



Gear Up For Learning!



Belpre Elementary Summer Experience 2021

Why attend our Summer Learning Experience?

Our program is designed to assist students who struggle with reading and/or math in grades K-4. During this three week experience, students will receive hands-on, high quality reading and math instruction.

When is the Summer Learning Experience?

June 1-3 (Tuesday through Thursday),

June 7-10 (Monday through Thursday), and

June 14-17 (Monday through Thursday) from 9 a.m. until 1:00 pm.

What is the cost?

FREE!

A FREE breakfast will be served at 8:30 a.m. & a FREE lunch will be served at 1:00 pm

FREE transportation is also available to and from the school each day.

How Do I Enroll My Child?

Complete and return the attached registration and medical forms by **May 8th** to the office. (Be sure to complete the front and back.)

For questions contact:

Eileen Cieslewski - bc_ecieslewski@belpre.k12.oh.us

or Stacy Moore - bc_smoore@belpre.k12.oh.us

or Meridith Greene - bc_mgreene@belpre.k12.oh.us

Summer Learning Experience Registration Form

PLEASE PRINT

Child's Name _____

Address _____

Present Grade _____ Current Teacher _____

Parent/Guardian _____

Phone number _____

Can we text you with questions and updates? (please circle) yes no

Does your child need transportation? (We drop off and pick up at all the daycare programs too.)

_____ yes - pick up and drop off _____ pick up only _____ drop off only

Address for pick up _____

Address for drop off _____

_____ no - my child does not need transportation

Will your child participate in the Breakfast/Lunch Summer Food Program?

_____ breakfast only (served at 8:30 a.m.)

_____ lunch only (served at 1:00 pm)

_____ breakfast and lunch

Photo Use Permission Slip

I give permission for my child's photographs to be used to promote the Belpre Summer Experience on social media sites, in the newspaper, to update the school board, etc.

Parent/Guardian Signature: _____

****Please complete medical form on back**

Emergency Medical Authorization

School _____ Student Name _____

Address _____ Phone _____

Purpose—to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____ Relationship _____

Address _____ Phone _____

Part I or Part II Must Be Completed

Part I—To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Signature of Parent/Guardian _____

Address _____

Part II—Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Date _____ Signature of Parent or Guardian _____

Address _____