

PLEASE COMPLETE TRANSPORTATION INFORMATION: LET US KNOW HOW YOUR STUDENT WILL GET TO AND FROM OUR SUMMER PROGRAM!

___ MY STUDENTS WILL WALK/BIKE EACH DAY

___ MY STUDENT WILL BE DROPPED OFF/PICKED UP

___ MY STUDENT WILL NEED TO TAKE THE BUS

___ OTHER: _____

WE WILL HAVE COMMUNITY BUS STOPS FOR STUDENTS TO CATCH A BUS TO AND FROM THIS PROGRAM. THEY ARE NOT BASED ON ADDRESSES OF STUDENTS, BUT CENTRAL LOCATIONS THAT THEY CAN CATCH THE BUS FROM. WE WILL BE SENDING OUT FINAL BUS STOPS AND TIMES THE FIRST WEEK OF JUNE, 2019.

Program Release Information:

By signing this form you are acknowledging and accepting each of the following statements.

- I agree to abide by all of the terms, policies and procedures of District 279.
- In the event of an emergency involving my child/ren, I understand that staff will call 911 and transport to Maple Grove Hospital or an alternative hospital at the discretion of emergency personnel.
- I agree to permit my child/ren to participate in walking trips, field trips, and other activities related to the program.
- I understand that my and/or my child's photo may be used by the program for promotional purposes in both printed and electronic documents. If I wish to deny this I will follow the School Board Policy and Procedure 515 located at <http://district279.org/who/policies.cfm>.
- I agree to attend conferences regarding my child when required by the program. I also understand that failure to attend could result in the dismissal of my child from the program.
- I certify the information I provided on this form is accurate and true.
- I understand summer employees have access to my child's behavior plan.
- I understand that this program is offered by Community Education and are not a part of the ISD 279 educational programming curriculum.

Tennessee Notice: The information requested on the program's registration and subsequent forms are useful and important for us to be able to serve your child. Your child's name, address, date of birth, school of attendance, dates of attendance, and grades completed are public information. Third party release is permitted unless you submit a written denial of release. All other data on the forms are private and will be used to identify your child's records, and provide legally required data for state records (District Policy #515). Private data on this form and in school records, including any behavior plan, health/medical information, academic information, learning needs and accommodations will be shared with school district employees who need the information to best serve your child. You are not legally required to provide any of the requested private information; however failure to do so may prevent the program from meeting the needs of your child in our programs. If you do not provide required emergency and/or health information, we will not be able to serve your child.

PARENTS/GUARDIANS WILL ALSO BE ASKED TO COLLABORATE WITH STAFF ON CREATING A CONTINUOUS LEARNING PLAN FOR EACH STUDENT IN OUR PROGRAM TO ENSURE WE ARE MEETING THEIR ACADEMIC, SOCIAL, AND EMOTIONAL NEEDS. THERE WILL ALSO BE OPPORTUNITIES FOR YOU TO ENGAGE WITH STAFF AND MORE INFORMATION WILL BE PROVIDED ONCE THE PROGRAM BEGINS.



GAME ON!

Summer 2019- Camp Bulldog (BMS) and Summer Knights (NVMS) combined programming due to construction.

Program runs June 17-July 31st, 2019

Monday-Thursday from 9:30-3:30

CLOSED July 4th

Please also note there is no programming on Thursday August 1st.

LOCATION FOR 2019:

Parkbrook Elementary

7400 Hampshire Ave N, Brooklyn Park MN

This program is designed for students who will be entering 6th, 7th, or 8th grade in September 2019.

Registration limit is 200 students.



Community Ed

21st Century



Community Ed

Targeted Services

Summer 2019 Middle Level Program

This program is designed for students who will be entering 6th, 7th, & 8th grade during the 2019-2020 school year. Students will get to participate in activities each day, some of which include: cooking, crafting, STEAM, playing sports, playing games, reading, being with peers, taking field trips, and much more!

The program will be a combination of programs from Brooklyn Middle and Northview Middle this summer due to construction. There will be staff that work at each of the buildings providing summer support and care to ensure students have an adult from their current or future middle school to connect with. Students are expected to follow all schools rules while engaging in this program. **THIS PROGRAM WILL BE LIMITED TO THE FIRST 200 REGISTERED!**

This program is made possible by Targeted Services and a Federal 21st Century Community Learning Center grant administered by the Minnesota Department of Education.



IF YOU HAVE ANY QUESTIONS ABOUT THIS PROGRAM; PLEASE EMAIL: CARRIE CABE AT CABEC@DISTRICT279.ORG

Items included in this opportunity:

- Weekly Field trips
- Breakfast, Lunch & Snack each day
- Classes around many different themes and interest

Attendance is very important. We will provide instructions on what to do if your student can't attend on a given day, but to ensure students are safe, especially while on field trips, we want students to attend all days of programming. We understand that situations arise that students cannot attend, but ask that you communicate with our summer staff around this.

Program details:

Monday, June 17th-Wednesday, July 31st, 2019

Program runs Monday- Thursday most weeks except for the last week; and we are closed Thursday, July 4th.

PROGRAM is LIMITED TO 200 REGISTRATIONS. FORMS DUE 5/10/19!

PLEASE COMPLETE BOTH SIDES OF THIS FORM & THEN RETURN IT TO BROOKLYN MIDDLE OR NORTHVIEW MIDDLE SCHOOLS OFFICE OR MAIL IT DIRECTLY TO:

OSSEO COMMUNITY EDUCATION-21ST CCLC PROGRAMS
11200 93RD AVE N, MAPLE GROVE MN 55369

FORMS ARE DUE BY MAY 10TH, 2019! PROGRAM LIMITED TO FIRST 200 REGISTERED!

LAST NAME: _____ FIRST NAME: _____

CURRENT GRADE: 5 6 7 (CIRCLE ONE) CURRENT SCHOOL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ EMAIL: _____

PHONE 1: _____ PHONE 2: _____

EMERGENCY CONTACT INFORMATION (EACH STUDENT MUST HAVE 2 LISTED):

NAME 1: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

NAME 2: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

STUDENT HEALTH & SAFETY INFORMATION:

PLEASE CHECK HERE IF YOU WOULD LIKE US TO CONTACT YOU TO LEARN MORE!

PLEASE CHECK ALL THAT APPLY TO YOUR STUDENT:

TAKES MEDICATION DIABETIC ASTHMA SEIZURES

DIETARY NEEDS (PLEASE LIST): _____

ALLERGIES (PLEASE LIST): _____

OTHER: PLEASE USE THIS SPACE TO SHARE ANY OTHER INFORMATION WHICH WILL BEST HELP US SUPPORT YOUR STUDENT THIS SUMMER

REQUIRED: PARENT/GUARDIAN SIGNATURE (BY SIGNING YOU AGREE TO TERM & CONDITIONS IN THIS BROCHURE)
