

Rowland Unified School District presents.....



# SUMMER of INNOVATION

**3 Weeks of Fun!  
Enroll Now!**



OPEN TO ALL STUDENTS  
Grades 1-6  
July 8 – July 26, 2019  
8:00 a.m. – 12:30 p.m.

**\$210.00  
per child**



**Each day your child will experience:**

**MakerSpace (design, build & create with purpose)**

**Introduction to Mandarin**

**Introduction to Spanish**

**Arts (painting, drawing & more!)**

**Location:  
Rorimer Elementary  
18750 E. Rorimer Street  
La Puente, CA 91744**

Please call (626) 854-8348 if you have questions or need more information.

***How to Register:***

**In person at the Rowland USD, Ed. Services Office**

1830 Nogales Street

Rowland Heights, CA 91748

Monday – Friday, 8:00 a.m.- 4:00 p.m.

By Fax: 626-854-8521

By Email: [summerarts@rowlandschools.org](mailto:summerarts@rowlandschools.org)

**CALL EDUCATIONAL SERVICES AT 626-854-8348 FOR MORE INFORMATION**

## GENERAL INFORMATION



### Attendance

Since Summer of Innovation is only 3 weeks long, good attendance is important. Please make sure your child arrives on time and stays for their classes.

**Clothing/Shoes:** Children participating should wear appropriate clothing to allow for playground, art and floor activities. For their safety during activities, all students **MUST** wear closed toed shoes at all times.

**Discipline:** Students will receive the benefit of a positive behavior atmosphere and reward system. Students who disrupt the learning of other students will be spoken to and may have a character note sent home. Students who repeatedly have disruptive behavior or pose a safety concern to themselves or others will be asked to exit the program.

**Dismissal:** Students will be walked out to the front driveway at 12:30 p.m. where they may be picked up.

**Early Release:** Any students who are picked up early must be signed out in the MP Room. The person picking up the student **must provide a driver's license or ID card and must be listed as an emergency contact on the Summer of Innovation application.**

**Lost and Found:** Please be sure to label your child's lunch box, jackets or clothing items. Each year we have many unclaimed items that we donate to a local charity.

**Lunch Break:** There will be a lunch break every day. Students may choose to have the school lunch or bring a lunch from home. **We are sorry but we are unable to accommodate dietary needs during the summer lunch program.** Microwaves and refrigerators are not available for student use. Please plan accordingly when packing your student's lunch.

**Medication:** Parents are required to notify school staff when a student requires daily medication including medication being taken, current dosage, and name of supervising physician. (EC 49480)

### **Administration of Prescribed and/or Over-the-Counter Medication**

The District recognizes that certain students may need to take prescribed and/or over-the-counter medications during the school day. The school nurse or other designated school personnel may assist such students in taking their medication.

A signed *Physician's Recommendation for Medication* form must be completed by your child's physician or authorized health care provider. Prescription medication must be presented to school staff in the prescription bottle and include the time and dose to be given. Over-the-Counter medication must be clearly labeled with the child's name and be presented to school staff in the original packaging or bottle. Under no circumstances may students carry any type of medication on them at any time. This includes but is not limited to, cough drops, sore throat lozenges, cold medications, Tylenol or pain relievers, allergy medications, etc.

**Recess:** Students will have a recess break in the morning and afternoon. Please feel free to send your child with a drink and/or snack for these breaks.

# Rowland Unified Summer of Innovation Registration Form

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex  M  F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_ Grade in August \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

## **Emergency Contact/Pick Up Authorization**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_

My child will be:  Picked up after class  Walk home  Other \_\_\_\_\_

Does student have any allergies to food, bees or other?  Yes  No If yes, specify \_\_\_\_\_

Does student have any health problems that might require special attention while at school?  Yes  No  
If yes, describe \_\_\_\_\_

Is your child on continued medication?  Yes  No If yes, specify \_\_\_\_\_

\*Parents of students who require medication at school will need to complete the RUSD Medication Form.

**PHOTO RELEASE:**  Yes  No - The District has my permission to take photographs, video or audio of my child engaged in the program. I understand that these items may be used in District prepared press releases, slide presentations, brochures, publications, broadcasts, or internet.

**PARENT RESPONSIBILITY:** Parents must arrive promptly at the end of class to pick up your child as instructors cannot be required to remain beyond class hours or be responsible for a child's safety outside specified class time.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In the event of emergency illness or injury, I do hereby consent to whatever examination, X-ray, anesthesia, medical, surgical, dental treatment or hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist as he or she shall think the existing emergency requires for the relief of pain and/or the preservation of life and/or health and well-being. Any costs incurred in this situation not covered by the undersigned's insurance shall be paid by the undersigned.

**ACCIDENT WAIVER AND RELEASE OF LIABILITY:** I voluntarily agree to participate or have my child(ren) participate in this program, including special events, excursions, and recitals. I realize that every precaution is taken to eliminate any injuries or hazards. In the event of an injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for which may arise in connection with the above named activities, against the Summer Arts Academy personnel and the Rowland Unified School District.

*I have read the notifications above, understand them, agree to abide by the terms, sign up voluntarily, and hereby grant permission for my child to participate in the activities checked above.*

**PARENT VOLUNTEER:** We are looking for people who would like to volunteer and help with daily classroom activities-

Yes, I would like to volunteer. Please call me at (Phone #) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

