



TURLOCK CHRISTIAN SCHOOL
 1619 E. Monte Vista Avenue, Turlock, CA 95382
 (209) 632-2337

2018 JH/HS Summer Enrichment Program (Entering Grades 7-12)

1 Class	\$355	3 Classes	\$910
2 Classes	\$640	4 Classes	\$1,290

- Student and/or parent must meet with Principal to discuss summer academic plan. *
- 10% discount will be applied for each additional sibling.
- Full payment will be posted to your **FACTS** account. **Refunds** will only be granted 7 days before the start of each class. **Deadline to submit applications is May 18.**
- **Credit Recovery - 5 Semester Credits** will only be earned if 2 Sessions and all 4 time increments are fulfilled. These courses will be on-line courses through Keystone, monitored by Turlock Christian faculty.
- **Grade Improvement** - At least 1 Session must be fulfilled (at the discretion of the teacher).
- **Readiness** - No credit given—this only prepares the student if they take the class in the Fall.
- **Non-TCS students may take classes** but it is UP TO THEIR SCHOOL if they will earn credit.

PRINT Student Name _____ Grade Next School Year _____

SESSION #1 June 11 - 28 Monday-Thursday	Period 1 8:00 - 9:45 am	Period 2 10:00 - 12:00 pm
Math - <i>Write selection in box to the right:</i> Pre-Algebra, Algebra 1, Adv. Algebra, Geometry or Pre-Calculus		
ON-LINE CLASSES: <i>Write selection in box to the right:</i> English History Science Bible		

SESSION #2 July 2 – July 19 Monday -Thursday	Period 1 8:00 - 9:45 am	Period 2 10:00 - 12:00 pm
Math - <i>Write selection in box to the right:</i> Pre-Algebra, Algebra 1, Adv. Algebra, Geometry or Pre-Calculus		
ON-LINE CLASSES: <i>Write selection in box to the right:</i> English History Science Bible		

<input type="checkbox"/>	Tae Kwon Do (Instructor: James Gehrke)	June 11-22	8:00-10:00 am	\$240
<input type="checkbox"/>	Shooting & Firearm Safety (Instructor: Steve Doerksen)	June 11-22	8:00-10:00 am	\$240
<input type="checkbox"/>	Wrestling (Instructor: Dave Schnurstein)	June 4-7	4:00-6:00 pm	\$160

Student Name _____

Dress Code: No spaghetti straps, tank tops, no short-shorts. No shirts that show a mid-section.

Behavior Policy: All Students are expected to conduct themselves in a manner that demonstrates courtesy and respect for others and to the facilities. Disruptive students will be issued a behavior form with an expectation of positive cooperation. If inappropriate behavior continues, parents will be contacted to pick them up. If disruptive behavior continues, the student will be dismissed from the program with no refund. Please review this behavior policy with your student prior to the first day of class.

Medical Release: I understand that Turlock Christian Schools will make their best effort to contact me in the event of a medical or other emergency concerning my child. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services, as determined by emergency or school personnel, in the event my child is injured or becomes ill. I hereby give my permission for the above stated student to receive emergency medical treatment, to be hospitalized, and to receive such injections, anesthesia, or operation as may be urgently necessary. I will not hold Turlock Christian Schools liable for any accident, sickness, or emergency treatment given while my child is in the care, custody, or control of Turlock Christian Schools that is made in good faith.

Media Consent. We give our consent and permission for the taking of photographs and/or video of our student during Turlock Christian School sponsored events and waive and/or assign any and all rights (including copyright) in such media to Turlock Christian School. Turlock Christian School, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Your account will be billed through FACTS.

*** SUMMER ENRICHMENT ACTION PLAN (to be filled out by Principal)**

Grade Improvement (current course grade is: _____) No. of classes/sessions need to complete: 1 2 3 4
Comments:

Credit Recovery (possible credits to earn _____) No. of classes/sessions need to complete: 1 2 3 4
Comments:

Subject Readiness (no credit given)
Comments:

I understand and agree to the above Summer Enrichment plan for my student. Amount to be billed: \$ _____

Parent Signature

Parent E-Mail

Date

Principal Signature

Date

2018 TCS SUMMER ENRICHMENT APPLICATION

NON-TC STUDENTS MUST COMPLETE THIS PAGE

Complete this application in its entirety. By writing "N/A" in any space that does not pertain to you, we will know that you have completely answered every question.

First Student's Full Name _____

Date of Birth ____/____/____ Age: ____ Gender ____ School attended this year _____

Grade completed this year ____ Areas of difficulty _____

Has your child had any disciplinary difficulty in school? Yes ___ No ___ If yes, please explain: _____

Has your child ever been dismissed or suspended from school? Yes ___ No ___ If yes, please explain: _____

Second Student's Full Name _____

Date of Birth ____/____/____ Age: ____ Gender ____ School attended this year _____

Grade completed this year ____ Areas of difficulty _____

Has your child had any disciplinary difficulty in school? Yes ___ No ___ If yes, please explain: _____

Has your child ever been dismissed or suspended from school? Yes ___ No ___ If yes, please explain: _____

Email Address (Print clearly) _____

Address _____

Number/Street

City

Zip

Father's Name: _____ Place of Employment _____

Work Phone _____ Cell Phone _____ Home Phone _____

Mother's Name: _____ Place of Employment _____

Work Phone _____ Cell Phone _____ Home Phone _____

Name of Person's Authorized to pick your student(s) up from summer school.

NAME

RELATIONSHIP

CELL/DAYTIME NUMBER

MEDICAL INFORMATION

Insurance Company: _____

Policy #: _____ Group #: _____ Doctor's Phone #: _____

Give the name and phone numbers of all those that could be contacted in the event of an emergency.

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

List any known food/drug or other allergies: _____

List medications taken regularly: _____

Previous operations, surgeries, or serious illnesses (list year): _____

Any other special instructions regarding youth: _____