



Titan Academy Fall 2018

Titan Academy offers after school care, homework help, and play time with friends in a safe and structured environment. Before school care begins at 7:00 am. After school care is available until 6:00 pm. Before and after school care are billed at the rate of \$6 per hour. To register for Titan Academy, complete the registration form and check the box below.

- My child will attend Titan Academy on a daily basis.
- My child will attend Titan Academy occasionally as a drop in.

Enrichment programs are offered after school to extend the learning opportunities beyond the classroom. Each program runs for 12 weeks starting the week of September 10 and ending the week of December 3. Classes that are cancelled due to holidays or school cancellations will be made up as scheduled by the vendor. This semester's programs include:

Monday – *Building Brains Intro to Robotics* uses Legos and K'Nex educational kits to build STEM (Science, Technology, Engineering and Math) skills.

Tuesday – *JC Sports* is offering a multisport camp which will cover baseball, soccer, and basketball.

Wednesday – *The Knight School* is the chess party focusing on good sportsmanship and fun.

Thursday – *Youth Enrichments* is a social enterprise with a mission to increase and emphasize the importance of positive body image, self-esteem and confidence in children.

✓	Program Name	Age/Grade	Hours	Day	Cost
	Building Brain	Kinder-3 rd	3:30-4:30	Monday	\$240
	JC Sports	4-8 years old	3:30-4:00	Tuesday	\$165
	The Knight School	Kinder-6 th	3:30-4:45	Wednesday	\$225
	Youth Enrichment	Kinder-5 th	3:30-4:45	Thursday	\$150
Amount Due					
Amount Paid					

Return this sheet and payment to the front office. Class sizes are limited. Your registration is not considered complete until payment has been made.



Titans Academy & Enrichment Program (TAEP) Registration Form

www.hteshouston.org

281.459.4323



HOLY TRINITY
EPISCOPAL
SCHOOL

Student's Name: _____
First Middle Last

Date of Birth: _____ Grade: _____ Teacher: _____

Student's Home Address: _____

City State Zip Code

Medical Information

Food Allergies No Yes If yes, please list: _____

Insect Sting Allergies No Yes If yes, please list: _____

Medication Allergies No Yes If yes, please list: _____

Is the student on a regular medication regimen? No Yes If yes, please list medication: _____

I request and give approval that in the event of injury to or assertion of illness by student, representatives of Holy Trinity Episcopal School may administer the non-prescription medications checked below (or generic brand) to my child:

Tylenol Benadryl Advil Sudafed Antacid (Tums) Antibacterial ointment or spray

Physician's Name: _____ Phone Number: _____

Address City State Zip Code

If I or the physician above cannot readily be reached and/or if, in the sole discretion of representatives of Holy Trinity, time is too critical in attempt to reach me, I request and give approval for the student to be transported to an appropriate medical facility for emergency care. I further authorize the medical facility and any attending physicians to perform any and all diagnostic procedures and/or treatments required, including blood transfusions. I agree to assume full financial responsibility for emergency transportation, treatment and other related expenses incurred on the student's behalf. I indemnify and hold Holy Trinity and its representatives harmless for any and all outcomes resulting from the administering of medications approved above, decisions to or not to transport student, and the transportation of student.

Insurance Information

Name of Insured: _____
First Middle Initial Last

Insurance Company Certificate/Policy Number Group Number Insured's Employer

Insurance Company Address Insurance Co. Telephone

Contact Information

Provide two alternate emergency contacts other than father and mother. You empower these persons to make medical decisions for the student in your absence and authorize the school to release the student to these persons.

Relationship	Name	Cell Phone	Work Phone	Email
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Alternate	_____	_____	_____	_____
Alternate	_____	_____	_____	_____

I attest that the information provided is accurate and complete, and acknowledge, agree to, and approve all requests, stipulations the provisions herein.

Parent/Guardian signature _____

Date _____