



IDiIL Summer Registration Form

Student Information

Center ID	<input type="text"/>	Student ID	<input type="text"/>	Password	<input type="text"/>	Enrollment Date (M/D/Y)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	<input type="text"/>				Last Name	<input type="text"/>			M.I.	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	(M/D/Y)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Grade	<input type="text"/>
School Name	<input type="text"/>					City	<input type="text"/>		State	<input type="text"/>
Home Address	<input type="text"/>					Street	<input type="text"/>		City	<input type="text"/>
	<input type="text"/>					State	<input type="text"/>		Zip Code	<input type="text"/>
Home Phone	(<input type="text"/>)	<input type="text"/>	-	<input type="text"/>	Center Location	<input type="text"/>				
Session	Pre	I				II				Post
Week		1	2	3	4	1	2	3	4	
9 a.m.- 4 p.m.	<input type="checkbox"/>									
Extended Hours:	8-9 a.m.	<input type="checkbox"/>								
	4-5 p.m.	<input type="checkbox"/>								
	4-6 p.m.	<input type="checkbox"/>								
*Other Programs	<input type="checkbox"/>									

* Please refer to **IDiIL** Summer Program brochure or www.idiil.com for Locations of **IDiIL** Centers that offer other Summer Program.

* Fill in the blanks with check marks for the weeks you wish to attend.

* Fill in the "Other Programs" info. area with "I" for Intensive Academic Enrichment Program or "C" for Computer Day Program for the weeks you wish to attend.

Parental Information

	First Name	Last Name			Phone	Occupation
Mother	<input type="text"/>	<input type="text"/>			(<input type="text"/>) - <input type="text"/>	<input type="text"/>
Father	<input type="text"/>	<input type="text"/>			(<input type="text"/>) - <input type="text"/>	<input type="text"/>
Fax	(<input type="text"/>) - <input type="text"/>	E-Mail:	<input type="text"/>		E-Mail:	<input type="text"/>

Emergency Information

	First Name	Last Name			Telephone
Contact Person	<input type="text"/>	<input type="text"/>			(<input type="text"/>) - <input type="text"/>
Doctor	<input type="text"/>	<input type="text"/>			(<input type="text"/>) - <input type="text"/>

Drop-off & Pick-up Information

How will the child (participant) arrive at the camp?

Child (Participant) may be released to any of the following (Number) people:

Name	<input type="text"/>	Relationship	<input type="text"/>	Phone#:	(<input type="text"/>) - <input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>	Phone#:	(<input type="text"/>) - <input type="text"/>

Participant has permission walk home: Yes No

Signature of Parent or Guardian	<input type="text"/>		Print Name	<input type="text"/>		Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How did you hear about **IDiIL**? (Circle one) Article, Newspaper, TV, Radio, Referral Specify:

Please download and submit the **Agreement Form** and **Health Form** before June 15.



Summer Program Policies

Assessment Test: We require an academic assessment test for all new students so that we can place them at the proper level within our individualized program. It is strongly recommended that you bring your child to one of our centers to do the assessment prior to the start date of the summer program.

Academic Progress: We strongly encourage parents to monitor their child's academic progress throughout the summer camp session. Although our teachers can only give each parent a brief communication about their child's progress at the end of each day, at the end of Sessions I and II, they will provide each parent an academic consultation, in which a detail analysis of each student's academic progress and future plan will be given. Sign-up sheets for these consultations will be posted during the final week of each session. Parents are strongly urged to sign up for these important consultations.

Behavior: To keep the highest quality of your child's learning and to ensure the safety of your child in our program, all students are expected to respect other students and their teachers. Rude behavior such as swearing, hitting, and teasing is not acceptable.

- **IDiIL Summer Program Rules Agreement Form:** On the first day, we will discuss about the rules in indoor and outdoor activities. At the end of the first day, your child will bring home a **IDiIL Summer Program Rules Agreement Form**. Please read through with your child again, sign it yourself, and submit it the next day you drop your child.
- **Parents Collaboration:** If any student's behavior affects the smooth running of the program, and is difficult to correct, parents will be asked to meet with the program director in order to resolve the problem. Sometimes we might suggest some extended discipline at home, such as a ban of his/her favorite TV shows or games. Similarly, for excellent or great improvement on behavior or academic performance, in addition to the reward given in our center, parents are encouraged to offer kids additional reward as a positive reinforcement.
- **3-Strike Policy:** If your child is involved in any behavior that results in physical harm to self or others, they will be disciplined based on our **3-strike policy**, which is as follows:
 - **First strike:** Child will be placed in a **quiet zone** and parent/legal guardian will be contacted promptly.
 - **Second strike:** Child will be suspended from center for 1-3 days depending on the severity of their actions.
 - **Third strike:** Child will be expelled from the center, with **NO REFUNDS**.

Lost Articles: Since we cannot be responsible for lost articles of any kind, please keep any valuables at home and remind your child to be responsible for his or her possessions.

Transportation: While **IDiIL** is not ultimately responsible for transporting your child to our site, we will explore every option to assist parents in this area. If you require



Summer Program Policies

assistance in transporting your child to our site, please call us at (617) 426-4126 to find out about possible car-pooling, busing, and other options.

Departure/Arrival: Non-extended morning drop-off time is 9am-9:15am (bring your children into the center in person), and afternoon pick-up time is 3:45-4:00pm. Pick-up time for the extended program is 5:45-6pm. **Children must be picked-up on time.** If you have **not** signed up for the extended afternoon program and you know that you will not be able to pick up your child on time on a given day, **you must notify us before the day starts**; there will be only a **\$10 charge** each extended period. However, **late pickups without prior notice or pickups after 6:00pm will result in a \$5 charge for every 15 minutes that you are late.** Written notification is required if someone outside of your immediate family/alternative guardian will pick up your child. Parent or guardian may also call ahead of time to leave the name of an alternate pick-up person. It is required that the alternative guardian/pick-up person must always provide identification before taking a child away from the center.

Absences: If your child will not be attending the program on a day for which he/she is registered, please notify our offices as soon as possible. There will be **no refund for absences.**

Payment Policies:

1. To hold a space in the summer program, register with a \$30 registration fee (1/2 price registration fee for current **IDIIL** students) and a deposit of \$100 per child per session. **Your deposit minus a \$30 administrative fee will be refunded for a withdrawal made before June 1.**
2. Payment of the entire outstanding balance is due by **June 1. Failure to make an on-time payment will result in a \$15 late fee**, potential loss of deposit, and risk of losing your space in the camp.
3. Tuition will be subject to change due to any program changes that you make.
4. Discount rates for combined sessions only apply to full sessions and fully paid registration made before **June 1.**
5. There will be a **\$5** administration fee for any change to your program or schedule requested by you.
6. There may be **additional fees** for special events. A notice about these special events will be given. Please pay the fee, if applicable, prior to the event or your child might not be able to participate.

Confirmation and Welcome Letter: A confirmation letter will be sent to you via email, or fax, or postal mail upon receiving your registration with registration fee. Then a detailed schedule and calendar, along with a welcoming letter will be mailed to you around middle of June and/or upon completion of registration if after middle of June. This letter will include a reminder of what your child should bring for regular days or field trip days.

IDIIL Summer Program Agreement Form

A. General Agreement

I have read, understand and agree with all **IDIIL** Summer Program policies (including the **3-Strike Policy**). I understand that **IDIIL** Summer Program is an academic summer program full of learning and fun, and I am fully aware that it is not a licensed recreational camp.

B. General Sickness and Injury

By consenting to this section, I release the **IDIIL** Educational Institute and its staff from all claims of legal and financial responsibility involving injuries and illnesses sustained by my child during his or her time at the **IDIIL** Learning Center. Though **IDIIL** will do its best to ensure my child's safety, I understand that during certain activities there is always some risk of accidental injury.

C. Transportation

I hereby give permission for my child to be transported via bus, subway, or other motorized vehicles while under the guidance of an **IDIIL** instructor. By consenting to this section, I clear **IDIIL** of all legal and financial responsibility involving any incident that may occur during the transportation of my child. Notice will be sent out to parents regarding any additional fees that may be required for transportation purposes during your center's summer program.

D. Photographic/Media Release

I hereby consent to and authorize the use of photographs, films, slides, and videotapes of my children participating in activities for use in public media, advertising, and publicity purposes.

E. Educational Field Trips

My child has permission to attend all educational field trips under the guidance of **IDIIL** instructors pending advanced notification by **IDIIL**. I acknowledge that I am obligated to inform the **IDIIL** staff if my child is not participating in a field trip at the beginning of each session. In that case, I also agree that my child will not go to the center on the field trip day. Field trip fees are included in the full-day tuition. Students who sign up for half-day program need to pay \$25 for each field trip they participate.

Parent Name: _____ Student Name: _____

Parent Signature _____ Date: _____

Center Location _____

IDIIL[®] Learning Center Health Form

THIS FORM MUST BE COMPLETED, SIGNED BY A PHYSICIAN, AND RETURNED
ON OR BEFORE THE FIRST DAY THAT YOUR CHILD ATTENDS THE PROGRAM.

All information provided is strictly confidential.

Child's Name: _____

Parent 1 Name: _____ Daytime Phone: _____

Parent 2 Name: _____ Daytime Phone: _____

Physician's Name: _____ Daytime Phone: _____

Physician's Address: _____

Health Care Coverage:

HEALTH INSURANCE NAME: _____

ID NUMBER: _____

IS THIS CHILD PRESENTLY TAKING ANY MEDICATION? IF SO, WHAT? WHY IS IT BEING
ADMINISTERED AND HOW OFTEN MUST IT BE TAKEN?

DOES THIS CHILD HAVE ANY ALLERGIES? IF SO, WHAT?

DOES THIS CHILD HAVE ANY SPECIAL DIETARY NEEDS? IF SO, WHAT?

DOES THIS CHILD HAVE ANY EXAGGERATED OR UNUSUAL FEARS OR OTHER SPECIAL
NEEDS THAT WE SHOULD BE AWARE OF? IF SO, WHAT?

IS THIS CHILD PRESENTLY BEING SEEN BY A PHYSICIAN, THE STAFF AT A GUIDANCE
FACILITY, OR ANY OTHER HEALTH CARE PROFESSIONAL? IF SO, WHY?

HAS THIS CHILD RECEIVED A CORE EVALUATION?

(turn over)

IMMUNIZATION RECORD

PLEASE INDICATE BY DATES (DAY/MONTH/YEAR), NOT CHECK MARKS!

DIPHTHERIA	Original #1	#2	#3
PETRUISSIS	Series		
TETANUS	Boosters		
(DPT)	(DT after age 6)	#1	#2 #3

POLIO: For each immunization, indicate type: OVP-T Trivalent Oral
OVP-L=S= Salk etc.

List dates: #1 #2 #3 #4 #5 #6

MEASLES Had Natural Infection _____ Live Vaccine _____
MUMPS (Needs no immunization) (Swatz or Edmonston)
RUBELLA Killed Vaccine _____

OTHER IMMUNIZATIONS:

I hereby certify that the above named child has been examined on _____ and that he/she is in acceptable physical condition.

Physician's signature Date

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. (IDIIL staff will transport children to the nearest hospital.)

Parent/Guardian signature Date

THIS FORM MUST BE COMPLETED AND RETURNED TO IDIIL LEARNING CENTER BEFORE YOUR CHILD CAN ATTEND THE PROGRAM.