REGISTRATION PACKET
(Kindergarten to 12th Grade)

(dba) New Horizons Academy
6701 W. Charleston Boulevard
Las Vegas, Nevada 89146
702-876-1181
Fax: 702-365-7807
Admission Process

Parents inquiring about NHCL can obtain registration materials including student information forms by contacting our school directly. School tours of our campus are encouraged and can be arranged by calling NHCL, 702-876-1181. If you are interested in pursuing admission in Kindergarten through grade 12, parents should meet with a school Administrator to discuss enrollment. A recommended student visitation prior to enrollment of 1 to 3 full days in a classroom situation is available. This can be a wonderful way to discover whether NHCL is the right school for your child.

A list of items to be returned to our school prior to the first day of enrollment:

- A copy of the student’s Birth Certificate
- A copy of the Immunization Records for the student
- A signed Tuition Contract/Financial Agreement (4 pgs.)
- A completed student Emergency Information sheet
- A form for the Release of Confidential Information
- A completed Medical Authorization form (2 pgs.)
- A signed form for Off-Campus Activities Permit
- A signed form for P.E. Activities/Accident Waiver and Emergency Transportation Approval
- A signed Photo Release Form
- A signed After Care Contract
- A completed Prospective Student Background Form (4 pgs.)
- Paid Registration Fee
2016 – 2017 Registration Form
New Horizons Center for Learning - (DBA) New Horizons Academy
6701 W. Charleston Blvd. Las Vegas, NV 89146 - (702) 876-1181 Fax: (702) 365-7807

TUITION FEE SCHEDULE
Grades: Kindergarten - 5th ........................................... $12,000.00 per school year
Grades: 6th - 8th .......................................................... $13,200.00 per school year
Grades: 9th - 12th ......................................................... $14,400.00 per school year

REGISTRATION FEE (Paid Annually & Non-Refundable)...............................$750.00
The Registration Fee covers the cost for each student’s Chromebook computer, books & work books, all consumable materials and school supplies, technology assistance & lab fees, and a school yearbook.

2016-2017 School Tuition Contract and Financial Agreement

TUITION FEES MUST BE PAID IN ONE (1) OF FOUR PAYMENT PLANS: A, B, C, or D

<table>
<thead>
<tr>
<th>Plan</th>
<th>Payments Type</th>
<th>Due Dates</th>
<th>Discount</th>
<th>Grades: Kindergarten – 5</th>
<th>Grades: 6 – 8</th>
<th>Grades: 9 – 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>One (1)</td>
<td>August 1, 2016 (includes a 5% discount off the full tuition amount)</td>
<td></td>
<td>$11,400.00</td>
<td>$12,540.00</td>
<td>$13,680.00</td>
</tr>
<tr>
<td>Plan B</td>
<td>Two (2)</td>
<td>Aug. 1, 2016 &amp; Jan. 20, 2017 (includes a 2% discount)</td>
<td></td>
<td>$5,880.00</td>
<td>$6,468.00</td>
<td>$7,056.00</td>
</tr>
<tr>
<td>Plan C</td>
<td>Ten (10)</td>
<td>August 2016, monthly through May 2017. (Payment due by the 10th each month)</td>
<td></td>
<td>$1,200.00 per Mo.</td>
<td>$1,320.00 per month</td>
<td>$1,440.00 per month</td>
</tr>
<tr>
<td>Plan D</td>
<td>Twelve (12)</td>
<td>August 2016, monthly through July 2017. (Payment due by the 10th each month)</td>
<td></td>
<td>$1,000.00 per Mo.</td>
<td>$1,100.00 per month</td>
<td>$1,200.00 per month</td>
</tr>
</tbody>
</table>

Tuition payments may be paid by CASH, CHECKS or CREDIT CARD*
Required Registration Fees ($750.00), and a Payment Plan amount MUST be paid before any student is officially enrolled.

(Please note the school office must have ALL signed forms and required paperwork before any student may be admitted to class.)

3% Convenience Fee is added to ALL Credit Card transactions.
NHCL POLICY STATEMENT

Each parent or legal guardian is required to sign the Financial Agreement and Contract on page four, which outlines the policies and obligations.

Accounts are due and payable by the 1st of each month and late by the 10th of each month. Any payment received after the 10th of the month is considered delinquent and will include a $50.00 late fee. (All late tuition and fees MUST be paid in full before a student will be allowed to attend classes).

Tuition payment can be made by cash, check or credit card. All checks should be made payable to: New Horizons Center for Learning and should be mailed to New Horizons Center for Learning, 6701 W. Charleston Blvd., Las Vegas, NV 89146. Any check returned by the bank will be assessed a returned check fee of $30.00, regardless of the reason. The school will attempt to send reminder notices each month with current balances and issue receipts only upon request. Therefore, it is very IMPORTANT for parents to give their email address to the office. Most parent correspondence is done by email. However, it is the parent(s)/guardian’s responsibility to see that the tuition is paid on time.

Email address: ___________________________________________ Initials: __________ (Please Print)

Email address: ___________________________________________ Initials: __________ (Please Print)

RESERVATION APPLICATION AND AGREEMENT AND ENROLLMENT CONTRACT

This Reservation Application and Agreement and Enrollment Contract (“Agreement”) is made as of the Effective Date (as hereinafter defined), by and between New Horizons Center for Learning, a Nevada non-profit corporation (“NHCL”), and ___________________________________________________________(individually or collectively, “Parent”).

1) APPLICATION AND ADMISSION.
Parent hereby applies to NHCL for the admission of ________________________________________ as a student for the current academic year, and submits to NHCL herewith payment of all Registration Fees in the amount of $750.00. Subject to the terms and conditions of this Agreement, NHCL (upon execution of this Agreement and delivery thereof to Parent) agrees to admit Student as a student at NHCL for said academic year and to provide Student with educational services in accordance with (and subject to) NHCL policies and procedures.

2) AGREEMENT TO PAY TUITION AND REGISTRATION FEES.
Parent has selected for payment of tuition, and hereby jointly and severally agrees to be legally bound to pay all sums for tuition (“Tuition”) contemplated by such payment plan, as well as all fees and costs designated as “Registration Fees”. Parent represents and warrants to NHCL that the person(s) named above as “Parent” is/are the natural parents and/or legal guardians of Student.


3) CANCELLATION AND REFUND.
This Agreement may be terminated by Parent by written notice given to NHCL on or before September 4th of the current academic year. In the event of such termination, the Registration Fee, shall not be refunded, but any tuition paid by the Parent, shall be refunded in full.

Initials: _____ _____
Parent agrees and acknowledges that they are responsible for the full annual tuition for New Horizons Center for Learning. If they voluntarily withdraw their student before the current academic year ends, they are still responsible for paying the full annual tuition. Exceptions may be made in the event of a student being expelled, or in certain situations of financial hardship. These exceptions will be handled in a case by case basis.

Initials: ____  ____

ADDITIONAL INFORMATION:

NHCL does not sub-divide tuition payments between divorced parents, or get into the middle of any decreed financial judgments made by the courts.

Initials: ____  ____

4) **LATE CHARGES.**

All payments made, with respect to Plans “C” & “D”, are due and payable by the 1st day of the calendar month. If any such payment, with respect to Plans “C” & “D”, is not paid by the 10th of the month, parent agrees to pay an additional late charge in the amount of $50.00 and student will not be allowed to attend classes until tuition is brought current. The second payment, with respect to Plan “B”, shall be due on the First Day of the 2nd Semester. If such payment, with respect to Plan “B” is not paid by that time, parent agrees to pay an additional late charge of $100.00 with respect to such payment.

5) **SCHOOL’S RIGHT TO SUSPEND STUDENT UPON NON-PAYMENT.**

In the event that Parent fails to make any payment required pursuant to Plan “A” or Plan “B”, or in the event that Parent fails to make the monthly payments required by Plan “C” or “D”, NHCL may, at its option and in addition to any other right or remedy which NHCL may have, may refuse to admit Student into any classes or activities and cease to provide educational services to Student until and unless all delinquent payments (and all late charges applicable thereto) have been paid in full. In addition, NHCL shall have the right to refuse to furnish to any other school any transcripts or other evidence of Student’s attendance or performance at school until and unless all delinquent payments (and all late charges applicable thereto) have been paid in full.

6) **DISHONORED CHECK.**

In the event that any check offered in payment of any obligation of Parent hereunder shall be dishonored by the bank on which it is drawn for any reason whatsoever (whether rightfully or wrongfully), Parent shall pay a return check fee of thirty dollars ($30.00).

7) **WAIVER AND INDEMNITY.**

Parent shall, at all times, be responsible for the actions and activities of Student, and shall be liable for, and shall save and hold School harmless from any claims, damages, liabilities, causes of action, or expenses of any kind or nature (including without limitation attorneys’ fees) incurred or suffered by NHCL as a result of any action of Student. Parent/Guardian, for him/her/themselves and on behalf of Student, hereby releases NHCL, its trustees, directors, officers, employees, and volunteers from any and all liability or obligation whatsoever which may arise out of any injury or sickness of any kind sustained by Student while in attendance at NHCL or while engaged in any NHCL activity or activities, or while being transported to or from NHCL or to or from any NHCL activity, regardless of the cause or causes of any such injury or sickness.

8) **EXPULSION, SUSPENSION, OR DISMISSAL OF STUDENT.**

NHCL shall have the right to suspend, expel or dismiss Student for any activity which NHCL reasonably deems likely to endanger or harm any other student, teacher, or staff member at NHCL, or if the activities of Student are reasonably deemed by NHCL to be unreasonably disruptive of the educational process.

9) **EFFECTIVE DATE.**

As used herein, the “Effective Date” shall be the date on which this Agreement is signed on behalf of NHCL by its director or dean of students.
10) **ATTORNEYS’ FEES.**

In the event that any action is brought by either party to enforce or interpret any of its rights under or arising from this Agreement, the prevailing party shall be entitled to receive its costs and legal expenses, including reasonable attorneys' fees, whether such action is prosecuted to judgment or not, to include all collection fees that may be associated with collection of any past due balance.

*We, the parents/guardians agree to abide by all the financial agreement and tuition contract policies as set forth in this agreement and fully acknowledge that this is a legal and binding contract with New Horizons Center for Learning for the current academic school year.*

*We have CIRCLED our desired Financial Plan of choice - A, B, C, or D.*

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**List Person(s) Responsible for Tuition Payment, Return Signed Form to the School Office:**

__________________________________________ and ________________________________________

Print Name(s)

__________________________________________         ________________________________________

Signature                                          Signature

S.S. # _____________________________________        S. S. # ____________________________________

______________________________________________________________    Date: __________________

Administrator or Principal, New Horizons Center for Learning

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*Student’s Name (Please print full name)*
STUDENT/PARENT EMERGENCY INFORMATION

Student Name: ______________________________________ Age: ______
(PLEASE PRINT) FIRST NAME LAST NAME

Sex: (Circle) Male or Female Student’s Birth Date: ________________

Student Lives with: (Circle) Mother Only Father Only Both Parents Guardians

Are custody papers required to be on file? (Circle) Yes or No

Parent/Guardian Information: (Please Print)

Mother/Guardian ___________________________________________ Home Phone ______________________
Address __________________________________________ City _________________________ Zip ________
Primary Phone: (Circle) Home or Cell Email Address: _____________________________________________
Occupation ___________________________ Employer _____________________________________________
Work Phone ___________________________ Cell Phone ___________________________

Father/Guardian ___________________________________________ Home Phone ______________________
Address __________________________________________ City _________________________ Zip ________
Primary Phone: (Circle) Home or Cell Email Address: _____________________________________________
Occupation ___________________________ Employer _____________________________________________
Work Phone ___________________________ Cell Phone ___________________________

EMERGENCY CONTACT INFORMATION (Persons to call when parents/guardians cannot be reached)

Name ___________________________________________ Phone ___________________________
Name ___________________________________________ Phone ___________________________
In case of accident or serious illness of my student and I cannot be contacted, I request New Horizons Center for Learning to contact those persons listed as Emergency Contacts. I also authorize the school to call the physician below and follow his instructions if I cannot be contacted. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Physician ____________________________________________  Office Phone ______________________________

Address _______________________________________________________________________________________

Medical Insurance Carrier __________________________________________________________________________

LIST OF PERSONS OTHER THAN PARENTS/GUARDIANS, WHO MAY PICK UP STUDENT FROM SCHOOL:  (Addresses are needed for identification purposes)

Name _______________________________________________  Relationship ______________________________
Address/Phone ___________________________________________________________________________________

Name _______________________________________________  Relationship ______________________________
Address/Phone ___________________________________________________________________________________

Name _______________________________________________  Relationship ______________________________
Address/Phone ___________________________________________________________________________________

The parent signature below acknowledges that they have approved all information on this form. It is complete and correct to the best of their knowledge, any changes and/or corrections are written directly on this form as necessary.

______________________________________________________________________     Date: _________________

Signature of Parents/Guardian

Page 6
MEDICAL AUTHORIZATION RELEASE

Student’s Full Name (Print): ____________________________________________

Release made ___________________ , 20 ____. By __________________________________________________

(Date) (Parent/Guardian Name)

In consideration of the permission granted to my child by New Horizons Center for Learning to take medication during school hours, I hereby release New Horizons Center for Learning, its agents, officers, directors, and employee from all action, damages, claims, or demands which I, my child’s heirs, executors, administrators, or assignees may have against New Horizons Center for Learning, employee’s, administrators, officers, directors volunteers and agents and other above described parties for any adverse reactions or allergic affects which my child may incur by, or arise from, the administration of the following medication(s) in the dosages authorized by the parent/guardian to administer to the student by NHCL during the school day. If there is any change in any of the medications, dosage and administration of such medications listed below, parent/guardian will advise NHCL immediately.

Name of Medicine____________________________________________Dosage________________at (time)______________

Name of Medicine____________________________________________Dosage________________at (time)______________

Name of Medicine____________________________________________Dosage________________at (time)______________

New Horizons Center for Learning is authorized to store and preserve said medicine upon the premises and facilities of the school building or as it deems appropriate. All medicines in pill form that are administered on a daily basis must be contained in a single week long pill box allowing for at least five (5) separated and labeled days a week. The appropriate dosage for each medication administration for each day and time shall be prepared by the parent and placed in the appropriate days in pill box. The parent/guardian shall either pick up empty pill box(s) at the end of each school day or they can be sent home with student at the end of the school week. The parent/guardian shall then be responsible to walk in the filled pill box at the beginning of each school week to the front office and deliver it to the appropriate NHCL employee who is responsible for their administration so that they can be immediately stored in their designated place. NHCL strongly discourages the parent or guardian to send the full pill boxes to school with their student for numerous reasons, one of which they could become lost or get into the hands of other students, especially in the lower grades, so the parent/guardian must ensure all medications get delivered directly into the hand of a NHCL employee responsible for their administration at the beginning of each week at the front desk. If the student is to get medication administered at two different times of the day, then two (2) pill boxes will be necessary. This policy is implemented is to cut down any confusion with medication administration. Children who are not on a “daily” medication regimen and take medicine “as needed” MUST have most recent prescription bottle, child’s name, doctor’s name and instructions as to the time to administer. Further, New Horizons Center for Learning is authorized to destroy said medication upon expiration of this release, expiration of the prescription or completion of medication treatment, unless picked up by the parents, whichever occurs first. Please list any prescribed medicines taken at home. In case of emergency, paramedics need this information to evaluate the student.
Please list anything your child is **allergic** to that we should be made aware of whether food or medication based:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List of **medications** taken at home:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Do you want your child to have NON-PRESCRIPTION PAIN MEDICATION, such as IBUPROFEN (ADVIL) or ACETAMINOPHEN (TYLENOL), MOTRIN OR ALEVE ETC., for headaches, pain, etc...? Also: Antacid tablets (Tums), Cough drops, Cold medicine, or Allergy medication.

**PLEASE CHECK ONE:**  ______YES   ______ NO     ______ Call me first

I, the undersigned, have read this release and fully understand its terms. I executed it voluntarily and with knowledge of its significance.

______________________________________________               ________________________________________
(Name of Parent/Guardian)                                    (Signature of Parent/Guardian)
OFF-CAMPUS ACTIVITIES PERMIT

I understand that during the school year my child may take part in field trips and educational excursions by various means of transportation, including without limitation airplane, passenger train, public or private bus system, or by private automobile. I further understand that my child will be chaperoned by one or more adults reasonably believed by New Horizons Center for Learning at all times while on such trips or away from school, and that such adults will take precaution believed by them to be reasonable to protect my child from harm or injury. I nevertheless understand that my child could become ill or be injured on such field trip. Notwithstanding this, I hereby authorize and permit New Horizons to allow my child to participate in such field trips including (but not limited to) trips to public libraries, local parks, and any other trip organized and arranged by New Horizons Center for Learning.

In the event my child is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the adult chaperone or chaperones may immediately seek such medical attention for my child as such adult chaperone or chaperones believes to be reasonable under the circumstances and will further notify me of such illness or injury as quickly as possible in light of prevailing circumstances.

I understand that I may revoke this permit at any time and refuse to allow my child to take a field trip. If I desire to take action, I will notify the Director of New Horizons Center for Learning in writing of such revocation.

I DO WISH for my child to take part in the aforementioned field trips and excursions.

________________________________________________________________________  ________________
(Signature of Parent or Guardian)  (Date)

I DO NOT WISH for my child to take part in the aforementioned field trips and excursions.

________________________________________________________________________  ________________
(Signature of Parent or Guardian)  (Date)

Please provide the name of personal insurance carrier providing medical insurance for your child.

________________________________________  ___________________________  ________________
(Name of Insurance Company)  (Policy Number)  (Exp. Date)
PHYSICAL EDUCATION PERMIT/ACCIDENT WAIVER

I certify that my child ____________________________________________________________ has full health and accident coverage with ________________________________________________________________

(Student’s Name) (Name of Insurance Company)

__________________________________________     ______________________________
(Policy Number) (Expiration Date)

This policy covers any and all accidents and injuries that may be sustained while engaging in any physical education activity. In the event of cancellation of the above policy, I will immediately notify the school of such action.

Signature of Parent/Guardian________________________________________________________

______________________________________________________

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that I/we the parent/guardians of __________________________________________________________ give full permission to New Horizons Center for Learning authorized staff to call ambulance services or otherwise provide emergency transportation to a hospital for medical treatment, if deemed necessary by the staff member in charge. Any medication that my child is taking at home or at school will be listed on Medication sheet kept in my child’s cumulative record, available to emergency personal.

I/we understand that every effort will be made to contact us (parents/guardians) immediately.

Parent/Guardian__________________________________________________________

Address__________________________________________________________

Signature__________________________________________________________
PHOTO RELEASE

Student’s Name______________________________________________________________ Date_____________________
(Please Print)

I, the undersigned, agree to allow a photo of my child to be used in the New Horizons Center for Learning website, brochure, and/or general promotions of the school, which may involve an interview and my child’s name to be mentioned.

Name of Parent/Guardian_______________________________________________________________________________
(Please Print)

Signature of Parent/Guardian______________________________________________________________________________

OR

I, the undersigned, agree to allow a photo of my child to be used in LIMITED capacity as described below:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Name of Parent/Guardian______________________________________________________________________________
(Please Print)

Signature of Parent of Guardian__________________________________________________________________________
New Horizons Center for Learning
6701 W. Charleston Blvd.—Las Vegas, Nevada 89146
(702) 876-1181   Fax: (702) 365-7807

Dear Parents/Guardians:

New Horizons Center for Learning compiles a School Directory annually an a list of families interested in carpool ing. The Directory is useful for general information sharing, for emergency purposes and to give you access to the parents of your students’ friends at school.

Your cooperation in completing the form below is appreciated even if you decide not to participate in either activity. When all forms are returned, we will know that all families have had an opportunity to read and consider whether they wish to be included in the Directory.

Directories will NOT be given out to students: parents/guardians must pick up from school office. New student information will be listed in our newsletters as it occurs: then you can add it to your Directory, if needed.

___________________________________________________________________________________________

Please indicate either YES, I WOULD (and include your information) or NO, I WOULD NOT (sign and date the form) and RETURN it to the school office. Any questions, please call 702-876-1181

Please Circle:  YES or NO
I (would/would not) like to be included in the New Horizons Center for Learning Directory. I would enjoy having a Directory list of all the participating families and their students. I understand that I will need to pick up the School Directory from the school office when they are completed because the Directory will not be given out to students.

Students Name______________________________________________________________

Parents Name(s)______________________________________________________________

Address_______________________________________________________________________ZIP__________

Primary Phone Number__________________________________________________________________________

Please Circle: YES or NO I (would/would not) like to be listed as interested in carpooling.

___________________________________________________________________________________________

(Parent Signature) (Date)
AFTER CARE CONTRACT

NOTE: This form is required for ALL students in the event that the need for this care may arise.

Student’s Name: _________________________________________________________________  Grade: ______________

Address: _______________________________________________________________________   Zip: _________________

Mother’s Name_______________________________  Father’s Name__________________________________

Home Phone_________________________________  Home Phone___________________________________

Cell Phone__________________________________  Cell Phone_____________________________________

Work Phone_________________________________  Work Phone____________________________________

Please list persons who may pick up your student from school or to be contacted in case of an emergency, in the event we are unable to contact the student’s parents/guardians:

Name_________________________________________  Phone(s)_______________________________________

Name_________________________________________  Phone(s)_______________________________________

Name_________________________________________  Phone(s)_______________________________________

Name_________________________________________  Phone(s)_______________________________________

After School Care Services: available from 2:45 p.m. to 5:30 p.m.

Parent agrees to pay $8.00 per hour or any fraction thereof for the days that the student remains at school after 2:45 p.m. and any additional overtime fee that may apply. Overtime Fee: $5.00 per minute past 5:30 p.m. Child Protective Services (CPS) will be called if any student is left school past 5:45 p.m.

I, the undersigned, fully agree to the After Care policy and if I fail to pay New Horizons Center for Learning, I will be liable for “ALL” collection and legal fees associated with any past due balance.

Signature of Parent/Guardian: ___________________________________________________  Date:___________________
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

STUDENTS NAME: ______________________________________  BIRTH DATE: _______________________

I authorize release of all following records: Psychoeducation Evaluations, Transcripts, Report Cards, Medical, and Health Reports, ADHD Evaluations, Disciplinary records, Behavioral records or checklists.

I request that the information be kept confidential: used for professional reasons only and not to be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

Reasons for release: In order to plan an customized education program for my child. Date: __________________

Signature of Parent/Guardian: ________________________________________________________________

PARENT/GUARDIAN: PLEASE PROVIDE THE INFORMATION BELOW:

Information to be released from: ____________________________________________________________

(Name of School, Private Evaluator, Physician, Other)

Address: __________________________________________________ Fax: __________________________

Released information to: New Horizons Center for Learning - 6701 W. Charleston Blvd. Las Vegas, NV 89146

Requested by: ___________________________________________  Title: __________________________

NOTE: THIS FORM IS USED WHEN:
1. Releasing information to other organizations.
2. Obtaining information from other organizations.
3. Releasing information to parents, or adult age student (18 years or older)
PROSPECTIVE STUDENT BACKGROUND INFORMATION FORM

PROBLEM BEHAVIOR INVENTORY

Student’s Name: _____________________________________________

The following are descriptions of many of the problems parents typically have with their children. Read each item carefully. Mark in the space to the right (    )

“0” if the behavior does not occur at all
“1” if it occurs occasionally
“2” if it occurs frequently
“3” if it occurs very frequently

EXAMPLE:

1. Walks in Sleep ......................................................................................... (0)
2. Restless .................................................................................................... (1)
3. Short Attention ....................................................................................... (3)

Sleep Problems:
1. Restless, tosses and turns................................................................. ( )
2. Nightmares............................................................................................ ( )
3. Awakens at night.................................................................................. ( )
4. Cannot fall asleep.................................................................................. ( )
5. Hard to get child to bed ....................................................................... ( )
6. Wanders around house late at night (awake)................................. ( )
7. Walks in sleep....................................................................................... ( )
8. Awakens early in the morning and disturbs family..... ( )

Motor Tempo:
1. Restless---overactive.......................................................................... ( )
2. Does same thing over and over again.............................................. ( )
3. Movements are slow, sluggish............................................................. ( )

Attention Span:
1. Inattentive and easily distracted....................................................... ( )
2. Fails to finish things............................................................................. ( )
3. Moves-rapidly from one activity to another without completing activity……………………………………… (   )

4. Unable to maintain attention or concentration………… (   )

Muscular Problems and Habitual Mannerisms:
1. Twitches and jerks.......................................................... (   )
2. Lines up objects................................................................ (   )
3. Carries soft toy or blanket around................................ (   )
4. Sucks thumb.................................................................. (   )
5. Bites or picks fingernails.................................................. (   )
6. Chews on clothes, blankets or other things.................... (   )
7. Picks at things, such as hair, clothing, etc...................... (   )
8. Walks on toes.................................................................. (   )
9. Rocking........................................................................... (   )

Feelings and Emotions:
1. Lets self get pushed around by other children.......... (   )
2. Unhappy, sad................................................................. (   )
3. Carries chip on his / her shoulder............................... (   )
4. Says he / she feels lonely................................................ (   )
5. Says he / she feels like crying........................................ (   )
6. Says he / she wants to die................................................ (   )
7. Complains that he / she is not loved............................ (   )
8. Threatens or has attempted suicide............................. (   )
9. Complains that he / she is inferior or inadequate.... (   )
10. Erupts easily,................................................................. (   )
11. Shows considerable animosity, contempt, belligerence toward other people................................. (   )
12. Can suddenly go from calm or silly to sullen mood to screaming, crying and loud complaining... (   )
13. Unemotional................................................................. (   )
14. Shows an apparent lack of feelings and emotional involvement......................................................... (   )
15. Shows blank or fixed facial characteristics in situations where strong emotions would be expected... (   )
16. Always clowning and laughing: never takes things seriously................................................................. (   )
17. Does not show response to painful stimuli, to hurts... (   )
(0) = Not at all        (1) = Occasionally        (2) = Frequently        (3) = Very frequently

**Physical Complaints:** Child complains of the following symptoms even when the doctor can’t find anything wrong:

a. Headaches
b. Stomach ache
c. Vomiting
d. Body aches and pains

**Problems with Assertiveness:**

a. Bullying
b. Bragging and boasting
c. Sassy to grown-ups
d. Bossy – always wants to be the boss
e. Must have things his /her own way
f. Fighting

**Problems Making and Keeping Friends:**

a. Expresses fear that kids won’t like them
b. Feelings easily hurt by other children
c. Causes hurt feelings in other children
d. Plays poorly with other children
e. Disturbs other children
f. Wants to run things
g. Picks on other children
h. Must be the winner
i. Threatens other children
j. How many fights does your child get into each week?......
k. Is picked on and bullied by other children
l. Prefers to be alone
m. Avoids eye-to-eye gaze
n. Interested in activities which require little, if any peer involvement (stamp collecting, watching TV, etc.)

**Temper:**

a. Outbursts, explosive and unpredictable behavior
b. Throws self around
c. Throws and breaks things
d. Pouts and sulks
e. Yells and screams
(0) = Not at all  (1) = Occasionally  (2) = Frequently  (3) = Very frequently

f. Uses profanity when angry .........................................( )
g. Loses control of self when angry .................................( )
h. Erupts easily ............................................................( )
i. Uses weapons (knives, clubs) when angry .....................( )
j. Dangerous when angry ..............................................( )

Compliance:
a. Verbally refuses to do what is asked (says “no”) ..........( )
b. Does the opposite of what he/she is told to do ..........( )
c. Defiant .......................................................................( )

Perfectionism and Compulsiveness:
a. Requires that everything be just so .............................( )
b. Does some things the same way every time ...............( )
c. Shows excessive orderliness ......................................( )
NHCL 2016 - 2017 YEAR SCHOOL CALENDAR

2016  (All dates are subject to change)

August  22  Teachers Only, In-Service
         23  First Day of School – All Classes Begin

September 5  **No School** – Labor Day
          9  5pm - 7pm, Parents Info. Night (Meet the Teachers)

October  21  End of Grading Period/1st Quarter (43 days)
            22  Monster Mash Car Bash 9, Fundraiser 10 a.m. to 3 p.m.
            27  **No School for Students** - Staff Development Day
            28  **No School** – Nevada Day Observed

November 10  School Photo Day
           11  **No School** – Veteran’s Day
           24, 25  **No School** – Thanksgiving Holiday

December  1  Make-Up Day for School Photos
          19 - JAN. 2  **No School** – Winter Break

2017  (All dates are subject to change)

January  3  Classes Resume
           13  **No School for Students** - Staff Development Day
                End of 2nd Quarter/1st Semester (46 days)
           16  **No School** – Martin Luther King Jr. Day Observed

February  10  Upper School Dance – 6 p.m. to 8 p.m.
           17  **No School for Students** - Staff Development Day
           20  **No School** – Presidents’ Day Observed

March  13  New Horizons Golf Tournament, fundraiser
          24  End of Grading Period/3rd Quarter (48 days)

April  10 - 14  **No School** – Spring Break Begins
            17  Classes Resume

May  29  **No School** – Memorial Day Observed

June  2  End of 4th Quarter/2nd Semester (43 days)
          Last Day of School – Evening Graduation 6pm

TOTAL: 180 Days