



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



STUDENT APPLICATION

SUMMER 2009

JUNE 8 – JULY 17, 2009

8 AM – 5 PM DAILY

ST. RICHARD'S SCHOOL

33 EAST 33RD STREET

INDIANAPOLIS, IN 46205

Before May 15, 2009

\$110 per student

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

After May 15, 2009

Late Registration Fee of \$160

Flat fee per student regardless of family relationships*

After June 1, 2009

Late Registration Fee of \$200

Flat fee per student regardless of family relationships*

**All Application materials must be turned in by
the above deadlines or you will be subject to a
\$50 processing fee**

* 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



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 1st.

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 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 skill 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).
- Special Education students or student with mild to severe developmental disabilities.
- Student who are not interested in performing 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



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 33rd 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 previously scheduled and include a letter stating the days your vacation is scheduled.

THANK YOU

THE HORIZONS PROGRAM
33 East 33rd Street
Indianapolis, IN 46205

<http://www.horizonskidsnational.org/html/strichards.html>
horizonsindianapolis@hotmail.com



PLEASE:

Complete **ALL** paperwork and mail to:

**THE HORIZONS PROGRAM
33 East 33rd Street
Indianapolis, IN 46205**

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

horizonsindianapolis@hotmail.com

before May 15th to avoid late fee of an additional \$50 per student and the additional \$50 processing fee.

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

Any Indianapolis area student may register after April 1st.

Letters of acceptance will be mailed by June 1st.

THE HORIZONS PROGRAM

33 East 33rd Street

Indianapolis, IN 46205

horizonsindianapolis@hotmail.com



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 K-3 must answer the following questions **with the help of a parent.** 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:

FIGHTING OF ANY KIND WILL NOT BE TOLERATED. STUDENT WILL BE REMOVED FROM THE PROGRAM FOR UP TO 3 DAYS ON FIRST VIOLATION.

Improper Clothing & Dress is NOT Permitted

- For both Male and Female students skirts and the shorts **MUST** be appropriately fitted, Horizons staff serve as the ultimate judge of appropriate dress for students attending the program. Male students must wear belts daily
- No hats or “head wraps” or other distracting clothing are allowed in the Horizons Program
- Shirt necklines must be modest at all times. Shirts must cover the midriff at all times, even when seated and writing at a desk in order to avoid a visible back. No “spaghetti” strap shirts. Inappropriately Dressed students 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



All students are expected to arrive by 8:55 a.m. every morning. The tardy policy is as follows:

- **1st Tardy: Student will be excluded from after school programs**
 - **2nd Tardy: Student will miss the next scheduled field trip at the student's grade level**
 - **3rd Tardy: Student will be sent home with parents**
- * If you know your student is going to be late please call the office to communicate with a member of the Horizons staff.**

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.

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

Number you can be reached at during the day _____

Parent E-Mail Address _____

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
Summer 2009
Registration Form**

Site: Horizons _____

Student First Name _____ Student Last Name _____

Birth Date ___/___/___

Child's Age as of June 1st _____ 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 Attending 2008-2009 _____ 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 in Household: Household Income: Check this box if your child receives book rental or subsidized lunches

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: (father) _____ e-mail: (mother) _____

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

If yes, please explain _____



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. I have not requested, nor do I expect monetary compensation for granting Art With a Heart the right to use my image as stated.

Waiver of Liability and Medical Treatment Authorization: I/We do hereby present to Art With a Heart this Waiver of Liability/Medical Treatment Authorization for the above participant who is enrolled in the Art With the Heart classes under the auspices of Art With a Heart, and do hereby waive any and all rights and claims against Art With a Heart, its trustees, officers, agents, and employees, arising in or out of the above's participation in this program. I/We understand and agree that Art With a Heart shall provide only emergency medical treatment for any injuries suffered by the undersigned participant in this program and do hereby authorize such medical and/or surgical treatment the medical purveyor thereof to the above named minor while participating in the above under the auspices of Art with the Heart, and I/We assume full responsibility for all medical expenses incurred as a result of injuries suffered by the undersigned participants participation in this program. It is agreed that this waiver of liability is submitted to Art With a Heart as an inducement to enroll the above named student in said program and this agreement is signed as the undersigned's free and voluntary act with full knowledge of the contents thereof.

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 COMPLETED 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. INCOMPLETE APPLICATIONS MAY BE
SUBJECTED TO A \$50 PROCESSION FEE*****

- 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**

***Any incomplete Applications may be subjected to a \$50 processing fee**



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 # _____

_____ **Check enclosed in the amount of \$200
(*AFTER* JUNE 1)**

Check # _____

_____ **Visa/MasterCard/Discover Card # _____**

Exp. Date: _____

Signature Code: _____

Debit? _____ **Credit?** _____



PARENT CAMP

NOTES