



The Chase Academy, Inc.  
Camp CHASE Summer Programs  
Student Application

Student Information

Student's Legal Name: \_\_\_\_\_  
Last First Middle  
Nick Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/ Legal Guardian: \_\_\_\_\_  
Last First  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Family Information

Family Contact & Pick- up Person/People

1) _____	2) _____
License # _____	License # _____
Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	Email: _____
Work: _____	Work: _____

Emergency Contact Person/People

1) _____	2) _____
License # _____	License # _____
Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	Email: _____

Student History

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_  
What is your student's primary diagnosis? \_\_\_\_\_  
Is your student in an Exceptional Student Education Program? Yes No  
Name of the ESE Program(s):  
(mild / multi VE / language, etc) \_\_\_\_\_

Medical Information

Please list any of the child's diagnoses and the dates they were made; include developmental as well as health related diagnoses.

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

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

Please list any medications the child is currently taking.

Medication: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_ Start Date: \_\_\_\_\_

Explanation of Medication: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_ Start Date: \_\_\_\_\_

Explanation of Medication: \_\_\_\_\_  
\_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies:

Food \_\_\_\_\_

Medication: \_\_\_\_\_

Environmental: \_\_\_\_\_

Is the child's vision within normal limits? YES NO

If no, please explain: \_\_\_\_\_

Is the child currently medically stable? YES NO

If no, please explain: \_\_\_\_\_

Is the child's hearing within normal range? YES NO

If no, please explain: \_\_\_\_\_

Does the child refuse food? YES NO

What are the student's primary maladaptive behaviors? \_\_\_\_\_  
\_\_\_\_\_

How does your child self-soothe / stimulate? \_\_\_\_\_

Name any sensory issues your child will react to: \_\_\_\_\_

The Chase Academy does not administer medication as part of the morning program.

Program & Session Reservation

\_\_\_\_ Exceptional Summer Camp  
Weekly sessions: 8am -5pm  
\$25.00 Registration Fee

Summer "Developmental Play" Camp  
Ages 5 and up; 1:4 ratio 5-8 years; 1-6 all others  
\$200.00 (5-8) / \$150.00 (6 and up) per week

\_\_\_\_ Session I = June 18-June 22 \_\_\_\_ Session II = June 25-29 \_\_\_\_ Session III = July 2-6 \_\_\_\_ Session IV = July 9-13

\_\_\_\_ Session V = July 15-20 \_\_\_\_ Session VII = July 23-27

I understand that each Session must hold a minimum of 4 students for activation. Each session must be booked TWO WEEKS prior to its start. Registration closes June 10 for Session 1. \_\_\_\_\_

\_\_\_\_ Summer Science Sleuths

2<sup>nd</sup>-6<sup>th</sup> Grade Academic Level  
Tier I: 4 Weekly Sessions: 2 hours/ea  
Tuesday OR Thursday  
Breakfast Club: 9:30-11:30  
After-lunch Bunch: 1:30-3:30  
\$140/session \$274/ both sessions

Science Skill Development Program

Tier II: 2-Week Camp Sessions  
Monday – Friday: 9am – 2pm  
Extended Care available for additional fee  
\$25.00 Registration Fee (all camps)  
\$250.00/ session; \$850.00 all 4 sessions

\_\_\_\_ Session I = June 19-July 12

\_\_\_\_ Session I - Splat, Gak, & Fizz June 18-29

\_\_\_\_ Session II = July 12 July 17-August 9

\_\_\_\_ Session II - Under our Feet... July 2-13

\_\_\_\_ Tuesday: \_\_\_\_ BC or \_\_\_\_ A-LB

\_\_\_\_ Session III - It's a Matter of... July 16-23

\_\_\_\_ Thursday: \_\_\_\_ BC or \_\_\_\_ A-LB

\_\_\_\_ Session IV - Earth Explorer July 30 – Aug. 10

I understand that each Session must hold a minimum of 8 students for activation. Each session must be booked TWO WEEKS prior to its start. Registration closes June 10 for Session 1. \_\_\_\_\_

\_\_\_\_ CHASE After Dark

Inclusive-based Camp Experience  
Ages 5 and up; 5:00pm – 10:00 pm  
TCA Member s: \$25.00/session  
\$10.00 Registration for first child, \$5.00 siblings Must be registered camper to attend  
Group Discount rates

Weekend Evening Respite Camp

Friday & Saturday Evenings only  
Pizza & Camp Snacks included  
Non-Members: \$40.00/session  
Camp packages available

I understand that my campers must be pre-registered to attend CHASE After Dark and that I must notify TCA of our intent to come to camp by THURSDAY prior of that week (24 hour s). This is to ensure adequate food and staffing for expected campers.  
Initial \_\_\_\_\_

Signatures

I attest that my child has the stamina to maintain his emotional regulation during the camp session & under most circumstances will not require support beyond those offered to the group as a whole. I understand that any consistently repeated periods of disregulation will mean my child will be removed from the camp session for the enjoyment of the other campers, and the session fees will be forfeited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

I give permission for my child to be photographed while at the school or on a camp function for the purpose of instruction, observation, information/advertisements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

I give permission for the staff of The Chase Academy, Inc. to seek medical attention in case of an accident, injury, or illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

I understand that the children's safety comes first, but that there may be a rare occasion when a child may get hurt from the natural course of play or social interaction, and will not hold The Chase Academy liable for any injury that may occur from the normal course of play. I understand accident reports and witnesses will be provided in writing to all parents for any such incident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

I affirm that all information included in this application is true and correct. I agree to pay a one-time non-refundable registration fee to reserve my child's place.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

**Nondiscriminatory Policy:** The Chase Academy, Inc. will admit students of any race, national and ethnic origin, religion, or sexual orientation and every student will have the same rights, privileges, and programs made available or generally accorded to students at the school. The Chase Academy, Inc. does not discriminate on the basis of race, national or ethnic origins, religion, or sexual orientation in administration of its education policies, admissions policies, financial programs, and athletic or other school administered programs.