



## APPLICATION FOR SUMMER ENRICHMENT PROGRAM

### Grades 1-6

M-F 8:00am - 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 the full day session per week. 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)

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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](mailto: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"