



**PENN HILLS SCHOOL DISTRICT
FREE SUMMER PROGRAM
“MORE MAGIC IN THE MIDDLE
with (GPS) Gateway to Providing STEAM”**

Penn Hills School District “MORE Magic in the Middle GPS” will offer students entering Grades 5 through 8 in the 2018-2019 school year, a meaningful summer learning experience held in a safe and supportive environment with caring adults.

The program is limited to the first 100 registrations. Registration deadline is **Friday, June 15, 2018. Please have your child return forms to their main office.**

The Program will:

- Provide transportation for students at their regular bus stops
- **Start on Monday, July 2, 2018 through Friday, August 10, 2018**
- **Operate Monday through Friday (9:00AM-1:00PM) at the Penn Hills High School**
- Provide a breakfast and lunch to students
- Provide tutor support for students from caring adult teachers and paraprofessionals who will help coach and motivate using non- traditional methods and fun activities!
- Provide a host of other community organizations which include Science, Technology, Engineering, Arts and Math (STEAM); physical education program (SPARKpe); Tabitha’s Place; and Youth Project.

Penn Hills School District partners with Communities In Schools of Pittsburgh-Allegheny County to provide a 21st Century Community Learning Center funded by the Pennsylvania Department of Education.

For Further Information, please contact:

**Ms. Kellie Burnett, kburne@phsd.k12.pa.us (412) 793-7000 Ext. 6119 or
Ms. Jean Olivis, jolivi@phsd.k12.pa.us (412) 793-7000 Ext. 6120**



**“MORE MAGIC IN THE MIDDLE
with (GPS) Gateway to Providing STEAM”
FREE Summer Program for students entering Grades 5-8**

**Penn Hills School District 21st Century Community Learning Center
July 2, 2018 – August 10, 2018**

STUDENT NAME: _____ **GRADE:** _____

STUDENT ADDRESS: _____ **Zip Code:** _____

STUDENT’S HOMEROOM TEACHER: _____

PRIMARY PARENT/GUARDIAN: _____

Home Phone Number (____) _____

Cell Phone Number (____) _____

Email Address: _____

In case you can not be reached, please list name and phone of at least 2 other people who could be contacted in case of emergency:

Name _____ **Phone** (____) _____

Name _____ **Phone** (____) _____

Please list your bus stop: _____

If your student is to be picked up at the High School, who will pick him/her up?

Please note: Your child will only be released to the people whose names are provided on this form.

Name _____ **Relationship to Student** _____

Name _____ **Relationship to Student** _____

IMPORTANT NOTICE:

The Penn Hills School District Program will follow all rules, regulations, and codes of conduct in place by the District in partnership with the PA Department of Education and Communities In Schools. **Registration for the program is on a first come first served basis and there will be 100 slots available. There is also a 90% mandatory attendance policy for the program. All forms must be completed in the application packet.**

Parent/Guardian’s Signature

Date

PENN HILLS SCHOOL DISTRICT
Summer 2018
More Magic in the Middle with "GPS" Program
Emergency Care Card in Case of Sudden Illness or Injury

Present Grade _____ **Teacher** _____

Please Print All Items

Pupil's Name _____ **Birth Date** _____
Last Name First Middle Mo.-Day-Yr.

Address _____ **Zip** _____ **Home Phone** _____

Father's Place of Employment _____ **Work Phone** _____
***Cell Phone** _____

Mother's Place of Employment _____ **Work Phone** _____
***Cell Phone** _____

***Please make sure all contact numbers are updated if changes are made.**

NOTE: AS THE CARE AND TREATMENT OF ANY CHILD IS PRIMARILY A PARENTAL RESPONSIBILITY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT FIRST.

In case of accident or illness in school and parents cannot be located, please contact:

Neighbor's Name _____

Neighbor's Address _____ **Phone** _____

Neighbor's Name _____

Neighbor's Address _____ **Phone** _____

In case of an emergency and it is necessary to call a physician, please contact:

Family Physician _____ **Phone** _____

If unable to contact parent or doctor, permission is granted to arrange for emergency hospital treatment if required in keeping with police emergency regulations.

Unusual health conditions (diabetes, heart condition, allergies, and etc.) PLEASE WRITE NONE, IF HAVE NO UNUSUAL HEALTH CONDITIONS. _____

Date: _____ **Signature of Parent or Guardian:** _____

Penn Hills Police Department

In the event of emergency, ambulances are to be dispatched to the nearest hospitals which are:

Forbes Regional Health Center, Monroeville
St. Margaret's Hospital, Pittsburgh

The only exception to this general rule will be cases involving children where necessary treatment can be obtained only at Children's Hospital.



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Summer Parent Involvement Form
Penn Hills School District 21st Century Community Learning Center
July 2, 2018 – August 10, 2018

I, _____ will participate in the Parent Involvement activities as a requirement of the PA Department of Education’s 21st Century Community Learning Center. This may include attending student presentations and parent workshop.

Student Name

Present Grade

Parent/Guardian’s Signature

Date