April 2019

Dear Parent/Guardian:

Students currently in Kindergarten through 4th grade are invited to attend JFK Summer School! JFK Summer School will be held during the following dates:

- July 8 – 11th (Monday – Thursday) *NO SCHOOL FRIDAY
- July 15 - 18th (Monday – Thursday) *NO SCHOOL FRIDAY
- July 22 - 25th (Monday – Thursday) *NO SCHOOL FRIDAY
- July 29th – August 1st (Monday – Thursday) *NO SCHOOL FRIDAY

The daily schedule will be:
- 8:00-8:30 – breakfast in the classroom
- 8:30-11:30 – Summer School (Literacy & Math)
- 11:30-12:00 – lunch in the JFK Cafeteria

*SCHOOL WILL START DAILY AT 8:00 AM.
*SCHOOL WILL END DAILY AT 12:00 PM.
*BOTH BREAKFAST AND LUNCH WILL BE SERVED DAILY.

*THRIVE WILL RUN FROM 12 – 5:30 PM ON THE DAYS THE JFK SUMMER PROGRAM RUNS WITH FULL DAYS (8:00 AM – 5:30 PM) ON FRIDAYS.

If you are interested in having your child attend this program please fill out the attached sheet and return to JFK Elementary by Friday, May 3rd (either main office or classroom teacher). Please keep this cover sheet for your own information.

**Once registration is filled out and submitted your child will be registered unless you are otherwise notified. No formal confirmations will be sent out for the JFK Summer School Program. Confirmations will be sent out for THRIVE Summer Program.

Thank you for your interest and we hope to see your child attend this exciting summer school!

Sincerely,
Katherine Blair
Summer School Coordinator
kblair@wsdschools.org
383-6039
JFK SUMMER SCHOOL REGISTRATION FORM

Yes, my child, ___________________________ (print name), will be attending summer school.

I would like my child to attend: (Please check all that apply):

_____ July 8 - 11th
_____ July 22 - 25th
_____ July 15 - 18th
_____ July 29th – August 1st

1. Student Name:

Current Grade: _____________  Current Classroom Teacher:___________________
Parent Name(s):_____________________________________________________________
Address: __________________________
Phone Number: _______________________(home) _______________________(Cell/Work)

****The sections below (2 – 4) must be completely filled out. Please provide working numbers and people who will be available to be reached if there is a problem during the summer program:

2. Emergency Contacts:
   1. Name & Relation to Student: ____________________________________________
      Phone Number: ________________________________________________________
   2. Name & Relation to Student: ____________________________________________
      Phone Number: ________________________________________________________

3. Allergies/Special Needs:
   _______________________________________________________________
   If your child has a medical condition that may require medication to be dispensed during the summer program (i.e., asthma inhaler, epi pen, or other medications) the enclosed medication form needs to be filled out and returned along with this registration form.

4. SCHOOL WILL END DAILY AT 12:00 PM. PLEASE INDICATE BELOW IF YOUR CHILD IS ALLOWED TO WALK HOME OR WHO WILL PICK THEM UP DAILY OR IF THEY WILL BE ATTENDING THRIVE:

   My child ___________________________ is allowed to walk home daily when the program ends at 12:00 pm.
   OR
   My child ___________________________ will be picked up daily and is not allowed to walk home without an adult. The following people are allowed to pick my child up:
   ___________________________
   OR
   My child ___________________________ will be attending Thrive starting at 12:00 pm after the JFK Summer Program ends.

Parent Signature: ___________________________  Date: ________________
Medication Order
Date__________________

Name of Student (Last, First)____________________________________

Date of Birth____________

Medication__________________________________________________

Dose/Route/Time_____________________________________________

Reason for Giving_____________________________________________

Signature of Physician__________________________________________

Phone Number of Physician_____________________________________

Parental Permission
I hereby give my permission for the above named student to take the above named medicine at school as directed. I also give permission for the school nurse and the physician/physician’s office names above to exchange information regarding this health condition.

Signature of Parent/Guardian

____________________________________________________