

# Samuelson Elementary

## 21<sup>ST</sup> CENTURY SCHOOL PROGRAMMING

Your child is invited to participate in the Samuelson 21<sup>st</sup> Century Program! All Samuelson students are eligible to participate. Instruction will include project-based learning opportunities that will support reading, mathematics, science, social studies, and language arts. A snack and bus will be provided for after school students. Busing is available only to students who currently live in the Samuelson attendance area upon request.

Classes start Monday, January 9<sup>th</sup>, and run through March 3<sup>rd</sup>. If you wish to have your child participate, please complete the following registration and permission form and return it to the office as soon as possible. There is limited space available and enrollment is first come, first serve. Please contact Brenda or Tyne at any time if you have questions. You may reach us by phone at 242-8441 or by email at [Samuelson@dmschools.org](mailto:Samuelson@dmschools.org).

**Dates:** January 9<sup>th</sup> – March 3<sup>rd</sup>

**AM Days:** Monday – Friday

**Before School Program Time:** 7:30 – 8:30

**PM Days:** Monday, Tuesday, Thursday, and Friday (There will be a Wednesday program, but forms for the program will go out separately.)

**After School Program Time:** 3:30 – 5:00

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Which program would you like your child to attend (*you may only choose one*):  Before  After

*How will your child get home? – **AFTER SCHOOL PROGRAM STUDENTS ONLY***

- My child will ride the bus. My address is \_\_\_\_\_.
- I will provide transportation. (Your child must be picked up on time each day)
- My child will walk home.

***Please sign each line to give permission for the following:***

I, hereby give my son/daughter permission to participate in all of the 21<sup>st</sup> CCLC program activities. I understand that these activities may include positive youth development, academic support, physical activities and field trips.

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

\_\_\_\_\_  
Date

The 21<sup>st</sup> CCLC program staff has my permission to record, photograph or videotape my child during sessions/activities for possible inclusion in promotional pieces.

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

\_\_\_\_\_  
Date