



WESTWOOD'S OLYMPIA ACADEMY

SUMMER ACADEMIC PROGRAM | EST. 2018



*"The Child's Curiosities Should Drive
their Academic Pursuits!"*

JOYNT G. KENNEDY MEMORIAL FOUNTAIN

PROGRAM DETAILS

- **The camp will run 9-4pm, July 23rd through August 10th.** Whoever signs up has to be available for the three-week academic camp. Applicants will have to apply for acceptance.
- Westwood has partnered with University of Texas at Dallas so that students will be taught in University Classrooms!
- All courses will be taught by a lead instructor who possesses a Master's degree and has training and experience with "academically gifted and talented" children.
- All courses will include a Teaching Assistant who will assist the lead teacher in carrying out the teaching.

MIDDLE SCHOOL PROGRAM

Our summer program is premised on the idea that the child's curiosities should drive their academic pursuits. Also because Montessori is at the core of our school, we want to blend the philosophical and pragmatic approaches with that of a rigorous intellectual program which allows the learner to get a head start in her typical classroom environment. We want the process of learning to be fundamentally different to what is available in a traditional programs, but to also offer the heightened degree of rigor and of high engagement. In an Albert Einstein inspired gathering of like-minded thinkers, rising 6th, 7th, & 8th grade students, will delve into philosophy; STEM; Language and Culture; Art and Making.

WHY OLYMPIA?

Like Albert Einstein during his early and later years of research, our students will gather with multi-age classmates to ponder and discuss various academic and intellectual curiosities as they theorize, create and build an academic portfolio which helps prepare them for the academic year ahead.

At the end of the program, each student will get a written report which includes the course description details, their learning process at the camp, and parents can choose to have a conference with their instructor to discuss the child's overall experience.

CLASSES OFFERED

The camp will feature the following options:

WEEK 1

Philosophy

WEEKS 2 & 3

Choose ONE for both weeks

STEM (Future City and Robotics inspired)

OR

3. Language and Culture

OR

4. Art and Making

Registration opens Wednesday, April 18th.

Visit WestwoodSchool.org/Summer for more details!



CHARACTER



COMMUNITY



EXCELLENCE



**WESTWOOD'S
OLYMPIA ACADEMY**
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APPLY IN 3 STEPS:

1. Fill out the application for each child you to register.

If your child is **not** a current Westwood student, provide current immunization records along with any of the following forms that apply to your student: *Severe allergy, Severe asthma, Inhaler Self-Carry Permission Form*

2. Sign the form and submit: Email to Office@westwoodschoool.org OR Mail or Drop off: The Westwood School, 14340 Proton Rd, Dallas 75244

3. Pay: We accept checks and all credit cards** *Once applicant is accepted, you will be notified and payment will be processed.*

July 23rd - August 10th

Westwood Olympia Academy - 3 Week Program

Week 1: Philosophy

Week 2 & 3: **Select one** STEM (Future City and Robotics inspired)

Language and Culture

Art and Making

\$ 350 Per Week

Subtotal: \$ 1050

(+) Registration Fee: \$ 25

Total Due: \$ 1075

Special Payment Option available: 50% payment due with registration and balance due June 22, 2018.

METHOD OF PAYMENT: Pay in Full Special Payment

Pay by Check: (made out to The Westwood School) Amount Paid: _____ Check # _____

Pay with Credit Card on File (current families only - current credit card must be on file with office)

Pay by Credit Card using Tuition Express** (We accept all major credit cards. For Credit Card Authorization, complete form below)

I (we) hereby authorize THE WESTWOOD SCHOOL, CORP. (called "CENTER" in this Authorization) to initiate credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

Cardholder Name _____

Phone # _____

Cardholder Billing Address _____

Account Number _____

City _____ State _____ Zip _____

Exp. Date _____ Security Code _____

Cardholder Signature _____

Date _____

**Tuition Express is an assumed business name of Blum Investment Group, Inc.

Information and Release Form

This form is due three weeks prior to your child's camp start date.

Child's Name _____ FIRST _____ M.I. _____ LAST _____ Male Female

Birthdate _____ Grade in Fall 2018 _____ School _____

Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

PRIMARY HOUSEHOLD

Parent/Guardian _____

Parent/Guardian _____

Daytime Phone _____

Daytime Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Driver's License # _____

Driver's License # _____

FOR PICK-UP AUTHORIZATION (Contact the Summer Director for additional pick-up authorizations)

FOR PICK-UP AUTHORIZATION (Contact the Summer Director for additional pick-up authorizations)

ADDITIONAL HOUSEHOLD – PLEASE LIST ON SEPARATE SHEET

Child lives with: Both Parents Mother Father

*Divorce documentation must be on file. Primary custodial parent must inform the school in writing every day that the child should be released to the non-primary custodial parent.

STUDENT HEALTH INFORMATION

Check One: My child is a current Westwood student and the immunization record on file at The Westwood School is up-to-date.
 I will provide a current immunization record for my child's attendance in Westwood Summer Camps.

HEALTH CONDITIONS – Does your child have the following: (Additional information may be required. Allergy and Asthma Forms available online.)

Asthma Yes No Severe Allergies Yes No Please Specify: _____
If yes, an Asthma Plan is REQUIRED. If yes, a Severe Allergy Action Plan is REQUIRED.

Diabetes Yes No Seizures Yes No

Please list/describe any other health conditions, hospitalizations, daily medications, serious injuries, or other concerns: _____

Name of Child's Doctor _____ Phone Number _____ Address _____

EMERGENCY CONTACT (In the event that either parent cannot be reached, please provide an Emergency Contact that is not a parent of this child.)

Name _____ Relationship _____ Phone Number _____

Address _____
STREET CITY STATE ZIP

AUTHORIZATIONS - The undersigned parent or guardian gives permission for all releases below.

RELEASE AND AUTHORIZATION TO PARTICIPATE IN WESTWOOD SUMMER CAMP

I give my consent for my child to participate in Westwood summer programs. I understand that by participating in Westwood Summer Camps, my child will be exposed to the risk of injury. I understand, acknowledge, and agree that The Westwood School does not assume responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities, I hereby agree to waive, release, indemnify, and hold harmless The Westwood School, its Trustees, Head of School, Administration, Faculty, Employees, Volunteers, together with all persons, including the parents of The Westwood School assisting with Westwood Summer Camps from any and all claims, suits, losses, damages, cause of action, expenses of litigation and/or settlement, or other liability by reasons of any accident or injury suffered by my child, which may arise in connections with this activity, whether or not caused by or alleged to be caused by the negligence of The Westwood School or any Release.

For value received and without further consideration, I hereby consent that all photography and video taken of my child at The Westwood School during school functions may be used in any manner, including online channels, by said school for purposes of illustration, advertising, or publication.

Yes No I hereby give my consent for my child to be administered Tylenol according to the directions on the bottle. For other medications, I will complete a Medicine Administration Form to provide written permission.

Yes No In the event that I cannot be reached to arrange for emergency medical attention, I authorize the facility director or person in charge to obtain emergency medical care including taking my child to the closest medical facility for emergency care.

I am financially responsible for payment based on this registration agreement, and I agree to pay all tuition and fees indicated on the Registration Forms. I have read the Westwood Summer Camp paperwork, and I agree to all terms on these forms.

Parent/Guardian Name _____

Signature _____ Date _____

Self-Recommendation Form

To be filled out and returned by applicant

SELF EVALUATION

	Exceptional	Strong	Average	Weak
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF ACADEMIC SETTING EVALUATION

Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn from mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please highlight the words that best describe yourself:

Cooperative	Kind	Leader	Articulate	Shy	Honest
Shy	Curious	Follower	Social	Motivated	Confident
Focused	Independent	Conscientious	Assertive	Cheerful	Reliable
Passionate	Critical Thinker	Observer	Reflective	Committed	Grit

Please comment briefly on the following:

1. Your greatest strengths: _____

2. Your most needed area of growth: _____

Please sign and return completed Recommendation Form with application or email it to Office@westwoodschoool.org

Signature: _____



Recommendation Form

To be filled out and returned by a leader in the applicants life.

By signing, I acknowledge that this completed Recommendation Form is to be viewed by The Westwood School and the individual chosen to complete the form only. I also acknowledge that this form is being filled out by myself.

Student's Name: _____

Student's Signature: _____

PERSONAL EVALUATION

	Exceptional	Strong	Average	Weak
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC SETTING EVALUATION

Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn from mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please highlight the words that best describes the applicant:

Cooperative	Kind	Leader	Articulate	Shy	Honest
Shy	Curious	Follower	Social	Motivated	Confident
Focused	Independent	Conscientious	Assertive	Cheerful	Reliable
Passionate	Critical Thinker	Observer	Reflective	Committed	Grit

Please comment briefly on the following:

1. Applicant's greatest strengths: _____

2. Applicant's most needed area of growth: _____

Please sign and return completed Recommendation Form with application or email it to Office@WestwoodSchool.org

Signature: _____ Relationship to Applicant: _____

Essay Section of Application



Please present and email a 5 paragraph typed-essay answering **one** of the following questions.

1. What do you feel are the greatest areas of need in the world that you and your peers are adequately prepared to solve?
2. Given the opportunity to travel extensively, would you choose to visit other parts of the United States, developing countries, or other developed countries. Please explain the motives for your choices.
3. Describe the most empowering experience you have had as a learner.