



We are excited to continue “ACE Summer C.A.M.P.” (Creative Academic Motivational Program) for 2019. The QISD ACE program will facilitate our summer program. It is sure to be spectacular! In addition to academic assistance, STAAR and EOC remediation, we will have some fun enrichment activities planned for our students.

Certified teachers will provide all academic assistance and remediation as required by QISD. Our C.A.M.P is structured so your student will have enrichment activities as well as academics. A structured program such as ACE C.A.M.P. is a perfect system for the student that needs academic assistance. Time in small group assistance will vary based on the need of the individual student. All subject areas will be taught daily, so regular attendance is required. Your student will attend only the subjects where academic assistance is needed. While your child is not in an academic class, he/she will be engaged in learning based enrichment activity taught by qualified instructors. These activities will change periodically during the 6 week time.

An ACE application is required as we are the facilitators of the program. This provides the ACE office with your student’s information.

ACE Summer C.A.M.P. will begin on Tuesday, May 28th through Wednesday, July 3rd. C.A.M.P. will only meet 4 days a week, Monday through Thursday from 8:00 until 2:00. Your child will be provided breakfast and lunch at no charge. Transportation is available, so please return the completed transportation form to us with the application if this is a needed service. If your student doesn’t utilize the bus for 3 consecutive days, the bus will no longer stop at your house. You will have to contact the transportation department at 903-356-1693 to reset pick up. **Kindergarten through 5<sup>th</sup> grade will attend C.A.M.P. at the Butler campus. Sixth through 12<sup>th</sup> grade will attend C.A.M.P at Thompson Middle School.**

We will have a certified medical assistant daily. If you anticipate that your student will need or be taking a regular medication during ACE C.A.M.P, contact Donna Hopson at 903-356-1405 to ensure all required paperwork will be in place by the first day.

We are looking forward to a fun- filled learning experience with your student.

If you have further questions please contact Lisa Underwood, ACE Program Director, at 903-356-1270.





QISD/ACE Summer C.A.M.P. 2019

Ford High School

Dear Parent/Guardian:

Your child \_\_\_\_\_, has been recommended for QISD/ACE Summer C.A.M.P. In high school, skills necessary to pass the STAAR English I, English II, Algebra I, Biology, and US History retake exam will be addressed as well as basic English I, English II, Algebra I, Biology, and US History skills necessary to be successful in the next grade level. The state mandates that students who did not pass the state assessments attend accelerated instruction prior to the retakes for high school students. The STAAR retake, will be held Monday, June 24 through Thursday, June 27.

Summer C.A.M.P. will be held at Thompson Middle School from 8:00 a.m. to 2:00 p.m.

Tuesday – Thursday	May 28 - 30	Monday – Thursday	June 17 – 20
Monday – Thursday	June 3 – 6	Monday – Thursday	June 24 - 27
Monday – Thursday	June 10 – 13	Monday – Wed.	July 1 – 3

\*Monday, June 24 (English I EOC)

\*Wednesday, June 26 (English II EOC)

\*Tuesday, June 25 (Algebra I EOC)

\*Thursday, June 27 ( Biology, U.S. History EOC)

-Transportation will be provided.

-Students are to dress according to the QISD student dress code.

-Breakfast and lunch will be served “free” to all students attending Summer C.A.M.P., beginning at 7:30 a.m. daily.

Please return this application to the main office no later than **Wednesday, May 8, 2019.**

*Late forms will **NOT** be accepted.*

\_\_\_\_ Yes, I **DO** want my child to attend QISD/ACE Summer C.A.M.P. at Thompson Middle School.

\_\_\_\_ No, I do **NOT** want my child to attend QISD/ACE Summer C.A.M.P.

Current Teacher: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Child's Name: \_\_\_\_\_

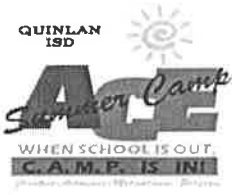
Child's Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emer. Contact #: \_\_\_\_\_

During ACE Summer C.A.M.P. my child will be: \_\_\_\_\_ Bus Rider \_\_\_\_\_ Car Rider \_\_\_\_\_ Walker





# Quinlan ISD/ACE Afterschool Summer C.A.M.P. Program

I attended ACE C.A.M.P. last year  Yes  No Regular Bus #  ACE Bus #

## Student Information

Participant's Last Name  First Name  Middle Initial

Birth Date  Age  Gender: Male or Female

Student's Primary Language:  English  Spanish  Other

Grade as of Fall 2018

The Student/Participant transportation after ACE will be:  Walk Home  Picked Up  
 Ride ACE Transportation **(Please fill out attached transportation form)**

Is there any medical reason why my child shall not participate in certain physical activities?  No  Yes

Is yes, explain below:

List below anything else (allergies, medications or special needs) that the staff should know about your child. No medications will be administered during a.m. or p.m. ACE sessions.

**\*\*Parent or Guardian is responsible for notifying ACE staff of any changes\*\***

## Household Information

Home Street Address  City  State  Zip

Mailing Address (if different from above)  City  State  Zip

**Parent/Guardian 1** Last Name  First Name  Relationship

Home Phone #  Cell Phone #  Work Phone #

Parent's E-Mail Information

**Parent/Guardian 2** Last Name  First Name  Relationship

Home Phone #  Cell Phone #  Work Phone #

Parent's E-Mail Information

Student/Participant lives with: (check one)  Both Parents  Mother  Father  Grandparents  
 Guardian  Foster Care  Other

**Please list any other siblings in household who attend school: (MUST COMPLETE AN APPLICATION FOR EACH STUDENT)**

Name of student	School attending	Grade	Enrolled In ACE?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No

**Official  
Office Use Only**

Date Received:

Date Transportation Requested:

Date FES Received:

Date Completed:

In the event of emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 <sup>st</sup> Emergency Contact (Last, First)	Phone #	2 <sup>nd</sup> Emergency Contact (Last, First)	Phone #
_____	_____	_____	_____

**ADULTS AUTHORIZED TO PICK UP STUDENTS:** Please list all adults who are authorized to pick up students. If no adults are listed below, ONLY THE PARENT/GUARDIAN LISTED ABOVE WILL BE ABLE TO PICK UP

Last Name	First Name	Home Phone	Work Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERMISSION FOR ACE ACTIVITIES \*\*PLEASE READ CAREFULLY**

**Custodial Issues/ Other Concerns (If applicable)**

I will provide the most recent legal documentation of custody/visitation restrictions. If this changes in the future, you must provide us with the current information. \* The program will enforce these guidelines until further notification in writing by parent/guardian.

Are there court orders affecting custody of this student? Yes (\_\_\_) No (\_\_\_) If yes, please indicate who has custody during after school hours.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Other \_\_\_\_\_

Are there any restraining orders? \_\_\_\_\_ Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**WAIVER of LIABILITY**

We, the parents/guardians of the above-named minor child do hereby fully release and discharge QISD and the campus including but not limited to program, staff, volunteers and any persons associated with these organizations from all liability of any kind upon any claim, demand or cause of action, which might be asserted on behalf of said minor child.

**PARTICIPATION AGREEMENT**

The following is intended to create a safe environment for all student participants:

1. Once a student signs into the after school program, after they are dismissed from school, he or she may not leave the program site, unless prior arrangements have been made with the parent(s)/guardian(s).
2. Students must be picked up or dismissed according to the terms outlined in the program registration form. Students may be removed from the program if they are not picked up in a timely manner.
3. Regular attendance is expected. Frequent, unexcused absences may result in suspension from the program to make room for students on the waiting list.
4. Students will follow the behavioral expectations outlined in the District's *Student Code of Conduct*. Staff has the right to remove a student from the program if these expectations are not met.
5. Students' test scores, grades, attendance, and discipline may be tracked to adhere to grant guidelines and provide data on program success.

**STANDARDS of CARE**

I give my permission for my son/daughter to participate in the QISD ACE after school program. I hereby give permission for the participant(s) listed below and on the reverse side to take part in Texas ACE activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

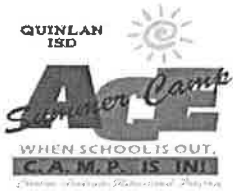
I further give my consent to the school district and Texas ACE to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and/or Texas ACE will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

- (Check box for Opt-Out) I DO NOT give my consent to the Texas ACE program to take the participant's photograph during program activities to be used for education and public relations purposes.

Student's name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

You signature on this form indicates agreement with all policies stated. If you wish to restrict any information, you must submit a specialized request



**Quinlan ISD/ACE Afterschool Program**

401 Panther Path, Quinlan, TX 75474

ACE Office (903) 356-1270 Fax (903) 356-1246

Transportation Office (903) 356-1695 Fax (903) 356-1696

**2018-2019 Extended Year Transportation Form**

Bus during regular school year: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade 2018-2019 School Year: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name/Phone Number \_\_\_\_\_

\_\_\_\_\_ I will provide transportation for my child.

\_\_\_\_\_ My child will ride the bus. (SEE NOTICE BELOW)

Directions for pick-up and drop off (USE PHYSICAL ADDRESS ONLY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please call or send a note if the above changes.

\*\*Transportation department must receive a copy of this form 2 days prior before transportation service will begin. If your address changes, a new form must be completed.

**If your child fails to ride the bus for three consecutive days, the bus will no longer stop for pick-up! You will need to phone Gary Overstreet at (903) 356-1695 to arrange for pick-up services to resume.**

Printed name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

*FOR OFFICE USE ONLY*

Extended Year Bus # \_\_\_\_\_ Extended Year Teacher \_\_\_\_\_

