

THE WESTWOOD SCHOOL  
**OLYMPIA**  
**SUMMER**  
**ACADEMY**

**HOW TO APPLY:**

- 1. FOR EACH STUDENT WHO IS APPLYING**  
**A. Parents take action on pages 1-2 of application form**  
 NOTE: If your student 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*  
**B. Students take action on pages 3-5 of application form**  
 NOTE: Request leader recommendation forms now. Give leaders a week or more to fill out their referral and return it by the application deadline of June 15, 2019. *A leader is a teacher, tutor, coach or other adult (other than your parents) who can tell us about you.*
- 2. Send signed forms:** All forms must be received by June 15, 2019 and must include applicable signatures. Send to: CHenry@westwoodschoo.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.

Student Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_

July 22nd - August 2nd, 2019	
Westwood Olympia Summer Academy (2 Week Program)	<b>\$600</b> (\$300 per week)
30% of Course: Philosophy	
70% of Course: <b>Select One</b>	
<input type="checkbox"/> <b>STEAM</b> (a blend of science, technology, engineering, the arts & math)	
<input type="checkbox"/> <b>The Human Body</b>	
<input type="checkbox"/> <b>Culture &amp; The Arts</b>	

**Registration Deadline: June 15, 2019**

*The camp will be held 9am-4pm, Mon-Fri, July 22 - August 2, 2019. Students must commit to the 2-week period of the camp. The Westwood School has partnered with the University of Texas at Dallas - this camp will take place on the UTD campus.*

**Subtotal: \$ 600**  
**(+) Registration Fee: \$ 25.00**  
**(-) Early Bird Discount\*: \$ - \_\_\_\_\_**  
*\*Register & pay in full by May 1st for \$50 discount*  
**Total Due: \$ \_\_\_\_\_**

**PAYMENT:**

To receive "Early Bird Discount", payment in full must be received by May 1, 2019. Otherwise, payment in full is due with registration.

**Special Payment Option** 50% payment with registration and balance due June 21, 2019. "Early Bird Discount" will not apply.

**METHOD OF PAYMENT:**  Payment in Full  Special Payment Option

- 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 \_\_\_\_\_  Male  Female  
FIRST M.I. LAST

Birthdate \_\_\_\_\_ Grade in Fall \_\_\_\_\_ 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 **If yes, an Asthma Plan is REQUIRED.** Severe Allergies  Yes  No Please Specify: \_\_\_\_\_  
**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 \_\_\_\_\_

# STUDENT SELF-RECOMMENDATION FORM

To be filled out and signed by the student applying to Olympia Summer Academy. Then, returned by their parent or legal guardian along with pages 1-2 and at least 1 Leader Recommendation by June 15, 2019.  
**Send to:** CHenry@westwoodschool.org OR Mail or Drop off: The Westwood School, Attn: Caroline Henry, Olympia Summer Academy; 14340 Proton Rd, Dallas 75244.

## SELF EVALUATION:

	exceptional	strong	average	weak
Consideration for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works cooperatively with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SELF ACADEMIC SETTING EVALUATION

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

Please mark the words that best describe yourself:

- |                                   |                                 |                                   |  |  |
|-----------------------------------|---------------------------------|-----------------------------------|--|--|
| <input type="radio"/> Cooperative | <input type="radio"/> Kind      | <input type="radio"/> Leader      | <input type="radio"/> Articulate       | <input type="radio"/> Shy              |
| <input type="radio"/> Honest      | <input type="radio"/> Shy       | <input type="radio"/> Curious     | <input type="radio"/> Follower         | <input type="radio"/> Social Motivated |
| <input type="radio"/> Confident   | <input type="radio"/> Focused   | <input type="radio"/> Independent | <input type="radio"/> Conscientious    | <input type="radio"/> Assertive        |
| <input type="radio"/> Cheerful    | <input type="radio"/> Reliable  | <input type="radio"/> Passionate  | <input type="radio"/> Critical Thinker | <input type="radio"/> Observer         |
| <input type="radio"/> Reflective  | <input type="radio"/> Committed | <input type="radio"/> Explorer    | <input type="radio"/> Inventor         | <input type="radio"/> Designer         |

Please comment briefly on the following:

1. Your greatest strengths:

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2. Your most needed area of growth:

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(cont.)



**To be filled out and signed by a leader in the student applicant's life.**  
 Then, returned to the student's parent or legal guardian. The student's parent must submit this form with the remaining application forms to Olympia Summer Academy no later than June 15, 2019.

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

**APPLICANT EVALUATION:**

	exceptional	strong	average	weak
Consideration for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works cooperatively with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ACADEMIC SETTING EVALUATION**

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

*Please mark the words that best describe the applicant:*

- |                                   |                                 |                                   |  |  |
|-----------------------------------|---------------------------------|-----------------------------------|--|--|
| <input type="radio"/> Cooperative | <input type="radio"/> Kind      | <input type="radio"/> Leader      | <input type="radio"/> Articulate       | <input type="radio"/> Shy              |
| <input type="radio"/> Honest      | <input type="radio"/> Shy       | <input type="radio"/> Curious     | <input type="radio"/> Follower         | <input type="radio"/> Social Motivated |
| <input type="radio"/> Confident   | <input type="radio"/> Focused   | <input type="radio"/> Independent | <input type="radio"/> Conscientious    | <input type="radio"/> Assertive        |
| <input type="radio"/> Cheerful    | <input type="radio"/> Reliable  | <input type="radio"/> Passionate  | <input type="radio"/> Critical Thinker | <input type="radio"/> Observer         |
| <input type="radio"/> Reflective  | <input type="radio"/> Committed | <input type="radio"/> Explorer    | <input type="radio"/> Inventor         | <input type="radio"/> Designer         |

*Please comment briefly on the following:*

1. Applicant's greatest strengths:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Applicant's most needed area of growth:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

Signature of leader: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_