



HORIZONS PROGRAM – INITIAL SCREENING APPLICATION

2016 APPLICATION DEADLINE: FEBRUARY 3rd

Horizons at Brunswick School, 1252 King Street, Greenwich, CT 06831 Phone: 203-625-5809

mbarnum@brunswickschool.org

Horizons at Brunswick serves students who qualify for free/reduced-price lunch in Greenwich, CT through 8th Grade. **In 2016, we are accepting applications for current kindergarten students.**

! **SUMMER PROGRAM** - The Summer Program is a Kindergarten through 8th Grade 6-week academic enrichment program that begins June 29^h and ends August 9^h, 2016. Transportation is provided, and the students are on the **Brunswick School campus located at 1252 King Street, Greenwich - Monday - Friday from 8:30am - 3:30pm.** The students participate in academics, music, science, art classes, swimming lessons, and weekly field trips. We require that our students attend the entire summer session. **If your student cannot make the 6-week commitment, please apply another year.**

! **SCHOOL YEAR PROGRAM** - The School Year program provides a Saturday Program for six Saturdays during the school year.

!

INFORMATION SESSION & PIZZA: Ask your son's teacher for the specific date for your school

COMPLETED APPLICATIONS ARE DUE February 3rd to be mailed to Horizons at Brunswick, 100 Maher Ave., Greenwich, CT 06830. Students applying to Horizons are not guaranteed entry into the program. We have limited classroom spaces. We make our decisions in mid-March and acceptance letters are mailed out then.

APPLICANT INFORMATION (only one student per form, please print):

STUDENT'S FULL NAME _____

BIRTHDATE _____ GENDER Male Female ETHNICITY _____

CURRENT GRADE _____ CURRENT SCHOOL _____ SCHOOL FALL 2016 _____

STUDENT LIVES WITH: **MOTHER & FATHER** **MOTHER** **FATHER** **OTHER (please specify):** _____

STUDENT'S ADDRESS (include Zip Code) _____

NAME OF PRIMARY CONTACT _____ RELATIONSHIP TO STUDENT _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____ PRIMARY LANGUAGE SPOKEN AT HOME _____

FATHER'S EMPLOYMENT: _____ 2015 ANNUAL INCOME (*REQUIRED*) \$ _____

MOTHER'S EMPLOYMENT: _____ 2015 ANNUAL INCOME (*REQUIRED*) \$ _____

DOES YOUR STUDENT QUALIFY FOR FREE OR REDUCED COST SCHOOL MEALS? YES NO

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR STUDENT'S SIBLINGS.

NAME	AGE	GENDER	GRADE	CURRENT SCHOOL
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____
_____	_____	M ___ F ___	_____	_____

Total Number in Family (Adults and Children): _____

Are you able to have your student at the bus stop at 8:15am during the summer? Yes No

Are you able to pick-up your student at the bus stop by 3:45pm during the summer? Yes No

How did you hear about Horizons at Brunswick? _____

Why are you interested in having your student participate in the Horizons program? _____

By reading and placing your initials next to the following statements, you hereby declare your understanding that *in the event your student is accepted*, you agree to the requirements and conditions of enrolling your student in the Horizons program:

_____ *My student will attend all 2016-17 Horizons programs including the six week summer program and the six Saturday sessions as requested upon admission.*

_____ *I will pay the 2016-17 program fee of \$25, complete & return all registration paperwork by APRIL 8th, 2016. I understand if I do not, my student will lose his spot in the program.*

_____ *My student & I will attend the Orientation and Assessment Day on Sat., May14th from 9am-12:30pm.*

_____ *I will provide a copy of my student's report cards to the Horizons staff after I receive them after each marking period and send updated medical forms after each annual doctor visit.*

_____ *I will provide Horizons staff with any changes to my family's contact information (school, address, phone, etc.) in a timely fashion.*

PRINT NAME: _____

SIGNED: _____ DATE: _____