A Foundation of Children United to Succeed, Inc.

"Developing A Future of Possibilities"

"And they were bringing children to him that he might touch them …" (Mark 10:13-14)

Dates:
Times: Monday - Friday 9:00 a.m. - 3:00 p.m.
Location: 14008 Bridgetown Cir., Chester VA, 23831
Cost: $80.00 per week

Student Information

_____ _____
Student ID Date of Birth

_____ _____
Address City/State/Zip

_____
Phone

Parent Information

_____
Parent Name

_____ _____ _____
Phone Number(s) Work Cell

_____
Email Address

_____
Emergency Contact Person

_____
Relationship to Student

_____ _____ _____
Phone Number(s) Work Cell

_____ _____
Persons ALLOWED to Pick Up Student Phone Number

Persons NOT ALLOWED to Pick Up Student

_____

_____

_____

_____

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BEHAVIOR MANAGEMENT POLICY

Your child is expected to behave appropriately at all times and follow the rules of F.O.C.U.S. Homeschool Summer Academy

Parent Initials
_____I understand that if my child does not follow the rules he or she will receive a verbal warning.
_____I understand that if the misbehavior continues, I will receive a phone call about my child.
_____I understand that if the problem continues, my child will be dismissed from the program.
_____I understand that fighting and/or inappropriate sexual behavior will result in immediate dismissal from the program.

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

I am the parent or legal guardian of the minor named above and has legal authority to execute this consent and release.

Confidential Student Health & Emergency Information

Physician Information _____

_____
_

_____
Physician Name

_____
Street Address

_____
City

_____
Zip Code

_____
Phone Number

_____
Hospital

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LIST ALL MEDICATIONS CURRENTLY TAKEN BY CHILD

Please check all of the medical conditions that apply to your child. Please explain those checked in the space provided. Information will be shared with CISD. Copies of the care plan should go to all the student's teachers, coaches, transportation office (if applicable), food service (if applicable) personnel on a need to know basis.

__Allergies
__Cancer
__Emotional Issues
__Hearing Impaired
__Metabolic Disorder
__Sickle Cell
__Vision Impaired
__Other:

__Food or Insect bite Allergies
__Chronic Earaches/Tubes
__Epilepsy/Seizures
__Heart/Lung Condition
__Mobility Impaired
__Skin Disorder

__Autism
__Diabetes
__Genetic Disorder
__Hyperactivity and/or ADD
__Orthopedic
__Special Education Services

Explanation:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the event physician or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I, the undersigned, do hereby authorize A Foundation of Children United to Succeed, Inc and it's affiliates to contact directly the person named on this document, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of the child.

_____ _____

Parent / guardian Signature Date