

ROSELLE PARK PUBLIC SCHOOLS

TITLE 1/ESL SUMMER ENRICHMENT PROGRAM

Curriculum Office (908) 245-1197 - Extension 1018
Robert Gordon School Office (908) 245-2285

James Salvo
Director of Curriculum
Instruction and Funded Programs

Grades K – 11

REGISTRATION INFORMATION

*Please Return the Registration Form ASAP
No Later than May 11, 2018*

Dear Parents / Guardians:

Enclosed you will find information and forms for the 2018 Roselle Park Title 1/ESL Summer Enrichment Program. If you are interested in having your child(ren) attend this program, please return the attached registration form and the Escort Authorization/Emergency Contact form as soon as possible. **The forms must be completed BEFORE your child(ren) can begin the program.** Should you have any questions, call the Curriculum Office at (908) 245-1197 x 1018.

After registration is completed, you will receive more information about the program including your child's teacher, schedule, and the morning drop-off and afternoon pick-up procedures.

WHO MAY ATTEND: Children **currently** enrolled in the Roselle Park ESL and/or Title 1 Program K - 11

LOCATION: Robert Gordon School
59 W. Grant Ave.

DATES: June 26, 2018 – August 1, 2018
3 days per week - Tuesday - Thursday
9:00 a.m. - 12:00 Noon

*There is no cost for this program,
but you **MUST** register by the May 11th deadline to participate.*

We strongly encourage all ESL/Title 1 students to attend the program as the skills learned will benefit each child during the next school year.

Students are expected to attend the program each day for the entire session.

STUDENTS MUST BE REGISTERED IN ADVANCE TO ATTEND THIS PROGRAM.

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REGISTRATION FORM

Student's Name: _____
(Last) (First)

Home Address: _____
(Number) (Street) (City, State, Zip)

Home Phone: _____ Date of Birth: _____

Age: _____ School: _____ Current Grade as of today: _____

Mother/Guardian's Name: _____ email address: _____

Mother's Business (daytime) Phone #: _____

Father/Guardian's Name: _____ email address: _____

Father's Business (daytime) Phone #: _____

Please check (✓) the appropriate responses to the following questions:

1. Has there been any change in this child's health status or medication usage since enrollment in the Roselle Park School District in September? _____ Yes _____ No
(If yes, please attach a copy of documentation from your pediatrician).
2. Do you give permission for your child's photograph to be used in our school district's publications or on our website? _____ Yes _____ No
3. Do you have a Roselle Park Public Library card _____ Yes _____ No

While we encourage all participants to attend for the entire program, we do understand there may be exceptions. Please list below any days that your child will not be able to attend the program.

Please return this form by May 11, 2018 to the main office of your child's school.

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Escort Authorization and Emergency Contact Information

Name of student: _____,
(Last) (First)

1. _____ **My child may walk home on his/her own** at the conclusion of each session for which she/he is registered in the Summer Enrichment Program.
2. _____ I hereby authorize the following person(s) listed as emergency contacts to escort my child from the ESL Summer Enrichment Program.

Mother / Father or Guardian(s) MUST be listed below as an authorized person(s) to pick up children from the Summer Enrichment Program.

In case of an emergency, notify the following:

1) Name: _____ Phone #: (____) ____ - _____ Relationship to Child: _____
2) Name: _____ Phone #: (____) ____ - _____ Relationship to Child: _____
3) Name: _____ Phone #: (____) ____ - _____ Relationship to Child: _____
4) Name: _____ Phone #: (____) ____ - _____ Relationship to Child: _____
Name & Phone Number of Pediatrician: Name: _____ Phone #: (____) ____ - _____