

# SUMMER PROGRAM

## Center for Academic Success Elementary-Middle School

### Summer Enrichment Program 2018

The 2018 Center for Academic Success Summer Enrichment Program is a FREE full day program, taught by Highly Qualified Teachers and Paraprofessionals with the support of trained Student Interns. Mornings will be filled with academically based activities in Mathematics, Reading, and Writing and afternoons will be packed with enrichment classes and clubs such as Arts and Crafts, Sports, STEM activities, Culinary and more! Breakfast and Lunch will be provided by CAS.

Monday - Friday, June 4<sup>th</sup> - 29<sup>th</sup>. Students MUST BE currently enrolled at CAS for 2017- 2018 SY to attend.

### Daily Schedule

- 8:00-8:15: Sign in at cafeteria
- 8:15-8:45: Breakfast
- 8:45-9:00: Transition/ Late drop off
- 9:00-12:30: Academic morning
- 12:30-1:00: Lunch/ Half day pick-up
- 1:00-1:15: Transition
- 1:15-4:45: Enrichment clubs, classes, sports (afternoon snack provided)
- 4:45-5:00: Full day pick-up

### Please read and initial:

\_\_\_\_\_ I agree to have my child participate in the Center for Academic Success Summer Enrichment Program 2018 for the FULL 4 weeks it is offered (June 4<sup>th</sup>-29<sup>th</sup>) Monday - Friday.

\_\_\_\_\_ I understand that if my child is going to be absent, I will call 520-439-3518 to inform staff.

\_\_\_\_\_ I have reviewed the daily schedule and will drop off and pick up my child at the appropriate times.

\_\_\_\_\_ It is anticipated that my child will attend (choose one):

\_\_\_\_\_ Full day (8 a.m. - 5 p.m.) OR

\_\_\_\_\_ Half day (8 a.m. - 1 p.m.)

All of the information I have agreed to is true and I honor it by signing the Center for Academic Success Summer Enrichment Program enrollment form.

Parent/ Guardian signature:

X \_\_\_\_\_ Date: \_\_\_\_\_



# Summer Enrichment Program 2018

Pre-Enrollment Form (Please return to CAS by Monday, May 21<sup>st</sup>)

Space is limited and will be on a first come first serve basis.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ Grade \_\_\_\_\_  
authorize the below adults to pick up and sign out my child. 100% ID CHECK IS ENFORCED.

1. Emergency Person: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Emergency Person: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Emergency Person: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian contact numbers are:

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_