



APPLICATION FOR SUMMER ENRICHMENT PROGRAM

Week 1 (June 22-26) _____ - Pittsburgh New Church School

Week 2 (June 29-July 3) _____ - Pittsburgh New Church School

Week 3 (July 6-10) _____ - Robert Morris University

Week 4 (July 13-17) _____ - Robert Morris University

Parent or legal guardian should complete this form

The Pittsburgh New Church School is a non-profit institution which does not discriminate on the basis of race, color, religion, nationality, or ethnic origin in administration of its policies and programs.

Date: _____

Student Name _____ Preferred Name/Nickname _____

Contact Email _____ Current Grade _____

T-Shirt size: Youth S M L XL

Date of Birth _____

Home Address _____ City _____

State _____ Zip/Postal Code _____ Primary Telephone _____

With whom does the applicant reside? _____

Father/Male Guardian's Name _____ Primary Email _____

Occupation/Title _____ Company Name, City & State _____

Telephone _____ Cell Phone _____

Mother/Female Guardian's Name _____ Primary Email _____

Occupation/Title _____ Company Name, City & State _____

Telephone _____ Cell Phone _____

Student Name _____

To whom should bills be addressed? _____

Provide billing address if different from the applicant's _____

Summer address if different from home address _____

PLEASE RESPOND TO THE FOLLOWING (Please use additional pages if needed.)

1. Has your child been diagnosed with a learning disability? Please explain.
2. What special education services has your child received?
3. Please provide the name, address and telephone number of the attending professional and the reason for consultation

If your child is currently receiving professional counseling or therapy, or has in the past.

Name: _____ Position: _____

Address: _____

Telephone: _____ Dates: _____

Reason for consultation: _____

4. Please list any medical conditions significant to your child's well-being (include allergies)
5. Is there anything else we should know about your child?
6. What are the applicant's plans for the following school year?
7. What do you perceive to be your child's strengths, abilities and talents?

Student Name _____

- 8. What do you perceive to be your child's area (s) of greatest need and difficulty?

- 9. What would you like to see your child accomplish at the PNCS Summer Program?

EMERGENCY CONTACTS (IF WE ARE UNABLE TO REACH PARENTS)

Name	Relationship to student	Telephone number(s)
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Name	Relationship to student	Telephone number(s)
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Other Children in the Family

Name	Age	Grade/level of education
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Name	Age	Grade/level of education
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Name	Age	Grade/level of education
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Name	Age	Grade/level of education
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May we provide your name as a resource for families interested in PNCS Summer Program?

If yes, your name(s) and preferred method of initial contact: _____

Home telephone _____ Cell _____

Work telephone _____ Email _____

How did you learn about PNCS (i.e., consultant, school, organization, internet, friend, etc.)

Please provide the name, if possible _____

Scholarship Request

PNCS has a limited amount of full week tuition scholarships for students diagnosed with dyslexia or another reading disability. Students wishing to be considered for a scholarship must:

1. Complete a scholarship request form
2. Complete a Summer camp application
3. Have a diagnosis of Dyslexia or other reading disability
4. Have this form signed by either the student's academic tutor, teacher, or school principal

I am requesting a tuition scholarship for my child _____. He/She has been officially diagnosed with the following reading disability: _____.

Week(s) Requested

1 _____ 2 _____ 3 _____ 4 _____

I (Academic official's name and title) _____

attest that (student) _____ has been diagnosed with the reading disability listed above.

Parent Signature: _____

Academic Official Signature: _____

Date: _____

Please note that scholarships are limited and will be considered on a first-come, first-served basis. Students may not receive all or the exact weeks requested. Maximum scholarship is 2 weeks.

Scholarships made possible by a grant from The Peirce Family Foundation

If you have any questions, please contact 412-731-0122

Please email to secretary@pittsburghnewchurchschool.org or mail to:
The Pittsburgh New Church School
299 Le Roi Road
Pittsburgh, PA 15208