

**NAPERVILLE COMMUNITY UNIT SCHOOL DISTRICT 203
SPECIAL EDUCATION
EXTENDED SCHOOL YEAR (ESY) PROGRAM INFORMATION
June 20, 2005 – July 28, 2005 - Monday through Thursday
July 4, 2005 – off holiday**

Registration deadline is May 23, 2005. However, if you are currently in the process of an IEP meeting, please forward your registration as soon as possible – your immediate reply is appreciated. Times of bus transportation pick-ups will be confirmed with you during the weekend prior to school starting. If you have not received your time, please call Transportation at 630-420-6464. If there are any further questions regarding the Extended School Year Program, PRIOR TO June 20th, please call the Special Education Office at 630-420-6564.

To report an absence, please call 630-420-3248. You also need to call Transportation department 630-420-6464 to inform no pick-up.

Naperville Central High School, 440 West Aurora Avenue – Jr. High, Instructional and Multi-Needs, Jr. High Social Awareness, High School Instructional and Multi-Needs and Transition High School classes. TBA, Assistant Director of ESY, (starting 6/20/05); Lisa Curran, ESY School Secretary 630-420-3248 (starting 6/20/05).

Hours: 8:30-11:30 a.m.

Elmwood Elementary School, 1024 Magnolia Lane – Early Childhood, Early Childhood Extended Day, Elementary Instructional and Multi-Needs and Elementary Social Awareness Class. TBA, Director of ESY 630-420-6344 (starting 6/20/05); Lisa Curran, ESY School Secretary 630-420-3248 (starting 6/20/05).

**Hours: 8:30-11:30 a.m.
8:30-11:30 a.m.
8:00-10:00 a.m.**

10:15 a.m.–12:15 p.m.

**Elementary
Early Childhood Extended Day
Session One - Early Childhood and
Social Awareness Class
(current exiting Kindergartners,
1st and 2nd graders)
Session Two - Early Childhood and
Social Awareness Class
(current 3rd, 4th and 5th graders)**

Assistive Technology Resource Room. This year students, who enroll in the Extended School Year Program in both elementary and junior/senior high classes, will have an opportunity to participate in the services of an Assistive Technology Resource Room. Those students, who currently receive Assistive Technology Services or those who may be referred for such an assessment, would have an opportunity to work with Assistive Technology Team members for assessment and for refinement of their use of technology in meeting IEP goals.

Naperville Community Unit School District 203 Extended School Year Program 2005

REGISTRATION FORM (Please check program) - Early Childhood ____, Early Childhood Extended Day ____,
Elementary ____, Jr. High ____, High School ____, Transition High School ____, *
Social Awareness Elementary ____, * Social Awareness Jr. High ____

Directions: (DEADLINE MAY 23, 2005)

1. Fill out entire registration sheet (including the back portion)
2. Parent and/or guardian must sign form
3. Registration confirmation will be mailed to parents and/or guardians upon receipt of registration, prior to the beginning of the ESY program.
4. Return Extended School Year Program registration forms to:
Naperville Community Unit School District 203
Special Education Department – Attn: Nancy Lullo
203 West Hillside Road; Naperville, IL 60540
- * 5. \$140.00 fee (for students who are not ESY eligible) make check payable to NCUSD #203.

GENERAL INFORMATION

Current Program: _____ Current Grade Level: _____

First Name: _____ Last Name: _____ Sex: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Parent and/or Guardian Names: _____

Work Phone Parent and/or Guardian: _____ Cell Phone Parent and/or Guardian: _____

Beeper/Pager Parent and/or Guardian: _____ Emergency Contact Person: _____

Relationship to Child: _____ Phone: _____

Doctor's Name: _____ Phone: _____

TRANSPORTATION

Please circle what applies: My child will be transported to and from school by:
Bus Parent and/or guardian Other: _____

Does the student require a: _____ wheelchair lift bus _____ safety vest _____ car seat _____ seat belt

Other: _____

If your child will be transported to and from an address within District 203 boundaries other than home, please list below (i.e., babysitter, day care center)

Name: _____

Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Phone: _____

MEDICAL INFORMATION/PERMISSION FORM

Because the Extended School Year staff may be less familiar with your child's health needs than the staff during the regular school year, please be specific in completing all health information on this form.

Does your child have any congenital, on-going or current medical concerns? _____

Please list and describe any physical limitations or special equipment needs. _____

Is the student verbal? Yes _____ No _____

Is the student visually or hearing impaired? Visually _____ Hearing _____

What type of communication is used? _____

Does your child have any allergies (including food)? _____

Will the student receive any medication while attending the program? Yes _____ No _____

If yes, name of medication and dosage _____

Reason it must be given at school: _____

Note: If your child must receive medication during summer school hours, please obtain a copy of the "School Medication Permission" form on file at your child's home school and attach it to this application. School personnel cannot administer any medication without a physician's written order.

Please Complete the Following Section Carefully

District #203 carries liability insurance but no medical insurance. A participant's family must cover any medical cost incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached and agree to release all personnel from any liability in connection with obtaining emergency care.

Parent/Guardian Signature _____ Date: _____

Please Read and Sign

I do ___ not ___ grant permission for my child to participate in community training activities. This may include walking with school staff to community sites.

I do ___ not ___ grant permission for my child's picture to be used in community training activities. This may include walking with school staff to community sites.

I do ___ not ___ grant permission for my child's picture to be used in the school newspaper and/or other publicity.

Parent/Guardian Signature: _____ Date: _____

Please feel free to call me with any questions you may have. Thank you for your time in filling out this information.