



SUMMER PROGRAMS 2018 FEES

**SUMMER SCHOOL:
Full Five Weeks ONLY**

- _____ **TK and K PROGRAMS** \$75 Registration Fee + \$700 = \$775
Monday-Thursday 8am-12pm
- _____ **GRADES 1-8 PROGRAM** \$75 Registration Fee + \$700 = \$775
Monday-Thursday 8am-12pm

**SUMMER CAMP GATOR:
Fees Per Week (Snacks provided)**

- _____ CAMP GATOR – M-F – Mornings: 7am-Noon \$80 per week
- _____ CAMP GATOR- M-F - Afternoons: Noon- 6pm \$90 per week
- _____ CAMP GATOR- Drop In \$10 per hour
- _____ CAMP GATOR – Friday Fun Days \$250 for ALL five trips*
*Due to the need for advanced planning, you must sign up for all five trips

TOTAL DUE: _____

SUMMER SCHOOL TEACHING STAFF:

COORDINATOR: Mrs. Amanda McGeough

- | | | |
|-----------------------|----------------------|------------------------|
| Ms. Christina Amato | Mrs. Rae Lynn Jensen | Mrs. Nicole Mac Lennan |
| Mrs. Amanda McGeough | Ms. Nicole Ostrander | Mr. Alex Suriano |
| Mrs. Gabriela Suriano | Mrs. Wendy Quezada | Mrs. Jennifer Quinly |

ASSUMPTION



**Summer
PROGRAM**

**TK - 8th Grade
JUNE 11- JULY 13**

2018



SUMMER SCHOOL: Monday-Thursday, 8:00am -12:00pm

COORDINATOR: Mrs. Amanda McGeough, amcgeough@abvmpasadena.org

CURRICULUM

ENGLISH LANGUAGE ARTS:

Instruction in English Language Arts Standards for the grade students will be entering in August

REMEDIAL ENGLISH LANGUAGE ARTS:

Instruction for students who need reinforcement in skills

MATHEMATICS:

Instruction in Math Standards for the grade students will be entering in August

REMEDIAL MATHEMATICS:

Instruction for students who need reinforcement in skills

SUMMER READING AND MATH:

Work on summer assignments with guidance from teachers

ENRICHMENT:

One period of enrichment instruction to integrate instruction

TK AND K:

Introduction to school (TK)
Introduction to Kindergarten(K)

SUMMER CAMP GATOR: Morning: 7am - noon | Afternoon: Noon - 6pm

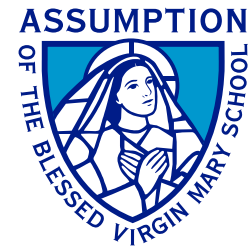
COORDINATOR: Mrs. Sherrie Yanish | syanish@abvmpasadena.org

MONDAY-THURSDAY:

Crafts, sports games, science activities, club days

FRIDAYS:

Field Trip Days



SUMMER PROGRAMS 2018 REGISTRATION

_____	_____	_____
Last Name	First Name	Date of Birth
_____		_____
School Attending in August 2018		Grade in August 2018
_____	_____	_____
Street Address	City	Zip Code
_____		_____
Mother's Name		Father's Name
_____		_____
Cell Phone/Work Phone		Cell Phone/Work Phone
_____		_____
Email Address		Email Address



EMERGENCY CONTACT AND AUTHORIZED PICK UP

Please list all persons who may pick up your child from Assumption BVM Summer Programs. You must notify the office in writing if there are any changes

_____	_____	_____
Name	Relationship	Cell Phone
_____		_____
Name	Relationship	Cell Phone
_____		_____
Student's Doctor		Phone Number
_____		_____
Health Insurance Company		Policy Number

Medical Information – Allergies, medications, special instructions *

*Students needing medication must complete an Archdiocesan Medication Release Form obtained from the school office.