



Compass High School

SUMMER PROGRAM REGISTRATION

2017

Today's Date: _____

Mail Application To:
COMPASS HIGH SCHOOL
2040 PIONEER COURT
SAN MATEO, CA 94403

STUDENT INFORMATION

Name of student _____ Prefers to be called _____
 Next grade _____ Age _____ Date of birth _____ Place of birth _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name _____ Parent/Guardian name _____
 Street address _____ Street address _____
 City/State/Zip _____ City/State/Zip _____
 Email address _____ Email address _____
 Best phone _____ Other phone _____ Best phone _____ Other phone _____
 Emergency contact _____ With whom should we communicate _____

ACADEMIC INFORMATION AND SPECIALIZED SERVICES

Does your child have a current IEP? Yes No If so, please include with application.
 Name of current school _____ Grades attended _____
 List special services required (Academic tutoring/Speech and language/Occupational therapy/Counseling) _____
 List the most recent testing administered to your child. Please provide a copy of reports with registration, unless we already have them.
Psychoeducational Date given _____ Examiner _____
Speech/language Date given _____ Examiner _____
Other assessments Type _____
 Date given _____ Examiner _____

HEALTH INFORMATION

Doctor name & phone _____ Dentist name & phone _____
 Medical plan & number _____ Dental plan & number _____
 Does your child have a history of any of the following?
 Constant colds Asthma Headaches Respiratory infections Surgery
 Migraines Tonsillitis Bedwetting Dizziness/Fainting spells Bladder problems
 Abdominal pains Seizures Ear infections Accidents/Broken bones Other*

*If other, please explain _____

HEALTH INFORMATION (CONTINUED)

Is your child currently taking any medications? Yes No If so, please list below.

Medication	Dosage	Times per day	Diagnosis	Supervising Physician

PERMISSIONS

May your child receive occasional over-the-counter medications when necessary (ibuprofen, tums, benadryl, allergy, ointment)? Yes No

May we photograph your child during school activities and reproduce their likeness in school publications? Yes No

Do you consent to have your child participate in supervised walking field trips during the summer program? Yes No

Parent/Guardian signature _____

ENROLLMENT: CHECK EACH SESSION IN WHICH YOUR CHILD WILL BE ENROLLED

Week 1: June 12–16

Week 2: June 19–23

Week 3: June 26–June 30

Morning Afternoon

Morning Afternoon

Morning Afternoon

Full day program \$750 per week. Half day program \$550 per week. Educational therapy \$110 per hour. Speech/language therapy \$125 per hour. Before/after care \$12 per hour. Payment in full due May 1, 2017. Deposit of \$500 due with registration.

MORNING: 9:00-12:30

For morning classes, mark preferences in order from 1 to 4 to indicate which classes you prefer, subject to availability. Each student will attend 3 classes in the morning session.

___ **Math Workshop**

___ **Writing Workshop**

___ **Life Skills Workshop**

___ **Executive Functioning Workshop**

For rising 11th–recent graduates:

___ **Transition Program**

AFTERNOON: 1:00 – 4:30

- **Art**
- **Sports**
- **Science/3D printing**
- **Mindfulness/Yoga**
- **Filmmaking**

Do you wish your child to receive 1:1 learning support/education therapy 2 x per week?

Yes No

Do you wish your child to receive 1:1 speech and language services 1 x per week?

Yes No

Does your child require before-school care starting at 8:00 a.m.?

Yes No Schedule requested: _____

Does your child require after-school care from 4:30–5:30 p.m.?

Yes No Schedule requested: _____