

**SUPER SUMMER 2019 REGISTRATION**

Checks for tuition (Session 1: \$289, Session 2: \$349) Make payable to "Super Summer LLC".

Please mail the appropriate fee(s) along with this completed form and proof of giftedness to: Super Summer 2019, John Schert, 5803 NW 67<sup>th</sup> Court, Gainesville, FL 32653. You are encouraged to register as soon as possible since classes tend to fill up quickly. Your cancelled check, together with your forthcoming confirmation letter, will serve as your receipt.

Students Name: \_\_\_\_\_ Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade entering in Fall 2019-2020: \_\_\_\_\_

School Attending: \_\_\_\_\_ Home Phone\*: \_\_\_\_\_ Work Phone\*: \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ Email Addresses: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parents Occupations: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who may pick up your child? (Include name, phone, etc.) \_\_\_\_\_

\* Numbers required.

**In an emergency contact:**

Name \_\_\_\_\_ Phone Numbers (Home, Cell, etc.) \_\_\_\_\_

Transport child to \_\_\_\_\_ (name of hospital, emergency service, doctor's office)

Students enrolled in Super Summer are required to have health insurance coverage.

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special Concerns (medication(s) and/or disabilities) \_\_\_\_\_

**Qualifications:** Proof of giftedness or participation in the gifted program must be submitted for **ALL STUDENTS** enrolling in Super Summer 2019.

Please check all statements below that apply to the applicant. Please attach documentation of participation in the gifted program or a Gifted (IQ) Report performed by a School Psychologist who is employed by the Alachua County School Board or is licensed by the State of Florida. For children entering first grade, please attach the Alachua County **Checklist of Gifted Characteristics**. This is to certify that: \_\_\_\_\_

- \_\_\_\_\_ 1. Is a participant in the school gifted program (**Attach Gifted Education Plan or IQ REPORT**)
- \_\_\_\_\_ 2. Has previously participated in Super Summer **PLEASE INCLUDE A COPY OF THE STUDENTS EDUCATIONAL PLAN (EP) OR AN IQ REPORT EVEN IF YOUR CHILD HAS PARTICIPATED IN SUPER SUMMER PREVIOUSLY.**
- \_\_\_\_\_ 3. Has advanced ability based on the following data (**Attach copy of checklist/recommendation/ or IQ report**).
  - \* Test \_\_\_\_\_ Scores \_\_\_\_\_
  - \* Professional Recommendation (**Include a copy of the IQ report or Gifted Behavior Checklist and professional letter**)  
Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_
- \_\_\_\_\_ 4. Has participated or has been invited in the Lyceum Program at Lincoln or in the Cambridge Program at Westwood. You must attach proof of participation or an invitation (**invitation letter, class schedule, progress report**).

**Permission Form:** I give permission for my child \_\_\_\_\_ to participate in Super Summer 2019, and I give permission for my child to go to Westside Park and to Possum/Hoggetown Creek as part of the Super Summer classes. I indemnify and release Super Summer LLC, Super Summer teachers, staff, and the Alachua County School Board from any and all liability. **Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Please tell us about your child's strengths, interests, concerns, allergies and special needs, including medications and their purpose. You may use the back of this form or attach an additional sheet.

\_\_\_\_\_ My child will be picked up at 1:00 p.m. at the bus circle at Westwood Middle School **OR**

\_\_\_\_\_ My child will participate in Westwood Extended Day Sport and Fitness Camp during Session 1.

\_\_\_\_\_ My child will participate in Westwood Extended Day Sport and Fitness Camp during Session 2.