

WAYLAND-COHOCTON CENTRAL SCHOOL

SUMMER ENRICHMENT REGISTRATION FORM



Please complete the form and return to the Wayland-Cohocton Central School, 2350 Route 63, Wayland, NY 14572 att: Kathryn Gelser. You can also register online by using the QR code found to the left. If you have questions, please contact Kathryn Gelser at (585) 213-4303.

Return by June 9. If registering more than one child, and you want children registered for programs at the same time, please indicate so below. If additional forms are needed simply attach together. Additional forms available at the link provided below.

Parent's/Guardian's Name: _____ Email Address: _____

Parent's/Guardian's Phone Number for Emergencies During Programs: _____

Emergency Contact During Programs: _____ Phone Number: _____

(Students will only be released to individuals listed as approved contacts)

My child will be eating at the free breakfast service at school

My child will be eating at the free lunch service at school

My child will be using transportation services. (I understand I am responsible for getting my child to the drop off spots and picking up my child from the drop off spots at the designated times. These times will be scheduled following completed registration.)

1. CHILD'S NAME: _____ **School Grade as of Sept.** _____

Check the programs you are interested in your child participating in:

Camp Invention: (Entering Grades 1-6) One week sessions. Choose the sessions you are interested in by rank (1, 2, 3)
 Session 1 (July 10-13) **Session 2** (July 17-20) **Session 3** (July 24-27) **Session 4** (July 31-Aug 4) **Session 5** (August 7-10)

Invention Project: (Entering Grades 7-8) One week sessions. Choose the sessions you are interested in by rank (1, 2, 3)
 Session 1 (July 10-13) **Session 2** (July 17-20) **Session 3** (July 24-27) **Session 4** (July 31-Aug 4) **Session 5** (August 7-10)

Middle School Enrichment: (Entering Grades 5-8)

Summer Pre College Program at Alfred University. (Entering Grades 10-12) Please forward my information to a school counselor so that my child can learn more.

2. CHILD'S NAME: _____ **School Grade as of Sept.** _____

Check the programs you are interested in your child participating in:

Camp Invention: (Entering Grades 1-6) One week sessions. Choose the sessions you are interested in by rank (1, 2, 3)
 Session 1 (July 10-13) **Session 2** (July 17-20) **Session 3** (July 24-27) **Session 4** (July 31-Aug 4) **Session 5** (August 7-10)

Invention Project: (Entering Grades 7-8) One week sessions. Choose the sessions you are interested in by rank (1, 2, 3)
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Middle School Enrichment: (Entering Grades 5-8, July 10th - August 10th)

Summer Pre College Program at Alfred University. (Entering Grades 10-12) Please forward my information to a school counselor so that my child can learn more.