

ARROYO PACIFIC ACADEMY

325 N Santa Anita Ave • Arcadia, California 91006

Tel 626.294-0661

Website: www.arroyopacific.org

2022

SUMMER SCHOOL 2022: JUNE 13 - JULY 21 STEPS Enrichment Program 2022: June 13 - August 12

Arroyo Pacific Academy is a private, independent, College Preparatory elementary, middle and high school located in Arcadia. We are fully accredited by the Schools Commission of the Western Association of Schools and Colleges (WASC). We offer summer classes to meet the needs of a variety of students from both public and private schools for credit recovery, advancement, and enrichment.

General Information

Summer School is from June 13th to July 21st. July 4th is a school holiday. Students are not permitted to take examinations early or late. Class size is limited based on a first-come, first-served basis. Enrichment courses and high school readiness courses are open to sixth, seventh and eighth grade students. Courses will be offered based on sufficient student enrollment.

Attendance: Call 626-294-0661 or 626-447-5002 by 9:00am

Summer school covers such a large amount of material in such a short amount of time, daily attendance is required. Full attendance in every class is essential and mandated for academic credit to be earned. Students who miss more than two (2) days may be dropped from the course with a Withdraw on the report card with no academic credit or a tuition refund. Students are to be on time to school and to each class. Students who are more than five (5) minutes late will need to report to the front desk for a pass before going to class.

Summer School Daily Schedule

	1st Period	9:00 to 11:00 am	Steps Enrichment Program	9:00 to 4:30 pm
Pre-Calculus	Break	11:00 to 11:15 am	6/13-8/12: Fridays	
Mon - Thurs	2nd Period	11:15 to 12:30 am		
	Lunch	12:30 to 1:00 pm		
	3rd Period	1:00 to 3:00 pm		

Tuition and Books

Tuition is \$1200 for the full year Pre-Calculus course and \$600 for the Steps Enrichment program. There are no Distant Learning courses. Students must be present on campus daily. Textbooks will be provided by the school for the duration of the course. If the textbook is not returned in good condition, the student will be billed for the replacement cost of the textbook. Payment may be made by cash or check. Checks should be made out to "APA."

Cancellation and Refund Policy

Arroyo Pacific Academy will not refund tuition because of cancellation by a parent or guardian. No refunds will be made once a class has begun. If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition and fees. No tuition or fees already paid and received by Arroyo Pacific Academy are refundable in the case of student withdrawal, transfer or expulsion.

Closed Campus

Once students arrive, students will not be allowed to leave the building or the campus, unless permission is given by the principal. Students should bring a lunch or order lunch at school for \$7 per meal.

Dress Code

It is expected that students follow the Dress Code found in the on line School Handbook at www.arroyopacific.org. Student attire reflects the quality of the school, student conduct, and school pride.

Registration Procedure

Students who wish to enroll in Summer School courses are to complete the Summer School Registration Form and the Medical Emergency Release Form and return them, with full payments, or before May 31, 2022. The late registration fee is \$50 for Arroyo Pacific Academy students after May 31.

SUMMER SCHOOL REGISTRATION FORM

Please type or print legibly in black ink on each line. Please provide all information fully and accurately. Please return this form with payments to Mr. Robert S. Walley, Summer School Principal.

Student's Last Name **First** **Middle** **APA Student No.**

Grade Just Completed Current School

Current School Address City Zip code

Student's Home Phone Student's Cell Phone Student's Email Address

Home Street Address City Zip Code

First Parent/Host Parent Last Name **First Name**

Address (if different from above)

Cell Phone Number Other Phone Number Email Address

Second Parent/Host Parent Last Name **First Name**

Address (if different from above)

Cell Phone Number Other Phone Number Email Address

	COURSES	TUITION	BOOK FEE
1	Pre-Calculus (Full year course)	\$1200	0*
2	Steps Enrichment Program	\$600	0*

Payment may be made by cash, check, or credit/debit card. Payments made by check should be made out to "Arroyo Pacific Academy." Payments made with a credit/debit card will incur a 3.5% processing fee.

TOTAL TUITION: \$1,800.00 TOTAL BOOK FEE*: \$0 TOTAL CREDIT/DEBIT With Fee(s): _____
 *Paid by a separate check

Business Office/Payment Information

CASH: Total Amount Received: _____ Received By: _____ Date: _____

CHECK: Check #: _____ Received By: _____ Date: _____

CREDIT/DEBIT: Name on Card: _____ Card Type: _____

Card #: _____ Code: _____ Exp. Date: ____/____/____ Zip Code: _____

OTHER: _____

EMERGENCY TREATMENT CONSENT FORM

Please print:

Student's Name: _____ Age: _____ Grade Level: _____

MEDICAL / EMERGENCIES:

Please indicate any **allergies, health issues, learning disabilities, psychological issues or chronic/serious medical conditions** we need to be aware of.

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Arroyo Pacific Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from AUGUST 2018 through AUGUST 2019 unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Arroyo Pacific Academy, in writing, of any changes pertaining to this form. If I do NOT inform Arroyo Pacific Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (DO NOT PRINT) of Father / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

SIGNATURE (DO NOT PRINT) of Mother / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

1st Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Work: _____

2nd Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Work: _____

MEDICAL INFORMATION AND REQUEST FOR MEDICATION FORM

All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster.

Allergies to medication, food, or environment: _____

Current Medications (home and school): _____

Chronic/Serious Medical Conditions: _____

Insurance Company Name: _____

Policy or Group Number: _____

In case of a natural disaster, student may be picked up by:

_____ Relationship: _____

_____ Relationship: _____

_____ Check here if child may walk home unescorted. Signature: _____ Date: _____

To Be Taken During School Hours For Both Prescription and Over-the-Counter

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the **School Handbook**. I further understand that it is solely the responsibility of my child, and not of Arroyo Pacific Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly.

Name(s) of medication: _____

Purpose of medication/diagnosis: _____

Prescribed dosage: _____

Time schedule at school: _____

Length of time medication will be necessary: _____

Explain how the medication may have adverse effects: _____

Special instructions/comments: _____

I give permission for the school to give my child aspirin when she/he requests aspirin: _____ YES _____ NO

I give permission for the school to give my child Tylenol when she/he requests Tylenol: _____ YES _____ NO

I give permission for the school to give my child ibuprofen when she/he requests ibuprofen/Advil: _____ YES _____ NO

_____ Parent/Guardian Signature _____ Date

_____ Day Phone Number _____ Emergency Phone Number