



APPLICATION FOR SUMMER ENRICHMENT PROGRAM

Grades 1-6

AM

M-F 8:00am - 12:00pm

Week 1 ____ (June 13 - 17)

Week 2 ____ (June 20 - 24)

Week 3 ____ (June 27 - July 1)

Week 4 ____ (July 5 - 8)

PM

M-F 12:00pm - 4:00pm

Week 1 ____ (June 13 - 17)

Week 2 ____ (June 20 - 24)

Week 3 ____ (June 27 - July 1)

Week 4 ____ (July 5 - 8)

Cost is \$50.00 for ½ day and \$100 for full day session per week. Students must attend the morning session in order to stay for the afternoon. Students may attend any combination of weeks, 2-week minimum. Scholarships are available based on financial need.

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: _____

Applicant's Name _____ Preferred Name/Nickname _____

Applicant's Email _____ Current Grade _____

T-Shirt size: Youth S M L XL

Date of Birth _____

Home Address _____ City _____

State _____ Zip/Postal Code _____ Home Telephone _____

Student Name: _____

With whom does the applicant reside? _____

Father/Male Guardian's Name _____ Primary Email _____

Telephone _____ Cell Phone _____

Mother/Female Guardian's Name _____ Primary Email _____

Telephone _____ Cell Phone _____

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?

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

3. Please provide the name, address and telephone number of the attending professional and the reason for consultation:

Name: _____ Position: _____

Address: _____

Telephone: _____ Dates: _____

Reason for consultation: _____

4. Please list any medical conditions significant to your child's well-being (include allergies)

Student Name: _____

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?

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 LEGAL GUARDIANS)

Name	Relationship to student	Telephone number(s)
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Name	Relationship to student	Telephone number(s)
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How did you learn about PNCS (i.e., consultant, school, organization, internet, friend, etc.)
Please provide the name, if possible _____

Please email to secretary@pittsburghnewchurchschool.org or mail to:

The Pittsburgh New Church School
299 Le Roi Road
Pittsburgh, PA 15208

Please make checks payable to "Pittsburgh New Church School"