

### JFK Elementary Summer School Registration Summer 2024

#### Dear Families,

It is that time of year when we start planning for the JFK Summer School program. Summer school is being offered for all incoming Kindergarten to Grade 5 students.

For **incoming Grade 1 students to incoming Grade 5 students** we are offering <u>3 weeks</u> of summer school. The expectation is that students attend all three weeks:

- July 8, 9,10 & 11
- July 15, 16, 17 & 18
- July 22, 23, 24 & 25

For **incoming kindergarten** students, we are offering <u>2 weeks</u> of summer school:

- July 8, 9,10 & 11
- July 15, 16. 17 & 18

#### Other Summer School Information:

- Summer school will take place on Mondays, Tuesdays, Wednesdays, and Thursdays from 8 am to 12 pm.
- No transportation is provided.
- o Breakfast and lunch will be provided for all students.

If you are interested in having your student attend the 2024 JFK Summer Program please fill out the following information (3 forms), sign it, and return them to the school.

Thank you, Amanda Babcock JFK Summer School Coordinator/Behavior Coach

Email: ababcock@wsdvt.org

(802) 383-6060

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# WINOOSKI SCHOOL DISTRICT (WSD) JFK ELEMENTARY FIELD TRIP PERMISSION FORM 2024 SUMMER PROGRAM

During the summer program, students may be going on walking field trips to areas within Winooski <u>if</u> your student is participating in the JFK summer program. You will receive prior notice before any field trip.

If there is a specific trip that you do not wish your child to participate in, you may elect to opt-out by notifying your child's teacher at that time. Please fill out, sign, and return the form below to the school.

(Signature of Parent or Guardian)	(Date)
2024 summer session. I give consent for JFK Ele representatives to seek medical attention for my medical emergency while on the trip.	mentary School/WSD
permission to go on field trips with the JFK Sumn	ner Program during the
2024- 2025 Grade:	
I give my student, (first and last name):	

## **Emergency Information Form JFK Summer Program 2024**

Student Name:
Emergency Contacts:
Name & Relation to Student:
Phone Number:
2. Name & Relation to Student:
Phone Number:
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) a <u>medication form</u> needs to be filled out and returned to the school.