

Caney Valley Summer SLAM Program 2019

Monday thru Thursday June 3rd thru June 27th

Start time 8:00 AM to 4 PM

Enrollment Form (Pre-K - 5th)

Student Name _____

2018-2019 Grade Level _____

Male _____ Female _____ Date of Birth _____

Parent/Legal Guardian _____

Address _____

Cell Phone/whose _____

Cell Phone/whose _____

Email: _____

Medical Conditions Yes _____ No _____ If yes is marked, list any conditions and necessary information or medications

How will your child get to and from SLAM (Check all that apply)?

Pick up _____ Walk/ Ride bike _____

Bus: RD 2400 _____ Ramona _____ or Vera _____

Bus AM Pick Up: 1st pick up Vera grocery 7:15 Ramona Superintendent's office parking lot 7:30 Rd 2400 7:45

Bus PM Drop Off: 1st drop Rd 2400 3:15 Ramona Superintendent's office parking lot 3:30 Vera grocery 3:45

Bus will not wait at pick up or drop off.

List ALL persons allowed to pick up your child, other than parent/guardian.

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

I hereby give permission for my child to participate in the Summer SLAM program. I understand that Caney Valley Public Schools does not assume responsibility for injury. In case of an emergency I hereby give permission to the SLAM program to secure proper medical treatment for my child including transportation to the nearest medical facility/hospital.

Signature Parent/Guardian _____ Date ____/____/____

**Summer SLAM Program
Family Contract**

The Caney Valley Summer SLAM Program is a voluntary program designed to help families by providing a safe, fun and educationally enriched environment for Pre-K - 5th grade students in the **2018-2019** school year. The hours will be 8:00 am to 4:00 pm Monday through Thursday June 3rd through June 27th. Breakfast, lunch and a snack will be provided. Field trips will be on Thursdays and a sack lunch will be provided.

STUDENT RESPONSIBILITIES

As a student, I agree to follow all rules and participate in daily scheduled activities. I agree to respect teachers as well as tutors and any other staff members. I will be expected to follow the instructions given by the teachers, tutors and staff for the safety of myself and others. I understand that misbehavior will not be tolerated and continued episodes may result in being unable to attend the program.

FAMILY RESPONSIBILITIES

I understand that the family and particularly the parent/guardian's encouragement and support are necessary for the success of each individual family member. I, as a parent, understand that it is my responsibility to have my child picked up by 4:00 PM. I understand that I will be charged **\$1.00** per minute/per child late charge when my child is not picked up by 4:00 pm. If I am not at the bus stop at the scheduled times my child will be brought back to the elementary and there will be a late fee. All late charges **MUST** be paid prior to my child returning to the program the following day. I understand if my child consistently misbehaves, they may be excluded from participating in the program.

JUNE 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3 8 - 4	4 8 - 4	5 8 - 4	6 8 - 4 Field Trip Day	7	8
9	10 8 - 4	11 8 - 4	12 8 - 4	13 8 - 4 Field Trip Day	14	15
16	17 8 - 4	18 8 - 4	19 8 - 4	20 8 - 4 Field Trip Day	21	22
23	24 8 - 4	25 8 - 4	26 8 - 4	27 8 - 4 Field Trip Day	28	29

