



Summer 2023 Paper Application Form

Application Checklist

Please be sure to include all necessary documentation in your application package to ensure that your application is complete. Incomplete applications will be delayed in processing. Applications are due March 6, 2023.

Student Name: _____

Student Grade (2022-2023 School Year): _____

2023 Application through Salesforce or Paper Application Form

[2023 Teacher Evaluation Form](#)

[2023 Signed Family Contract](#)

Most Recent Report Card

Most Recent Physical/Health Examination

Payment \$25 application fee /\$10 per sibling

Address to: Horizons at The Ethel Walker School

Attn: Amira Williams

230 Bushy Hill Road

Simsbury, CT 06070

Any questions or concerns please contact Program & Development Manager Mackenzie

Hine at mhine@my.ethelwalker.org



Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Student First Name: _____

Student Last Name: _____

Student Birthdate: _____

Student Gender: _____

Student Birth State: _____

Hispanic/Latino: Yes or No

Race: _____

Student's Primary Language: _____

Language Spoken at Home: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Student Phone: _____

Student Email: _____

Student's Current Grade: _____

Student's Current School: _____

Does the student qualify for free or reduced lunch? Yes or No

Does the student receive special education? Yes or No



Details about Special Education:

Guardian 1 First Name: _____

Guardian 1 Last Name: _____

Guardian 1 Gender: _____

Guardian 1 Marital Status: _____

Guardian 1 Relationship to Student: _____

Guardian 1 Highest Level of Education: _____

Guardian 1 Phone: _____

Guardian 1 Email Address: _____

Communication Preference: Phone or Email

Guardian 1 Employer Name: _____

Guardian 1 Title/Position: _____

Guardian 1 Business Address: _____

Guardian 1 Business Address City: _____

Guardian 1 Business Address State: _____

Guardian 1 Business Address ZIP: _____

Guardian 2 First Name: _____

Guardian 2 Last Name: _____

Guardian 2 Gender: _____

Guardian 2 Marital Status: _____



Guardian 2 Relationship to Student: _____

Guardian 2 Highest Level of Education: _____

Guardian 2 Phone: _____

Guardian 2 Email Address: _____

Guardian 2 Employer Name: _____

Guardian 2 Title/Position: _____

Guardian 2 Business Address: _____

Guardian 2 Business Address City: _____

Guardian 2 Business Address State: _____

Guardian 2 Business Address ZIP: _____

Annual Family Income: _____

How many guardians are at home? _____

Number of People living in Household? _____

Is this student currently in Horizons? Yes or No

Number of Siblings: _____

Sibling 1 First Name: _____

Sibling 1 Last Name: _____

Sibling 1 Date of Birth: _____

Sibling 1 Gender: _____

Is Sibling 1 a Horizons Student? Yes or No

Is Sibling 1 a Horizons alum? Yes or No



Does Sibling 1 live with student? Yes or No

Sibling 2 First Name: _____

Sibling 2 Last Name: _____

Sibling 2 Date of Birth: _____

Sibling 2 Gender: _____

Is Sibling 2 a Horizons Student? Yes or No

Is Sibling 2 a Horizons alum? Yes or No

Does Sibling 2 live with student? Yes or No

Sibling 3 First Name: _____

Sibling 3 Last Name: _____

Sibling 3 Date of Birth: _____

Sibling 3 Gender: _____

Is Sibling 3 a Horizons Student? Yes or No

Is Sibling 3 a Horizons alum? Yes or No

Does Sibling 3 live with student? Yes or No

Sibling 4 First Name: _____

Sibling 4 Last Name: _____

Sibling 4 Date of Birth: _____

Sibling 4 Gender: _____

Is Sibling 4 a Horizons Student? Yes or No

Is Sibling 4 a Horizons alum? Yes or No

Does Sibling 4 live with student? Yes or No



Emergency Contact 1 Full Name: _____

Emergency Contact 1 Phone Number: _____

Emergency Contact 1 Address: _____

Emergency Contact 1 Relationship to Student: _____

Emergency Contact 2 Full Name: _____

Emergency Contact 2 Phone Number: _____

Emergency Contact 2 Address: _____

Emergency Contact 2 Relationship to Student: _____

Emergency Contact 3 Full Name: _____

Emergency Contact 3 Phone Number: _____

Emergency Contact 3 Address: _____

Emergency Contact 3 Relationship to Student: _____

Allergies/Medical Conditions: Yes or No

Allergy Medication/Condition Details: _____

Regular Medication: Yes or No

Current Medication List: _____

Over the Counter Administration: Yes or No



Over the Counter Administration Details: _____

Physician Name: _____

Physician Address: _____

Physician City: _____

Physician State: _____

Physician ZIP: _____

Physician Preferred Hospital: _____

Healthcare Insurance Provider: _____

Insurance Policy Number: _____

Insurance Group Number: _____

Insurance Policy Contact Number: _____

Is the student in after school activities? Yes or No

After school activities details:

Does the student know how to swim? Yes or No

Shirt Size: Small Youth, Medium Youth, Large Youth, XL Youth, XXL Youth

How did you hear about Horizons?



Annual School Records

I give permission to Horizons to release my child's records, including assessment, academic performance, attendance, and disciplinary, with my child's school. This permission to release information is to be in effect as long as my child is enrolled in Horizons. I am aware that I may review or challenge any records or information prior to release. All information and materials of any kind exchanged during this process will be confidential and will not be disclosed to my child or my family. I understand that in order for my child's school to share information with Horizons I will need to complete the required paperwork with my child's school and/or school district. I understand that without this release I will be responsible for sharing any school related information with Horizons, and I agree to do so.

Guardian Initials _____

Field Trips

I give permission for my child to take part in all program activities including academic and health assessment, and trips away from the school premises. I give permission to Horizons for my child to participate in and be transported to field trips, swimming, and other special events taking place during the summer program and school year activities. I hereby release Horizons and its partners 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.

Guardian Initials _____



*** Picture Release**

I authorize photos of my child that were taken during Horizons, quotes of my child, my child's art work, project work, and writing by my child to be reproduced for use in media, publications, and fundraising, by Horizons and its partners.

Guardian Initials _____

Internet Use

I give permission for my child to use the Internet at Horizons and hereby release Horizons and the host school from any associated liabilities.

Guardian Initials _____

Attendance Policy

I understand that I must comply with the attendance policy set by Horizons. I understand that if I do not comply with the attendance policy then my child may be asked to leave Horizons.

Guardian Initials _____



Transportation Notice

If my child's transportation plans to and from Horizons change for any reason, or if my child will be picked up early, or by someone other than the guardian, I will provide the information in writing, prior to the transportation time.

Guardian Initials _____

Contact Info Change

I will notify the Horizons office immediately if my family and/or emergency contact information changes, including phone number, address, email, or school changes.

Guardian Initials _____

Medical Release

In the event of an illness or health issue, Horizons will notify the parent/guardian. The parent/guardian will arrange to have the child picked up from the program as soon as possible, if requested by Horizons. I will inform Horizons within 24 hours or the next business day, after my child or any member of the immediate household is diagnosed with a reportable communicable disease, as defined by the State Department or Board of Health and as informed by a medical professional, except for life threatening diseases which must be reported immediately. In the event of an emergency, Horizons will notify the parent/guardian as soon as it is safely possible. In the event of a serious or life-threatening emergency, Horizons and its representatives have my permission to arrange for emergency care and to arrange for



transportation to the nearest hospital (Ambulance care and transportation). The hospital and its staff have my permission to provide any treatment deemed necessary for the safety and well-being of my child. If I wish to withdraw this consent, I will notify Horizons in writing and state my reasons for withdrawing consent.

Guardian Initials _____

Data Sharing

I understand that Horizons will occasionally share non-identified (no names, or personally identifiable information about a student) data with its partners. Horizons will keep any information that could lead to the identification of a student out of these data sets. I understand that Horizons will provide a data release form before sharing any personally identifiable data. Horizons will always follow the requirements of the Family Educational Rights and Privacy Act (FERPA) in protecting educational data and will follow the requirements of the Health Information Privacy Accountability Act (HIPAA) in protecting medical data. I understand that I can contact Horizons with any questions about its data policies and practices.

Guardian Initials _____