



Summer Academy 2019

DATES: June 17-21, June 24-28, July 8-12, and July 15-19
****Choice applicants must register for the full 4 weeks and must attend at least 15 days of Summer Academy***

TIMES: 8:00 am to 12:30 pm, with snacks, “brain breaks”, and recreational time included (lunch is not provided), but you are welcome to send additional snacks with your child if you feel he/she will need more beyond the two provided.

LOCATION: St. Sebastian

COST: \$125 for 1 Week (\$25/day)
\$250 for 2 Weeks (\$25/day)
\$350 for 3 Weeks (\$20/day for Wk 3)
\$430 for 4 Weeks (\$20/day for Wk 4)

CHOICE: Choice students are free, but must register for all four weeks, and must be present at least 15 days that the Summer Academy is in session.

COURSES:

Early Skills Academy: For Students Entering K5 or 1st Grade

Students in the Early Skills Academy will strengthen their foundational skills in reading, writing, math, and science. With an emphasis on incorporating play-based learning activities, the Early Skills Academy will allow for cross-curricular learning, enhance student engagement, and fine-tune social and emotional skills. Teachers: Mrs. Heidi Spellman

Primary Grades Skills Academy: For Students Entering Grades 2-3

Students in the Primary Grades Skills Academy will engage in cross-curricular skill work to prepare them for entrance into Grades 2-3. Students will complete targeted reading, language arts, and math work to boost their skills. Cross-curricular activities will further enrich learning by providing experiences in social studies, science, art, music, and more. Teacher: Ms. Jen Thayer

Intermediate Grades Skills Academy: For Students Entering Grades 4-5

Students in the Intermediate Grades Skills Academy will engage in cross-curricular skill work to prepare them for entrance into Grades 4-5. Students will complete targeted reading, language arts, and math work to boost their skills. Cross-curricular activities will further enrich learning by providing experiences in social studies, science, art, music, and more. Teacher: Mrs. Diane Saeger

*** PAL childcare families - Please note:**

- PAL (Play and Learn) is available before and after Summer Academy.
- You must register directly with PAL. Please contact Frank Maloney for more information at 453-8944.
- If your child is planning to attend PAL for childcare and PAL has a field trip on a given day of Summer Academy, PAL is unable to wait for Academy classes to end if there is a conflict of a field trip on that day. Therefore, a commitment to Summer Academy entails you are committing your child to the times the Academy is in session for the full time, and then you are either arranging to pick-up your child at the 12:30pm end time, or you have made arrangements with PAL that your child will attend as of 12:30 if they are not away on a field trip on a given day.



**Summer Academy 2019
REGISTRATION FORM**

Child's name:	Grade Child will be Entering in Fall 2018 (K5-5th Only)	Weeks child will attend (Choice Students must register for all):	Cost:
		___ Week 1 (June 17-21) ___ Week 2 (June 24-28) ___ Week 3 (July 8-12) ___ Week 4 (July 15-19)	___\$125 (1 week) ___\$250 (2 weeks) ___\$350 (3 weeks) ___\$430 (4 weeks) ___\$0 (Choice)
		___ Week 1 (June 17-21) ___ Week 2 (June 24-28) ___ Week 3 (July 8-12) ___ Week 4 (July 15-19)	___\$125 (1 week) ___\$250 (2 weeks) ___\$350 (3 weeks) ___\$430 (4 weeks) ___\$0 (Choice)
		___ Week 1 (June 17-21) ___ Week 2 (June 24-28) ___ Week 3 (July 8-12) ___ Week 4 (July 15-19)	___\$125 (1 week) ___\$250 (2 weeks) ___\$350 (3 weeks) ___\$430 (4 weeks) ___\$0 (Choice)

Total amount enclosed: \$_____. Checks may be made to St. Sebastian School with "Summer Academy" written in the memo line if you are a non-Choice family.

(OVER)

Medical Information:

Please list any medical conditions or concerns pertaining to your child / children below:

*Please speak with the Summer Academy staff in advance if your child requires any medication while in our care.

In the event of an emergency, I authorize St. Sebastian School's Summer Academy to seek medical attention for my child if I cannot be reached: ___ if yes, please initial
___ if no, please speak with staff

Emergency contacts

1. Name _____ Relation: _____

Contact number(s): _____

Is this person authorized to drop off or pick up your child, if necessary? ___ yes ___ no

2. Name _____ Relation: _____

Contact number(s): _____

Is this person authorized to drop off or pick up your child, if necessary? ___ yes ___ no

Parent completing form's name: (Printed): _____

(Signed): _____

Date: _____

** Be sure to communicate to staff if anyone other than yourself is picking up your child each day, or if they are going to PAL for childcare. Thank you.