classroom at Horizons, kindergarten students go back into the kindergarten classroom at Horizons).

Our program runs from **8 am – 5 pm each day**. **WE DO NOT** accept any student before 8 am, unless prepaid before and aftercare forms are completed and WE DO NOT keep students past 5 pm. Please pick up your student before 5 pm or you will receive a \$25 per minute charge for every minute after 5 pm you do not pick up your child.

**All program applications should include a fee of \$110.00 per student (\$85 for any additional children per household)**

**(After May 15 program fees are \$160 per student – regardless of additional students per household)**

**Program fees WILL NOT BE refunded under any circumstances.  
On time Horizons applicants are accepted at a 99% rate.**

**NOT ALL STUDENTS WILL BE ACCEPTED DUE TO EXTENUATING AND INDIVIDUAL STUDENT CIRCUMSTANCES.**

**LETTERS OF ACCEPTANCE WILL BE MAILED BY JUNE 1.**

<http://www.horizonskidsnational.org/html/strichards.html>  
[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)



**HORIZONS PROGRAM**  
**TEACHER RECOMMENDATION**

*(Two Recommendation Forms Required)*

Student Name: \_\_\_\_\_

The aforementioned student is applying for admission to the Horizons Program which is a year round academic program public school student. Please provide your answers to the following questions to help us with admissions decisions for this summer.

1. Please tell us the aforementioned student’s academic strengths and weaknesses:
  
2. What behavioral issues do you encounter in working with this student?
  
3. Does this student display “backtalk”, “a smart-mouth” or any physical reactions (Rolling eyes, “talk to the hand”, neck rolling, etc.) when responding to authority? If yes, please explain.
  
4. Please tell us about this student’s overall attitude toward academics and school work.
  
5. Do you recommend this student for the Horizons Program? -

**Name of Recommender:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

Please *confidentially* mail this form to Horizons Program, 33 East 33<sup>rd</sup> Street, Indianapolis, IN 46208, or fax to 317-921-3367. Please call 926-0425 ext. 700 should you have questions regarding our program.



**PLEASE DO NOT** register students who will miss portions of the Horizons Program due to vacations. Students who miss any portion of the program due to vacations will not be allowed to return.

**Application fees will not be refunded under any circumstances.**

Please consult with the Executive Director with regard to any vacations that are previously scheduled and include a letter stating the days your vacation is scheduled.

THANK YOU

THE HORIZONS PROGRAM  
33 East 33<sup>rd</sup> Street  
Indianapolis, IN 46208

<http://www.horizonskidsnational.org/html/strichards.html>  
[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)



**PLEASE:**

Complete all paperwork and mail to:

**THE HORIZONS PROGRAM  
33 East 33<sup>rd</sup> Street  
Indianapolis, IN 46208**

<http://www.horizonskidsnational.org/html/strichards.html>

[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)

before May 15<sup>th</sup> to avoid late fee of an additional  
\$50 per student.

Only Indianapolis Public School (IPS)  
students may register before April 1<sup>st</sup> unless  
your student is a returning Horizons  
student.

Any Indianapolis area student may register  
after April 1<sup>st</sup>.

Letters of acceptance will be mailed by June 1<sup>st</sup>.

**THE HORIZONS PROGRAM**

**33 East 33<sup>rd</sup> Street**

**Indianapolis, IN 46208**

[horizonsindianapolis@hotmail.com](mailto:horizonsindianapolis@hotmail.com)

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# Horizons Program

## Senior Student

### Essay Application

Grades 4-8

Students must answer all of the following questions, typed, and include them with their application. Students not providing all application materials **will not be accepted.**

Please attach typed essays to this form.

#### Question #1

In exactly 50 words tell us why you should be invited to participate in the Horizons Urban Student Enrichment Program?

#### Question #2

In no more than 250 words, answer the following question:  
What are your academic goals and how can attending the Horizons Program help you obtain those goals?



# Horizons Program

Junior Student

Essay Application

Grades K-3

Students in grades 1-4 must answer the following questions **with the help of their parents** Students not providing all application materials **will not be accepted.**

Please attach written essays to this form. Students may use the space below.

## Question #1

Why do you want to attend the Horizons Urban Student Enrichment Program?



## **HORIZONS URBAN STUDENT ENRICHMENT PROGRAM Rules Form**

**(Two Copies of this Form should be submitted with Registration)**

If my child is accepted into the Horizons Urban Student Enrichment Program for this summer, I will make certain, we, as a family, have read and will discuss the following program rules before they attend the Horizons program:

### **Improper Clothing & Dress is NOT Permitted**

- **No sagging Pants – Male students must wear belts daily**
- **No hats or “head wraps” or other distracting clothing are allowed in the Horizons Program**
- **Inappropriately Dressed female participants will be sent home for the day.**

**CELLULAR PHONES ARE NEVER ALLOWED IN OUR CAMP!**

**VIDEO GAMES OF ANY TYPE ARE NEVER ALLOWED IN OUR CAMP!**

**MP3 Players are NOT allowed in our camp unless related to a classroom Assignment.**

**Theft & Possession of stolen property will not be tolerated**

**Program officials will not tolerate disrespect of:**

- **Other students (fighting, bullying, or other unacceptable behavior)**
- **Teachers**
- **Administrators**
- **Field Trip Administrators**
- **St. Richard’s School Property**

### **System of Discipline**

- **First rules violation:**
  - **Environmental Experience (cleaning facilities)**
  - **No Field Trip (next scheduled)**
- **Second rules violation:**
  - **Program removal for the day – transported to parent’s place of work.**
  - **Two Missed Field Trips (next two scheduled)**
- **Third rules violation:**
  - **Permanent program removal - no return thereafter**

As a parent, I will work with my student to help them understand these rules and seek to be involved in the program as a volunteer, when my schedule affords an opportunity, in any capacity which will enrich the educational experience for my student and the Horizons Program.

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**Parent Signature**

---

**Student Signature**



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---

**Parent Signature**

---

**Student Signature**





## EMERGENCY CONTACT INFORMATION

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

Name of Parent/Guardian \_\_\_\_\_  
First Middle Initial Last

Name of Medical Physician \_\_\_\_\_  
First Last

Name of Medical Office \_\_\_\_\_  
Name City

Medical Office Number \_\_\_\_\_

Allergies to Food \_\_\_\_\_  
List Name of Food(s)

Allergies to Medications \_\_\_\_\_  
List Medication(s)

Medical Illnesses \_\_\_\_\_

\*\*If a circumstance were to arise that your child would need a pain reliever can they be given:

Advil Tylenol  
(Please circle)

EXTREME EMERGENCY CONTACT NUMBER \_\_\_\_\_



## **Art with a Heart 2008 Summer Camp Registration**

**Camp Dates:** June 11-15 **Location:** Horizon Urban Student Enrichment Program (St. Richards School)

**Please complete all information and return no later than June 9, 2008**

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Child's Age as of June 1<sup>st</sup> \_\_\_\_\_ Gender: (circle one) Male / Female

Race: (circle one) African-American / Asian / Caucasian / Hispanic / Bi-Racial / Other

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County You Live In: (circle one) Marion / Other: \_\_\_\_\_ Tel. #: (\_\_\_\_\_) \_\_\_\_\_

School Attended 2007-2008 \_\_\_\_\_ Grade entering Fall 2008 \_\_\_\_\_

(Note: The reason why we ask the following information is for grant reporting purposes, so that our granters are sure that the money they are giving us is used to help the people we promised to serve).

Number of persons in household

Check this box if your household income is less than \$42,000 / year

Check this box if your child receives book rental or subsidized lunch

Child Lives with: (circle one)

Two Parents / Single Parent (Female) / Single Parent (Male) / Grandparent / Other

Parents' Names \_\_\_\_\_

Cell Phone: (father) \_\_\_\_\_ Cell Phone: (mother) \_\_\_\_\_

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

Does your child have any kind of learning disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain

\_\_\_\_\_

We would love to have your help and involvement. As a parent, would you be interested in volunteering by preparing art material, matting artwork, hanging displays, etc.? Y / N

We will be having an Art Exhibit at the end of the camp \_\_\_\_\_ to celebrate and view the children's creative brilliance. We believe that this is a very important part of the program. Will you make every effort to come? Y/N

Do you want your child to be considered for Saturday Honors art program next year? Y / N



The program is for passionate, talented art students. If your child is chosen, you would be responsible for getting your child to Kaleidoscope of Art Studio Address: 6002 Sunnyside Rd. on Saturdays during the school year.  
If yes, please name your child or children:

\_\_\_\_\_

**I give my permission to Art with a Heart to use photographs and videotape of my children during the classes for educational and promotional purposes only.** Photographs may be used in the creation of informative DVDs, annual reports, newsletters, thank you letters and cards, and displayed on the AWaH website. Pictures may also be included with AWaH press releases for publication in newspapers, magazines, etc.

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



## HORIZONS STUDENT ENRICHMENT PROGRAM

### PERMISSION FORM

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

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

1. I give permission to my child's school to release the following annual school records to the Horizons Student Enrichment Program (if within the past 3 years): Academic (Grades and comments), Health, Attendance, and Psychological (within last 3 years), other (specify): \_\_\_\_\_.
2. I am aware that I may review or challenge the records prior to their release. This permission to release information to Horizons about my child is to be in effect for the duration of his/her enrollment in the Horizons Program and for the duration of his/her high school years.
3. I give permission to Horizons for my child to participate in and be transported to and from field trips, camping, and any other special events.
4. I authorize pictures and quotes of my child to be taken during Horizons to be reproduced for use in media and publications.
5. I give permission for my child to take part in all summer program activities including trips away from the school premises, and hereby release the Horizons Student Enrichment Program and St. Richard's School-Indianapolis from liability to me or to my child for any loss or damage sustained by me or my child because of an injury to my child while at Horizons, during any Horizons activity, or while being transported to and from Horizons.

Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_

**CURRENT SCHOOL NAME** \_\_\_\_\_



## **HORIZONS URBAN STUDENT ENRICHMENT PROGRAM RELEASE OF LIABILITY**

**Completion of this release is required.**

I \_\_\_\_\_ have voluntarily applied, as parent of a registered child, to participate in the Horizons Urban Student Enrichment Program for six weeks at St. Richard's School in Indianapolis, Indiana.

I understand that there are risks of injuries related to summer camp activities that are my responsibility as a parent. I assume these and all risks for my child during his/her participation in the Horizons Urban Student Enrichment Program.

Please initial \_\_\_\_\_

I agree as consideration for my child being permitted to participate in the Horizons Urban Student Enrichment Program not to sue Horizons-Indianapolis, Horizons National (State of CT), St. Richard's School, its head of school, officers, directors, assigns, agents or employees, or sub-contractors who will provide educational services to the Horizons Urban Student Enrichment Program for injury or death resulting from participation in the Horizons Program and related activities, regardless of the cause, including negligence.

Please initial \_\_\_\_\_

I agree to defend, indemnify and hold harmless the Horizons Program, camp organizers, staff sponsors, grantors and any of the associated officers, agents or employees for injury or death resulting from participation in the Horizons Urban Student Enrichment Program and related activities, regardless of cause, including negligence.

Please initial \_\_\_\_\_

I have read this agreement fully, and understand it. I am aware that this agreement is binding on my heirs and assigns, and that I am releasing certain legal rights that I otherwise may have.

Please initial \_\_\_\_\_

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

Date: \_\_\_\_\_



**PLEASE SUBMIT A RECENT**

**GRADE REPORT**

**AND / OR**

**SCHOOL GRADE SUMMARY**

**WITH YOUR COMPLETE APPLICATION**



**BEFORE YOU SEND THIS APPLICATION  
MAKE SURE EVERYTHING IS INCLUDED!**

**\*\*\*ACCEPTANCE WILL BE DELAYED AND CAN BE DENIED IF YOU ARE LATE  
WITH ANY INFORMATION IN THIS PACKET. \*\*\***

---

- Completed essay -----
- 2 Copies of Rules Forms signed -----
- Annual Student Information Form (Complete- no blanks. FULL Address) --
- Emergency Contact Information (Complete) -----
- Permission Form -----
- Grade Report/Summary -----
- Form of Payment -----
- Art with A Heart Application-----
- Teacher Recommendations (2) -----

**HORIZONS APPLICATION DEADLINE IS  
MAY 15**

**Late Application Fee of \$50 will be  
charged after May 15 - \$160**

## FORM OF PAYMENT

\_\_\_\_\_ **Check enclosed in the amount of  
\$110 (before May 15).**

Check # \_\_\_\_\_

\_\_\_\_\_ **Check enclosed in the amount of \$160  
(After May 15).**

Check # \_\_\_\_\_

\_\_\_\_\_ **Visa/MasterCard/Discover Card # \_\_\_\_\_**

**Exp. Date:** \_\_\_\_\_

**Signature Code:** \_\_\_\_\_

**Debit?** \_\_\_\_\_ **Credit?** \_\_\_\_\_



# NOTES