

REGISTER NOW



Summer School

Enrichment Program
for Growing Readers
Entering Grades 2-3

Full Week - July 14-18

Wednesdays - July 23, 30 and August 6

9 AM—1 PM



- Reading Instruction
- Math Activities
- Fun with Music
- Arts and Crafts
- Creative Movement
- Teamwork skills

*Breakfast and
Lunch will be
provided
each day*

Our Mission

Supporting young
learners for our
common future

Summer School Staff

Certificated Teachers

Church Staff

Nurse

Caring Volunteers



Provided By

St. Philip's

Episcopal Church

*All Staff have received
boundary training*

"The Marysville School District has neither reviewed nor approved the program, personnel, activities or organizations announced in these materials and undertakes no responsibility to supervise these events. Permission to distribute these materials should not be considered a recommendation or endorsement of the program by the district. In consideration of the privilege to distribute these materials, the Marysville School District shall be held harmless from any cause of action or claim arising out of the events or activities advertised in these materials; including all costs, attorney fees and judgments or awards."

LOCATION



St. Philip's Episcopal Church - 4312 84th St. NE - Marysville, WA 98270 (360) 659-1727
st.philips4312@gmail.com - www. Saint-Phillips.org - The Rev. Terry Kylo, Pastor

REGISTRATION DIRECTIONS

50 Students will be accepted on a first come first served basis.

**To ensure a place for your child in the
2014 Summer School
Please return your completed Registration Packet
no later than June 11, 2014**

**Mail To: St. Philip's Episcopal Church
4312 84th St. NE
Marysville, WA 98270**

**Drop off: In the "Summer School" drop off
lock box which is located near the East
entrance to the church.**

You will receive a confirmation letter once your registration has been processed. With your letter, you will receive a copy of our daily schedule, breakfast and lunch menus and any other information that we feel will be helpful to you and your student(s). We look forward to working with you and your students this summer. Feel free to email or call if you have questions.



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2014 Summer School Registration Form

Please print clearly in ink and use a separated form for each student. The information on this form is gathered to assist us in identifying appropriate care for your child and must be completed by parents/guardians of minors. We honor the confidentiality of this information.

STUDENT

Name _____ Gender ☐ male ☐ female
Home Address _____ Birth Date _____
City _____ Zip _____ Age _____
Elementary School _____ Entering Grade _____

PARENT/GUARDIAN

Name(s) _____
Phone numbers where you can be reached during the day (please circle the best number to call)
Home _____ Work _____ Cell 1 _____ Cell 2 _____
Home address (if different than the student address)

Email Address _____

EMERGENCY

Emergency Contact (other than above) _____
Daytime Phone _____ Cell _____
Relationship to Student _____

INSURANCE

Is student covered by medical/hospital insurance ____ yes ____ no
If yes, please indicate carrier plan or name _____
Group Number _____

Early Pick-Up of Student

If for some reason you will need to pick your child up early from Summer School on a given day, please let us know so we can have your student ready for you.

Please list anyone else that you may send to pick your child up if you are unable to do so. We will need to verify their identity if this is the case.

Name _____ Phone _____
Relationship to Student _____



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Student Information Form

Student name _____ Date of Birth _____

ALLERGIES (Please list all known allergies)

Medication Allergies _____

Describe reaction and management of reaction _____

Food Allergies _____

Describe reaction and management of reaction _____

Other Allergies _____

Describe reaction and management of reaction _____

DIET Food Restrictions _____ Dislikes _____

examples: no sugar, no dairy, no nuts, etc.

example: Terry dislikes olives

CURRENT MEDICATIONS

_____ Reason for taking _____

_____ Reason for taking _____

MEDICAL CONDITIONS

Does your child have any medical conditions of which the Summer School staff should be aware? Please describe. _____

RESTRICTIONS (The following restrictions apply to this student) Please explain any activity restrictions (i.e. what cannot be done, what adaptations or limitations are necessary) _____



ADDITIONAL INFORMATION

Please provide any additional information about the student's behavior and physical, emotional or mental health about which the Summer School staff should be aware.

The better informed the Summer School staff can be, the better they will be able to provide for the needs of your child while in attendance.

Please provide any additional information about your student's academic life that you feel would be helpful to the Summer School Staff. (i.e. reading problems, special talents, etc.)

Please keep in mind that several of the Summer School staff are certificated Marysville School Teachers who are dedicated to Marysville students.

Note: Regular restroom breaks will be scheduled and individual student requests for restroom use will be honored immediately. If your child has difficulty in this area, please have her/him bring a small bag or backpack with a change of clothing so that their participation will not be interrupted.

Please indicate possible restroom accommodations that your child may need.

Additional Authorizations

While our primary goal is to enhance the learning that children receive in the public schools, please keep in mind that we are dedicated to the education of the whole child. If you would prefer that your child not participate in activities that may include Christian music, a prayer of blessing before meals or other devotional, please sign the "opt out" statement below. We will provide alternate activities for children whose parents sign the statement.

I would like for my child to be excluded from any form of Christian music, prayer or other similar activity while in attendance at Summer School provided by St. Philip's Episcopal Church.

Please Print Your Name

_____ Relationship to student _____

Please Sign Here

_____ Date _____



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Photo Release Form For Minor Children

From time to time, during Summer School Activities, photos will be taken for future Summer School Brochures or flyers which will be used to present the program to families. There may also be an opportunity for a local newspaper to do a nice story about the Summer School and how the children are being helped with their reading and other academic skills. If a photo is used on a website, names of the children pictured will not be used.

Please complete this authorization form.

I hereby authorize St. Philip's Episcopal Church to publish the photographs taken of my child or children named below.

I further attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize St. Philip's Episcopal Church to use their photographs.

I acknowledge that since participation in publications and websites produced by St. Philip's Episcopal Church is voluntary, neither the minor child nor I will receive financial compensation.

I release St. Philip's Episcopal Church, its governing body (Vestry), and its employees and volunteer teachers from liability for any claims by me or any third party in connection with the participation of the minor child or children listed below.

Please list All of your minor Children who are attending Summer School below:

Name	Age
_____	_____
_____	_____

Printed Name of Parent/Guardian

Legal Signature of Parent/Guardian

Date signed



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