

# Summer Programs Application 2007

## I. General Information

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Age during summer: \_\_\_\_\_ Grade Completed May 2007: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Note: Parent, Guardian, or Emergency Contact must be able to be reached at all times during summer programs.*

Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager/Two-Way: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager/Two-Way: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student's Current School (Name & Address): \_\_\_\_\_

Name of Current Teacher/Program Director: \_\_\_\_\_ School Phone: \_\_\_\_\_

For MS and HS students: Current Reading Level \_\_\_\_\_ Current Math Level \_\_\_\_\_

How did you find out about TSD's Summer Programs? Circle one.

TSD Parent Mailout    RDSPD    TSD Website    Newspaper Ad    Parent Referral    Professional Referral Other

## II. Program Information

Check the program(s) your child will attend and enter fee in "Amount Due" box.

	Amount Due
•Parent/Infant Program, June 4-June 29      Day Only /\$40____ (No Overnight Students)	_____
•Early Childhood Education, June 4-June 29      Day Only /\$75____ (No Overnight Students)	_____
•Elementary I (Completed K-2 Grade), June 3-June 15 Day Only /\$75____ Day+After School/ \$150____ Day+Overnight/ \$150____	_____
•Elementary II (Completed 3-5 Grade), June 17-June 29      Day Only /\$75____ Day+After School/ \$150____ Day+Overnight /\$150____	_____
•Middle School (Completed 6-8 Grade)	
Session A: June 3-June 15    Day Only/ \$75____    Day+After School/ \$175____    Day+Overnight /\$175____	_____
Session B: June 17-June 29    Day Only/ \$75____    Day+After School/ \$175____    Day+Overnight /\$175____	_____
•Drivers Education, June 3-June 29      Day Only/\$350____    Day+Overnight /\$500____	_____
Must be age 15 or older prior to June 1, 2007, and have completed 9th grade. Enrollment is limited. Student is required to bring a notarized copy of his/her birth certificate and a valid Texas ID. Students will also need to pass TxDOT vision screening – it is recommended that vision be evaluated before arrival at TSD.	
•High School Credit, June 3 -June 29      Day Only /\$100 ____    Day+Overnight /\$250 ____	_____
Student must have completed 9th grade or above. Indicate classes needed on lines below; classes will be offered in reading, English, and math. May take a one semester course; two courses possible with special permission from instructional supervisor.	
<b>TOTAL</b>	_____

Have you taken this class before?

Credit Course Needed \_\_\_\_\_ Level (9th, 10th, etc.) \_\_\_\_\_ Fall/Spring semester \_\_\_\_\_ Yes    No

Credit Course Needed \_\_\_\_\_ Level (9th, 10th, etc.) \_\_\_\_\_ Fall/Spring semester \_\_\_\_\_ Yes    No

## III. Emergency Contact Information

List two people we can contact in case of emergency.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager/Two-Way: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager/Two-Way: \_\_\_\_\_

### For Office Use Only

Date Received \_\_\_\_\_

Application Accepted \_\_\_\_\_

Money Received \_\_\_\_\_

Pending Further Information \_\_\_\_\_

Check # \_\_\_\_\_ Rcpt # \_\_\_\_\_

## IV. Permissions

**Media release permission:** I give my permission to TSD to photograph/videotape my child for media news releases, electronic media, school brochures and other public relations or TSD television production purposes. I understand these photographs/news will present my child favorably. \_\_\_ Yes \_\_\_ No

**Permission for Transportation Via TSD Vehicles:** My child has permission to be transported in a TSD vehicle for program activities. \_\_\_ Yes \_\_\_ No

## V. Student Information

Circle Student's Preferred Communication Mode: Sign Language ASL English Sign System Oral Cued Speech Other (please explain) \_\_\_\_\_

Was student on a behavior contract or behavior management plan for the 2006-2007 school year? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is this the student's first time away from home? Yes No

Share any legal issues about which TSD needs to be aware. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has legal custody of the student? \_\_\_\_\_

Please list special needs:

◆ Behavior \_\_\_\_\_  
\_\_\_\_\_

◆ Mobility - Does student use a wheelchair, walker, or other assistive device? Physical limitations? Toileting issues? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Dietary - Is student on a special diet? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Communication - Other than hearing loss, does student have any special communication needs? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional information that would help us better serve your student, i.e. strengths, interests, motivators, fears, etc., and list the goals for your student's Summer Programs experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please circle T-shirt size:	Youth Small	Youth Medium	Youth Large	Adult Small
	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large

I hereby make application to the Texas School for the Deaf for my child. I verify that the above information is true and complete to the best of my knowledge. I have enclosed a check or money order (cash not accepted) made out to Texas School for the Deaf in the amount of the total fee for enrollment, and I understand there will be no refunds after May 11, 2007. Acceptance of application fee does not guarantee admission to the program. Refunds will be issued to students who are not accepted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note to Parents: Attached medical and permission forms must also be completed and sent with application and fees. This application will not be considered until all completed, signed forms and payment are received by TSD.***

Please mail forms and payment to:

	<b>Summer Programs 2007 TSD Cashier 1102 S. Congress Ave. Austin, TX 78704-1728</b>	
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For general Summer Programs 2007 information, contact TSD's Educational Resource Center on Deafness (ERCOD) at (512) 462-5329 voice/tty or 1-800-DEAF-TSD, or visit [www.tsd.state.tx.us](http://www.tsd.state.tx.us).

# Texas School for the Deaf Summer Programs

## Medical Information and Permission to Treat

NOTE: The information you provide on this sheet may be shared with administrators, teachers, and the direct care staff so that they can appropriately supervise your child. Any health information you do not wish to be shared should be labeled "confidential" and mailed directly to the TSD Health Center. A nursing supervisor will contact you with any questions or clarifications.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I. IMMUNIZATIONS: ARE YOUR STUDENT'S IMMUNIZATIONS CURRENT? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 WHAT IS THE DATE OF YOUR STUDENT'S LAST TETANUS SHOT? \_\_\_\_\_

II. DOES YOUR STUDENT HAVE ANY ALLERGIES...  
 To MEDICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO What medications? \_\_\_\_\_  
 To FOOD? \_\_\_\_\_ YES \_\_\_\_\_ NO Which foods? \_\_\_\_\_  
 Please list any other allergies: \_\_\_\_\_

III. INSURANCE: Medicaid: \_\_\_\_\_ YES \_\_\_\_\_ NO Medicaid#: \_\_\_\_\_  
 (Please attach a photocopy of your insurance card or fill out the following four lines)  
 Insurance Company Name: \_\_\_\_\_ Policy#: \_\_\_\_\_  
 Policy Holder's Name: \_\_\_\_\_ Policy Phone#: \_\_\_\_\_

IV. MEDICAL HISTORY: My child has a history of the following conditions:  
 \_\_\_\_\_ Asthma \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Usher's Syndrome \_\_\_\_\_ Cochlear Implant \_\_\_\_\_ Shunt  
 \_\_\_\_\_ Pacemaker \_\_\_\_\_ Ear Tubes (please provide ear plugs if will be permitted to swim)  
 \_\_\_\_\_ Other Vision (explain): \_\_\_\_\_ Other implant (explain): \_\_\_\_\_  
 \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Other Medical (explain): \_\_\_\_\_  
 \_\_\_\_\_ Recent Hospitalization (explain): \_\_\_\_\_  
 \_\_\_\_\_ Emotional/Psychiatric Issue (explain): \_\_\_\_\_

NOTE: IF YOUR STUDENT IS REGISTERING FOR DRIVERS EDUCATION AND HAS A SEIZURE DISORDER OR USHER'S SYNDROME, YOU MUST PROVIDE A CURRENT STATEMENT FROM THE TREATING PHYSICIAN SPECIFYING THE PRESENCE OR ABSENCE OF ANY RESTRICTIONS ON DRIVING BEFORE THE STUDENT CAN DRIVE. TSD RESERVES THE RIGHT TO REQUEST PHYSICIAN CLEARANCE IF OTHER MEDICAL CONDITIONS EXIST THAT MIGHT IMPAIR VISION, JUDGMENT, OR DRIVING ABILITY.

V. PERMISSION TO TREAT: I give permission for my child, \_\_\_\_\_ to be treated by the TSD physician and Health Center staff in case of illness and/or to be transported to and receive medical treatment in a hospital emergency department or other health care facility if determined to be necessary by TSD staff. I will be notified of any treatment by a physician. My child is healthy and can participate in all activities except: \_\_\_\_\_

NOTE: SIGNED CLEARANCE FROM A PHYSICIAN IS REQUIRED FOR A CHILD WITH A COCHLEAR IMPLANT, SHUNT, PACEMAKER OR OTHER IMPLANTED DEVICE TO PARTICIPATE IN MANY SPORTS AND PHYSICAL ACTIVITIES.

VI. MEDICATIONS: I give permission for TSD nurses to administer to my child basic over the counter medications (TSD provides), EXCEPT: \_\_\_\_\_, and the following prescribed or over the counter medications that I will provide. I understand the policy of TSD is to only administer medications prescribed by a health care provider licensed to practice in the State of Texas, that are in their original container and labeled with the student's name and administration instructions.

Medication	Dosage & Frequency

My signature below means that I have read and understand this form and that the information I have provided is true and complete to the best of my knowledge.



TEXAS SCHOOL FOR THE DEAF  
SUMMER PROGRAMS 2007



PERMISSION TO PARTICIPATE IN WATER AND FIELD TRIP ACTIVITIES

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

		PERMISSION FOR WATER ACTIVITIES
<p>Please check "yes" or "no" next to each item below.</p>		<p><b>Dear Parent:</b> Before your child can join any water activity: 1) you must give permission; 2) the TSD Health Center must give permission; and 3) your child's swimming abilities will be tested by a Lifeguard and your child's swimming level will be identified—either "deep-water swimmer," "shallow-water swimmer," or "non-swimmer." All staff supervising any type of TSD swimming activity will know your child's swimming level.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Wading Activities at TSD and Other Swimming Areas</b> Students will occasionally be allowed to wade (walk in water 18 inches or less deep) on fieldtrips to creeks, ponds, springs and other locations that have shallow areas in which wading is permitted. Wading may also take place in rubber wading pools on or off the TSD campus.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Instructional Swimming Activities at TSD</b> Instructional swimming activities take place in the TSD Swim Center. Instructional swimming is structured to teach the student how to swim or to perform water activities that a student must learn before the student learns to swim. A Lifeguard or Water Safety Instructor will teach the students and a Lifeguard will be assigned to guard during the activity.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Recreational Swimming Activities at TSD or Off-Campus Pools</b> Recreational swimming activities take place in the TSD Swim Center and at pools off-campus. Students are allowed to go into the pool as deep as their swim level permits and swim or play. A Lifeguard(s) supervise recreational swimming.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Recreational Activities in Natural Bodies of Water</b> TSD may conduct recreational activities at lakes, springs or other natural bodies of water. TSD will ensure that Lifeguards and other necessary supervision is provided for these activities.</p>
		<p>PERMISSION TO GO ON OFF-CAMPUS FIELD TRIPS</p>
<p>___yes</p>	<p>___no</p>	<p><b>Off-Campus Fieldtrips</b> Your child may have the opportunity to go on fieldtrips throughout Austin or Central Texas. The activity may involve hiking, playing outdoor games, roller skating, eating at restaurants, attending museums, playing video games in an arcade, or other activities. An appropriate number of TSD staff will act as chaperones and supervisors on the fieldtrip.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Fieldtrip to Sea World San Antonio/Fiesta Texas-Six Flags</b> Your child may have the opportunity to go on a fieldtrip to Sea World San Antonio and/or Fiesta Texas-Six Flags. The activity may involve going swimming in the large park pool that has lifeguards; riding roller coasters, age &amp; height appropriate rides at the park; playing video games in the arcade. An appropriate number of TSD staff will act as chaperones and supervisors on the fieldtrip.</p>
<p>___yes</p>	<p>___no</p>	<p><b>Fieldtrip to Schlitterbahn or Splashtown Water Parks</b> Your child may have the opportunity to go on a fieldtrip to Schlitterbahn Water Park in New Braunfels or Splashtown Water Park in San Antonio. This activity may involve swimming, tubing, going down water slides. Schlitterbahn and Splashtown provide lifeguards for all activities. An appropriate number of TSD staff will act as chaperones and supervisors on the fieldtrip.</p>

Signature of Parent or Guardian

Date

CC: Swim Center, Student Life