



S.T.E.A.M Team

Summer Program



(Science, Technology, Engineering, Arts, and Math)



Dear Parents,

Great news! The 21st Century Community Learning Centers grant (CCLC) will continue during the summer and we are pleased to offer your child the summer program. We believe that she/he could benefit from this extra instructional time and hands on activities.

Our summer program for 2nd - 5th grade students will begin June 12th and end July 27th. It will be offered Monday – Thursday each week from 8:00 – 2:00 pm. Character Education, breakfast, lunch, and bus transportation are available to all students enrolled in the program, as well as, engaging hands on activities and extra support in reading, math, and science.

Please be aware that once you enroll your child, attendance is mandatory. However, **a child missing more than five unexcused days or accruing more than five unexcused check-outs will be released from the program** so that another student may have the opportunity to attend.

Please complete the attached information sheet (front and back) and return it to school with your child **by Monday, April 17th**. Please be aware that completing the application does not guarantee a spot in the program. We have a limited number of slots for the summer program and students will be enrolled **based on academic need**. You will receive notification if your child is enrolled. If you have any questions please call the school and ask to speak to **[REDACTED]**.

Thank you,

[REDACTED]

Principal

S.T.E.A.M Summer Registration Form

June 12th-July 27th

(No Program July 4th)

Student's Name: _____

Teacher's Name: _____ Grade: _____

Please Choose One

_____ My child **will** attend the summer program.

_____ My child **will not** attend the summer program. (You do not need to complete the rest of this form if your child will **not** attend.)

If you plan to enroll your child please choose from one of the following options:

_____ My child **will ride** the bus home daily.

_____ My child will be picked up at the school's pick-up area daily; he/she **does not** need bus transportation.

_____ My child **will walk** home from the program daily.

_____ My child **will ride his/her bicycle home** from the program daily.

Please note, any change in transportation must be submitted in writing on or before the day the change is to occur. Phone calls to change transportation will not be accepted.

Parent Signature

Date



S.T.E.A.M Summer Registration Form

STUDENT'S NAME: _____

TEACHER'S NAME: _____

GRADE: _____ CURRENT BUS #: _____

PARENT NAME (S): _____

PHYSICAL ADDRESS: _____

Emergency Contacts:

PHONE NUMBER #1: _____ (who) _____

PHONE NUMBER #2: _____ (who) _____

PHONE NUMBER #3: _____ (who) _____

Names of those who may pick-up your child (please list all that apply). Please supply phone numbers as well.

NAME:

PHONE NUMBER:

Parent Signature

Date

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