

Ready-Set-Go Kindergarten Transitions Summer Program

A Title I-Funded Program for Center Line Public Schools

Center Line students who are enrolled for kindergarten for the 2019-2020 school year are invited to join us for a *FREE* summer literacy and math program.

When: July 8, 2019 – August 8, 2019

(Monday - Thursday)

Where: Roose Elementary

25310 Masch

Warren, MI 48091

Busing will be provided from your home school to Roose and back to your home school.

Sessions Available:

AM Session: 8:10am – 10:45 am (breakfast included)

PM Session: 11:45am - 2:20 pm (lunch included)

Cost: Nothing Just the commitment to attend every day!



Please complete the back side of this form and return it to any CLPS elementary or mail it to: Mary Binge, 25310 Masch, Warren MI, 48091. Applications are due by June 10, 2019.
Teacher or school office complete: Review application (initial) Preschool attended

My child,, will be participating in the "Ready-Set-Go! K Transitions" program.	Summer Program Bus Stops
I understand that my child must be enrolled to attend a CLPS school to participate.	PLEASE complete if planning to use bus transportation for summer program.
School my child will attend for Kindergarten: ☐ Crothers ☐ Peck ☐ Roose ☐ School of Choice My child is (circle one): ☐ Male ☐ Female	If you would like your child to ride the bus for summer program, please check your preferred bus stop (check only 1 option). Students riding the bus must be picked up and dropped off at the same bus stop every day that they ride.
My first choice session is □ AM □ PM □ No Preference	☐ Rising Stars Academy (Former Miller Elementary)
I understand that the programs will run if we can fill the sessions and that my child may have to be moved to accommodate grade level	☐ Corner of Memphis & Cadillac
requirements.	☐ Corner of Memphis & Toepfer
Check One: ☐ Bus transportation is needed. (Please check stop in next section)	☐ Peck Elementary
☐ I will provide transportation for my child.	☐ Crothers Elementary
Parent/Guardian Name Date	☐ Early Childhood Center (ECC)
Parent/Guardian Name Date	The least of the term of the second of the s
Street Address City Zip Code	I understand that someone will have to be available EVERY day at my child's bus stop until my child is on the bus and will be available EVERY day to meet the bus when my child is dropped off.
Phone Number(s) where you can <i>always</i> be reached	I understand that my child must follow all CLPS bus expectations and that bus privileges will be revoked if my child violates the rules of
Emergency Contact Person / Relationship to your child	riding the bus.
	Student Name:
Emergency Contact Phone Number	Donard Ciamatura
Please list all of your child's allergies:	Parent Signature:

Please list any medications (with physician's prescription attached) that must be with your child and the directions for administering.