



Summer Skills for Success



A 21st Century Community Learning Center

Hendricks and Richardson Elementary Schools

WHO: Any student who will be in kindergarten through sixth grade at Hendricks Elementary School or Richardson Elementary School beginning in the fall of 2017

WHERE: Hendricks Elementary School
3400 W. Orange Grove Road

WHEN: May 30 – June 29, 2017 (Only one session this summer!)
Monday through Thursday
7:45 a.m. – 11:45 a.m.

***Free breakfast is available from 7:30 a.m. until 7:55 a.m.
Students must be accompanied by an adult until 7:45 a.m.***

COST: Meals, classes, and transportation are all absolutely free!

HOW TO ENROLL:

The following forms must be completed:

- Enrollment Form (Attached)
- Signed Parent Agreement (Attached)
- Acceptable Use Agreement (Attached)
- Medication Form – optional (Attached)

All forms should be completed and turned in no later than **Friday, April, 28 2017**. However, students are admitted to Summer Skills for Success on a space-available basis; as a result, registration paperwork should be completed and turned in as soon as possible. **Incomplete paperwork will be returned, and you will lose your place in the registration process.**

If your child is accepted into the program and does not attend by Thursday, June 1, 2017, he or she will be withdrawn, and someone from the waiting list will be admitted.

Registration forms may be turned in at the following locations:

- Hendricks or Richardson Skills for Success
- Hendricks or Richardson Front Office
- Flowing Wells Extension Programs, Inc. Office

For inquiries regarding Summer Skills for Success, please contact:

Tamara Butler, Summer Coordinator, at (520) 442-8921
Flowing Wells Extension Programs, Inc. at (520) 887-2600

What is Summer Skills for Success?

Summer Skills for Success was created by the Flowing Wells School District and Flowing Wells Extension Programs, Inc. to offer your child a safe place to learn and have fun this summer. Throughout each week of the program, every Summer Skills for Success participant will attend a variety of fun and educational classes. This year's classes include:

- Creative Art
- All Things Rube Goldberg, Rubics Cube, Legos, Robotics
- Minute to Win Games
- Math and Crime Scene Investigators
- Reading and Life Science
- Recreation
- Science
- Performing Arts



The theme for Summer Skills for Success this year is pirates. **Aargh, Matey!**

Summer Skills Daily Schedule

- 7:30-7:55 a.m.**
Breakfast in Cafeteria
- 7:55-8:00 a.m.**
Summer Skills Sign-In
- 8:00-8:45 a.m.**
First Class Rotation
- 8:50-9:35 a.m.**
Second Class Rotation
- 9:40-10:25 a.m.**
Third Class Rotation
- 10:30-11:40 a.m.**
Fourth Class Rotation
- 11:00-11:20 a.m.**
Lunch in Cafeteria (K, 1, 2)
- 11:25-11:40 a.m.**
Lunch in Cafeteria (3, 4, 5, 6)
- 11:45 a.m.**
Summer Skills Dismissal

Kinder Kamp

Kinder Kamp is a self-contained program within Summer Skills designed to give your child a head start on kindergarten and set him or her up for success! Taught by our highly qualified kindergarten and reading teachers, this Title I program promotes language and literacy growth as children get to know their favorite storybook characters and explore non-fiction books on art, music, science, and more.

Help your child get a head start on the new school year and sign up for **summer fun** with our **Title I summer reading program!**

Kinder Kamp will be held at both Hendricks Elementary and Richardson Elementary for the respective students.

Be sure to register by Friday, April 28, 2017.

Enroll your child today!

Class size will be limited to 25 participants per grade.
Students will not be enrolled until all registration materials are complete.

Where does my child go when Summer Skills for Success is dismissed?



You have the choice of four dismissal options for your child:



1. Your child may walk home (only if he or she lives in the Hendricks area).
2. Your child may be picked up from Hendricks by a person who is listed on the Enrollment Form.
3. Your child may ride the Summer Skills Bus home.
4. Your child may ride the Summer Skills Bus to the Y.E.S. Program at Richardson Elementary School. **Your child must be enrolled in the Summer Y.E.S. Program.**

Summer Y.E.S. Program Information

Youth Enrichment Services (Y.E.S.) is a licensed child daycare service operated by Flowing Wells Extension Programs, Inc.

WHO: Kindergarteners – Sixth Graders

WHERE: Richardson Elementary School

WHEN: Monday – Friday
6:30 a.m. – 6:00 p.m.

COST: Hourly rate per child – \$4.00 (one-hour minimum on day of attendance)
Material fee per child – \$20.00

HOW TO ENROLL:

Complete an Enrollment Form, which is available at the Flowing Wells Extension Programs, Inc. office or at any Y.E.S. site, and submit the necessary paperwork. Children are admitted on a space-available basis. Please contact F.W.E.P. for information regarding deadlines and late fees.

Inquiries regarding Summer Y.E.S. may be answered by calling (520) 887-2600 between 7:30 a.m. and 1:00 p.m., Monday through Thursday.

Hendricks-Richardson Bus (A) Schedule for Summer Skills for Success

Please note that all times and locations are approximate and changes may occur.

Please be at the stop approximately 10 minutes early to assure that you do not miss the bus.

All kindergarteners and first graders riding the bus must have an adult at the bus stop in order to be released from the bus. If no adult is at the bus stop to pick-up the child, then he/she will be returned to the Summer Skills for Success program.

PICK-UP TIME	BUS STOP	DROP-OFF TIME
7:03 a.m.	3256 W. Shumaker	12:17 p.m.
7:05 a.m.	Shumaker at Linkhart	12:15 p.m.
7:14 a.m.	Positano and Shannon (South)	12:08 p.m.
7:15 a.m.	Positano and Treeline	12:06 p.m.
7:17 a.m.	Positano and Shannon (North)	12:05 p.m.
7:19 a.m.	Adella and Shannon	12:03 p.m.
7:20 a.m.	Adella and Montessa	12:02 p.m.
7:21 a.m.	Adella and Olivia	12:00 p.m.
7:23 a.m.	Richardson Elementary School	11:55 a.m.
Arrive at Summer Skills at 7:25 a.m.		
Depart from Summer Skills at 11:50 a.m.		

Hendricks-Richardson Bus (B) Schedule for Summer Skills for Success

Please note that all times and locations are approximate and changes may occur.
Please be at the stop approximately 10 minutes early to assure that you do not miss the bus.

All kindergarteners and first graders riding the bus must have an adult at the bus stop in order to be released from the bus. If no adult is at the bus stop to pick-up the child, then he/she will be returned to the Summer Skills for Success program.

PICK-UP TIME	BUS STOP	DROP-OFF TIME
7:03 a.m.	Camino del Cerro at Vista del Cerro Ranch Road	12:02 p.m.
7:05 a.m.	Camino de Oeste at Camino del Cerro	12:04 p.m.
7:06 a.m.	Camino de Oeste at Hiddenwood	12:05 p.m.
7:07 a.m.	Sunset at Desert Sahuaro Court	12:06 p.m.
7:08 a.m.	Desert Zinna and Mallow	12:07 p.m.
7:10 a.m.	Silverbell at Sunset Dunes	12:08 p.m.
7:11 a.m.	5191 N. Silverbell	12:09 p.m.
7:17 a.m.	Ethan Crossing and Courtney Crossing	11:57 a.m.
7:18 a.m.	Courtney Crossing and April	11:58 a.m.
7:23 a.m.	Richardson Y.E.S. Program	11:52 a.m.
Arrive at Summer Skills at 7:25 a.m.		
Depart from Summer Skills at 11:50 a.m.		

Summer Skills for Success – Hendricks

Student Enrollment Form

Using full legal names, please list all children who you wish to register for Summer Skills:

1. _____ Grade Next Year _____ Current Teacher _____
2. _____ Grade Next Year _____ Current Teacher _____
3. _____ Grade Next Year _____ Current Teacher _____

The children listed above attend: Hendricks Elementary School Richardson Elementary School

Home Address _____ Apt./Space _____ City _____ Zip _____

Home Phone _____ Emergency Phone _____

Responsible Guardian(s): Birth Parents Foster Parents Other _____

Name _____ Day Phone _____ Ext. _____

Name _____ Day Phone _____ Ext. _____

Is any child listed above the subject of a custody order or agreement? Yes No

If so, a copy of the order or agreement must be provided.

Persons that can be contacted in case of an emergency and your child(ren) can be released to: (3 required)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

NOTICE: Summer Skills will only let those listed above sign out your child(ren) unless presented with written permission from signer of this document or a court order showing custodial entitlement.

Please list any health conditions or dietary restrictions: _____

Upon dismissal from Summer Skills for Success my child(ren) will: (check only one)

- Be **PICKED UP** from Hendricks Ride the Summer Skills Bus to the **Y.E.S. PROGRAM** at Richardson*
 Ride the Summer Skills **BUS (A)**** Ride the Summer Skills **BUS (B)**** **WALK** home

* Additional forms must be completed and the Y.E.S. Program must accept the child as a summer participant.

** Using the attached Bus Schedule, indicate which stop your child(ren) will use: _____

I have read and understood the policies and procedures of Summer Skills for Success.

AUTHORIZED SIGNATURE _____ **Date** _____

Summer Skills for Success – Hendricks

Parent Agreement

By signing this agreement, I understand and agree to the following:

1. I understand that my child may only attend Summer Skills for Success if he/she will attend Hendricks Elementary School or Richardson Elementary School in the 2017-2018 school year.
2. I understand that my child is not to attend the Summer Skills for Success program if he/she is experiencing any of the following symptoms: fever, rash, vomiting, diarrhea, severe coughing, pink eye, head lice, chicken pox, or other contagious diseases. If my child becomes ill while attending Summer Skills, I will be contacted and asked to make arrangements to have my child picked up.
3. I understand that when my child attends Summer Skills for Success, he/she will participate from 7:45 a.m. – 11:45 a.m.
4. I understand that my child may choose to eat breakfast and lunch, which are provided by Hendricks Elementary School and supervised by the Summer Skills for Success staff.
5. I understand that the Summer Skills for Success Program and staff may only dispense medication if the appropriate paperwork has been completed.
6. I understand that if my child engages in disruptive behavior (causes harm to him/herself, other students, program property, or staff) he/she may first get a time-out, then a parent, child, and staff meeting, followed by a short suspension, and finally expulsion from the Summer Skills for Success Program.
7. I understand that a permission slip must be completed for my child to attend any field trip sponsored by Summer Skills for Success.
8. **I understand that if I have chosen to have my child picked up from Summer Skills for Success, I must be at the Summer Skills Program to pick my child up no later than 11:45 a.m. (closing time) or I will be charged \$1.00 for every minute past 11:45 a.m. on the first occurrence, charged \$2.00 for every minute on the second occurrence, and suspended from the program after the third occurrence. All late fees must be paid within 24 hours for my child to continue attending the Summer Skills for Success Program.**
9. I understand that I will pick my child up from the Summer Skills for Success Program, unless I give written notification and permission to the Summer Skills staff.
10. I understand that I will be notified of any accident involving my child within 30 minutes by phone or other means. Should emergency treatment be needed, staff will attempt to contact the parent first. If staff is unable to reach a parent, an emergency contact will be called. If deemed necessary by paramedics or other medical personnel, the child will be taken to the most appropriate emergency center.
11. I am to inform the Summer Skills for Success staff if my telephone, address, or other information has changed.
12. I give consent that any photograph, videotapes, films and/or audio recording made of my child by Flowing Wells School District are the property of the said organization and may be used for publicity, training, publication, grant applications or any other use deemed appropriate by F.W.S.D.

Parent Signature _____ **Date** _____

Site Coordinator Signature _____ **Date** _____

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Medication Form

The Summer Skills for Success Program will be able to administer your child's prescription medication. The Summer Skills for Success Program does not have a nurse on its staff. You may appoint the Site Coordinator or in his/her absence the second person in-charge as your agent for the administration of your child's prescribed medication. In so doing, the Summer Skills for Success Program is not approving the performance of nursing functions by non-nursing personnel and it is not authorizing non-nursing personnel to perform any of the duties of a professional nurse. The Summer Skills for Success Program is merely attempting to assist you in the administration of your child's prescription medicine. By appointing the designated persons as your agents, you are permitting them to act in your place. In the event that the administration of your child's prescription medicine requires the exercise of nursing judgment, as determined by the Summer Skills for Success staff, the Summer Skills for Success Program cannot allow you to appoint the non-nurse persons as your agents and you will have to make arrangements to administer the medicine yourself.

Medication cannot be administered if you have not appointed agents.

Please sign the permit attached if you wish your child to receive medication at the Summer Skills for Success Program.

The medication is to be furnished by the parent or legal guardian and is to be labeled in the original prescription bottle with the student's name, name of medication, amount to be given, time of day to be given, and duration of treatment. If a doctor prescribes a non-prescription drug such as Tylenol, the doctor must give a written verification and the bottle must be labeled as above.

Parent or Guardian's Signature

Date

PLEASE NOTE: IN CASE OF A MEDICAL EMERGENCY WHEN ADMINISTERING MEDICATION, 911 WILL BE CALLED.

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Request for Giving Prescription Medicine

Name of Child: _____

Name of Parent or Guardian: _____

Name of Medication: _____

Time of Day to be Given: _____

Method of Giving Dosage: _____

Amount of Each Dosage: _____

Date: From _____ To _____

Reason for Medication: _____

Any Side Effects to be of Concern: _____

Person Designated to Administer Medication: Tamara Butler

In Case of Absence, Second Person Designated: To be determined

Parent or Guardian's Signature

Date