

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.
- I agree to support and hold my child accountable to the expectations of Summer OZone which will be provided to me during the first week of programming.

**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.



# O-ZONE 2019

## Osseo Middle School Summer O-Zone Program

Program runs June 17-July 31st, 2019  
Monday-Thursday from 8:00AM-2:00PM

**CLOSED July 4th**

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

### LOCATION FOR 2019:

Osseo Middle School  
10223 93rd Ave N, Maple Grove, MN 55369

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



**Community Ed**

Targeted Services

# Summer 2019 Osseo Middle 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, STEM, playing sports, playing games, reading, being with peers, taking field trips, and much more!

**This program is made possible by Targeted Services state funding. This program will be limited to the first 100 registrations!**



**IF YOU HAVE ANY QUESTIONS ABOUT THIS PROGRAM; PLEASE EMAIL: CHELLE VOGEL @ VOGELR@DISTRICT279.ORG**

## Items included in this opportunity:

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

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 8:00AM-2:00PM most weeks except for the last week; and we are closed Thursday, July 4th.  
**Forms Due: May 10th, 2019. Program is limited to 100 Registrations!**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM & THEN RETURN IT TO OSSEO MIDDLE SCHOOL'S OFFICE OR MAIL IT DIRECTLY TO:**  
OSSEO COMMUNITY EDUCATION-OZONE  
11200 93RD AVE N, MAPLE GROVE MN 55369  
**FORMS ARE DUE BY MAY 10TH, 2019!** PROGRAM LIMITED TO FIRST 100 REGISTRATIONS!

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)

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