



Horizons' Application Form

Child's Name: _____

Address: _____

Grade: _____ Age: _____ Birth Date: _____ Gender: M or F

Teacher's Name: _____ School: _____

Parent/Guardian's Name: _____

Parent's Home Phone # _____ Work # _____

Parent's Cell # _____ Email: _____

All students are eligible to receive 3 weeks of free summer/holiday camp. We will provide 1-week of free camp during spring break and 2 weeks of free camp during summer break. Please tick 1 of the following to let us know if you are interested in receiving these free weeks:

I would like to receive both spring break and summer break camp

I do not wish to receive any free weeks of camp

I wish to only receive 2 free weeks of summer camp

I wish to only receive 1 free week of spring break camp

Please tick a **minimum** of 5 expeditions below:

October

November

January

February

March

April

May

June

Please list any health concerns or learning challenges that your child may have:

Can your child swim? Yes No

(While this is not a requirement, it is important for you to know that there are several expeditions that the children will be going on that will involve swimming.)

Please indicate your child's level of swimming ability:

None Beginner Intermediate Advanced

Waiver of Liability

I hereby waive any and all rights and claims for damages against the Bermuda

Education Network our staff and volunteers. In the event of injury or sickness during an expedition, BEN staff have my permission to arrange for medical care and will contact me as soon as possible.

Name (please print): _____

Signature: _____ Date: _____

6. What are our dreams for _____?

(Describe your vision for your child's future, including both short-term and long-term goals, If your child has shared their dreams or career aspirations with you, list them as well, but please identify which are yours and which are theirs.)

7. Health information.

(List any pertinent health information, including health care needs, diagnoses that would impact their time in the program, etc.)

8. Camps and Expedition Information.

(List camps your child is interested in or expeditions you would like to see be a part of our program. Also, please list any dates during the summer that your child will not be able to attend summer camp (i.e., vacations, other camps coordinated, etc.)



Parent Agreement

About the Horizons Program

Horizons is an expeditionary learning program provided by Bermuda Education Network to a limited number of children at our partner schools from P4, P5 and P6 who would benefit most from this program. It is our goal to help your child achieve their full potential while in primary school and prepare them for middle school.

Expeditions, camps and parent workshops

BEN will make all choices about camp allocations. We aim to ensure that students take part in a range of academic and outdoors activity and to allow all students try sailing.

Children will also take part in expeditions, which broaden their horizons by giving them an opportunity to have new experiences alongside a mentor and learn more about Bermuda's natural habitats and our rich history and culture.

The Horizons program includes parent workshops where parents can engage with other parents and share success stories or concerns, and learn from experts on the best ways to help your child succeed. This component of the program is mandatory for parents if you want your child to be eligible to receive our free camp placements.

Program Requirements

It takes a village to raise a child! BEN is a small charity and we depend on parents and volunteers to help support the school community. By agreeing to the following program requirements, you are helping us to steer your child towards success.

1. I agree to provide a working home telephone or cell phone number as well as residential address and an email address and will keep BEN up to date with any changes.
2. I agree to ensure that my child attends expeditions and camps that he/she is enrolled in and I understand that frequent absences from any of the program activities will result in my child being asked to leave the program.
3. I agree to disclose all learning challenges, behavioral problems or disorders and medical conditions including allergies that affect my child.
4. I understand that BEN will endeavor to protect my family's privacy, but as a registered charity, BEN is subject to mandatory reporting requirements under charity and child protection legislation.
5. I agree that unless I notify BEN in writing, photographs of my child may be used for BEN and the Horizon
6. Partners' websites or newsletter and my child's name may be mentioned in publicity materials.
7. I agree to attend all parent workshops and at least 1 expedition.
8. I would be interested in: (Please tick at least one option)
 1. Driving/carpooling for expeditions
 2. Helping to chaperone children on expeditions
 3. Participating in the Horizons Parent Committee

Parent/Guardian Name:

Signed by: _____ Date: _____