

# Hamlin Robinson School

## Summer Program Application

Wednesday, July 5 through Friday, August 12

Please fill out both sides of the application

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Completed \_\_\_\_\_ Entering Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

	Before Care 8 - 9am	Morning 9am - 12pm	Afternoon 1 - 4pm	Full Day 9am - 4pm	After Care 4-5:30pm	Week Total
<b>Week 1</b> (Jul 6 - 8)	<input type="checkbox"/> \$12	<input type="checkbox"/> Slingerland \$800 (4 weeks)	<input type="checkbox"/> Rockets and Space \$75		<input type="checkbox"/> \$18	
<b>Week 2</b> (Jul 11 - 15)	<input type="checkbox"/> \$20	Slingerland (continued) <input type="checkbox"/> Tae Kwon Do \$145 <input type="checkbox"/> *Digital Video \$145 <input type="checkbox"/> ^Experiences in Music \$145	<input type="checkbox"/> Crime Scene Investigation \$125 <input type="checkbox"/> *Digital Video \$145 <input type="checkbox"/> +Experiences in Music \$145		<input type="checkbox"/> \$30	
<b>Week 3</b> (Jul 18 - 22)	<input type="checkbox"/> \$20	Slingerland (continued) <input type="checkbox"/> +Experiences in Music \$145	<input type="checkbox"/> Earth, Our Home \$125 <input type="checkbox"/> ^Experiences in Music \$145	<input type="checkbox"/> *LEGO Robotics \$265	<input type="checkbox"/> \$30	
<b>Week 4</b> (Jul 25 - 29)	<input type="checkbox"/> \$20	Slingerland (continued) <input type="checkbox"/> *Digital Video \$145	<input type="checkbox"/> *Digital Video \$145 <input type="checkbox"/> The Amazing Race \$125 <input type="checkbox"/> *Ultimate Frisbee \$145		<input type="checkbox"/> \$30	
<b>Week 5</b> (Aug 1 - 5)	<input type="checkbox"/> \$20			<input type="checkbox"/> *LEGO Robotics \$265 <input type="checkbox"/> *Ultimate Frisbee \$265	<input type="checkbox"/> \$30	
<b>Week 6</b> (Aug 8 - 12)	<input type="checkbox"/> \$20			<input type="checkbox"/> Tae Kwon Do \$265 <input type="checkbox"/> *LEGO Robotics \$265 <input type="checkbox"/> *Ultimate Frisbee \$265	<input type="checkbox"/> \$30	

### SLINGERLAND SUMMER SCHOOL ONLY

Areas of difficulty:  Reading  Handwriting  Spelling  Oral Language

Approximate (grade) level of performance: Reading \_\_\_\_\_ Spelling \_\_\_\_\_

#### My child has been previously diagnosed as having:

Specific Language Disability  Dyslexia  
 Learning Disability  Other \_\_\_\_\_

#### My child is currently receiving:

Self-contained Special Education  Resource Room  Speech Therapy  
 Tutor  504 Accommodations  Previous multi-sensory instruction

School District \_\_\_\_\_ Teacher \_\_\_\_\_

+(grades 1-3)  
\*(grades 3-7)  
^(grades 4-7)  
(grades 1-7 if not specified)

**Grand  
Total**

### Payment Information

My check is enclosed  
(payable to Hamlin Robinson School)

Please Bill my Credit Card:  
 Visa  MasterCard  American Express

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Summer Program registration is nonrefundable. Registration is on a space available basis. If my desired program is not available, my registration fee will be refunded in full or can be transferred to another workshop of my choosing, if available.

**Return this completed form with your payment to:**

Hamlin Robinson School  
1700 E Union St  
Seattle WA 98122

# Emergency Information

## Medical Information

Hospital	City	Phone
Doctor	Phone	Student's Date of Birth
Health Insurance Provider		Policy Number
Allergies		Student wears glasses:    Yes    No
List all medication student takes on a regular basis		
Other medical information		

## Medical Release

I agree to permit (name) \_\_\_\_\_ to be hospitalized and treated by any licensed physician in case of accident, injury or illness. I further agree to defend, indemnify and hold harmless Hamlin Robinson School, its employees and agents from charges incurred for medical services as a result of such treatment. I further agree to hold harmless Hamlin Robinson School from any and all claims of damages which may be incurred due to the negligence of any such hospital or physician.

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Date
Parent/Guardian Signature

## Emergency Release Permission

Please list ALL adults (carpool drivers, relatives, friends, etc.) who have your authority to transport your child to and from Hamlin Robinson School. This includes daily carpool and any unusual dismissal situations.

Name	Daytime Phone
Relationship to Student	Mobile Phone
Name	Daytime Phone
Relationship to Student	Mobile Phone
Name	Daytime Phone
Relationship to Student	Mobile Phone

**In the event of an emergency, my child \_\_\_\_\_ may \_\_\_\_\_ may not be transported by an HRS staff member**

**Note: Student will only be released to persons authorized on this form.**

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Date
Parent/Guardian Signature

Please list one out of state contact

Name:	Phone:
City and State:	Relation to Student:

