

Fairfield City School District Elementary 2010 Summer School Program



Fairfield City Schools

Excellence
Preparation for Life
Opportunities for All

Raz-a-Ma-taz: The Magic of Reading ***Reading Enrichment***

Grade Levels: 2nd-6th

Program Description: This program is designed for all reading levels of students in an effort to prevent reading loss that often occurs during the summer months. Students will receive access to the *Raz- Kids* online reading program. The children will improve their reading skills by listening for modeled fluency, reading for practice, and checking comprehension with quizzes. The students choose books in the on-line bookroom to read and a teacher will monitor their progress throughout the summer.

There will be four scheduled book talks at Central, East and Fairfield Intermediate School. The children will discuss literature and participate in a reading activity during the 4 meeting dates. Participating students will receive \$25.00 worth of fiction and non-fiction books to read throughout the summer and will be theirs to keep.

Cost: \$60.00

Schedule: The program begins June 15, 2010 and ends on August 10, 2010. There will be four scheduled book talks from 9:00-10:30 a.m. on June 15th, June 29th, July 20th and August 10th. The book talks will be at Central, East and Fairfield Intermediate School. The rest of the program is done on-line with weekly monitored support by a certified teacher.

Location: At home as well as four scheduled meetings at East Elementary, Central Elementary, and the Intermediate School.

Other Information: Parents/guardians will need to have access to a computer and the internet to participate. If a home does not have internet access, students could access the Raz-Kids program at the public library or another location where free internet is offered. Regardless of computer access, all students are welcome at the 4 designated book talks. Children will have access to the Raz-Kids program for one school year. A culminating event will be held on August 10, 2010 to celebrate the reading progress of the students.

Registration Deadline: May 14, 2010 at all Fairfield Elementary Schools and the Intermediate School. (See attached registration form.)



Phonics Clinic

Grade Levels: 2nd-6th

Program Description: The phonics clinic is for struggling students who still need targeted assistance with decoding. Letters of invitation will be sent home by May 21, 2010 for participation in this summer school session.

Cost: \$60.00

Schedule: July 26-August 19, 2010
Monday-Thursday
8:30-10:30 a.m.



Location(s): East Elementary, Central Elementary and the Intermediate School

Other Information: This summer school course is offered to students by invitation only based on literacy assessments. Letters of invitation will arrive in late May. A student workbook is included in the course fee.

Registration Deadline: June 1, 2010 @ all Fairfield Elementary Schools and the Intermediate School

Math Intervention

Grade Levels: 3rd-6th

Program Description: The purpose of this math course is for practice and remediation, not enrichment. Students will work on Ohio Academic Content objectives for their grade level in mathematics. There will be a blend of computational fluency practice, mathematical games and re-teaching of content standards. A student workbook is included in the fee for this program, which the students will be able to keep.

Cost: \$60.00

Schedule: July 26-August 19, 2010
Monday-Thursday
8:30-10:30 a.m.

Location(s): East Elementary, Central Elementary and the Intermediate School

Registration Deadline: June 1, 2010 at all Fairfield Elementary Schools and the Intermediate School. Space for this course is limited.

2010 Elementary Summer School Registration Form

Please complete the registration, transportation form and emergency medical authorization form and return to your child's school with payment no later than May 15, 2010 for Reading Enrichment and June 1, 2010 for Math Intervention.

Student Last Name: _____	First Name: _____
09-10 Grade Level: _____	School: _____
Parent/Guardian Last Name: _____	First Name: _____
Home Phone: _____	Cell Phone: _____
Home Address: _____	
Parent Email address: _____	
Emergency Contact Name: _____	Phone: _____
Special factors: (allergies, necessary medications, etc.) _____	

Summer School Program Choice:

- Raz-a-Ma-Taz: The Magic of Reading On-Line Summer Enrichment Program (2nd-6th grade)
- Math Intervention (3rd-6th grade)
- Phonics Clinic (I am aware that this is by invitation only, but would like my child to be considered.)

Location Preference:

- Central Elementary (Grades 2-4)
- East Elementary (Grades 2-4)
- Intermediate School (Grades 5-6)

Method of Payment:

- \$60.00 Cash
- \$60.00 Check Payable to Fairfield City Schools Check #: _____
- Credit card (Visa and Master Card are accepted & payment must occur at the school.)

Fairfield City School District

Elementary (Grades 2-6) Summer School Transportation Form

Please fill-in all information.

Child's Name _____ Home Phone Number _____

Parent's Name _____ Cell Phone Number _____

Summer School Program Choice:

- Raz-a-Ma-Taz: The Magic of Reading On-Line Summer Enrichment Program
- Math Intervention (July 26-August 19th M-Th)
- Phonics Clinic (July 26-August 19th M-Th)

Location Preference:

- Central Elementary (Grades 2-4)
- East Elementary (Grades 2-4)
- Intermediate School (Grades 5-6)

Please check the appropriate box.

- My child will be driven to summer school.
- My child will walk to summer school.

For Students Who Will Be Driven to Summer School

My child will be driven to summer school by _____

If yes, person(s) authorized to pick-up my child:

Name _____ Phone _____

Name _____ Phone _____

If yes, person(s) **not authorized** to pick-up my child:

Name _____ Phone _____

Name _____ Phone _____

For Students Who Will Walk to Summer School

My child has my permission to walk to Summer School.

Parent Signature

Date

FAIRFIELD CITY SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION FORM

Please type or print using a ballpoint pen when completing this form. This form must be completed annually and returned to the school as soon as possible.

School _____ Student Name _____
Grade _____ Address _____
Date of Birth _____ Zip _____
Sex: _____ Male _____ Female Telephone _____

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: Parent/Guardian Email _____
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Other's Name _____ Daytime Phone _____
Name of Relative or Childcare Provider: Relationship _____
Address _____ Daytime Phone _____
Zip _____

PART I OR II BELOW MUST BE COMPLETED

Part I: To Grant Consent

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

Physician _____ 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 doctors, 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 _____
Zip _____

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/Guardian _____
Address _____
Zip _____

Form Distribution: White - Nurse, Yellow - Main Office, Pink - Main Office, Goldenrod - Transportation