

Schoharie Summer 2024 Enrichment



6 Weeks of Epic Enrichment and Fun in the Sun!

Breakfast and Lunch
Provided Daily

Dates: July 8th - August 16th (Monday - Thursday)

Time: 9:30 am - 1:30 pm

Location: Schoharie Elementary School

Who: Any Schoharie student going into grades **K-9**

Now Enrolling
incoming
Kindergarteners
!!!!

Deadline Extended
to 5/17/24

Interested?
Complete all included
forms and return to
Elementary or High School
Main Office

Summer Enrichment Principals

Carley Ryan and Betsy Wright

cryan@schoharieschools.org

bwright@schoharieschools.org

(518) 295-6689

(518) 295-6651

MATTHEW L. WRIGHT
 Director of Curriculum and PPS
 Phone: (518) 295-6657
 Fax: (518) 295-9514

ANDREA L. POLIKOSKI
 Elementary School Principal
 Phone: (518) 295-6651
 Fax: (518) 295-9506

BETSY A. WRIGHT
 Elem. Assistant Principal
 Phone: (518) 295-6651
 Fax: (518) 295-9506



DAVID J. BAROODY
 School Business Administrator
 Phone: (518) 295-6673
 Fax: (518) 295-9510

KEVIN T. CALACONE, Ed.D.
 Jr./Sr. High School Principal
 Phone: (518) 295-6601
 Fax: (518) 295-8161

DAVID M. RUSSELL
 Jr./Sr. High Assistant Principal
 Phone: (518) 295-6601
 Fax: (518) 295-8161

DAVID M. BLANCHARD – SUPERINTENDENT OF SCHOOLS
 Phone: (518) 295-6679 | Fax (518) 295-8178

Dear Schoharie CSD families,

Please find the enclosed student application for the 2024 Schoharie Summer Enrichment Program. This year, our Summer Enrichment Program will be offered to students going into 1st-9th. The goal of the program is to prevent the summer academic slide and increase student achievement in preparation for the next grade level.

2024 Summer Enrichment Program Details

Dates/Days	July 8th- August 16th/Monday-Thursday	
Time	9:30 AM- 1:30 PM	
Who	Students going into K-9th Grade	
What	Students will engage in project-based learning experiences that will inspire curiosity, build knowledge and help students become confident learners.	
Attendance	Students may only miss 4 days maximum of the program. If a student misses more than four days, they will be unenrolled and their spot will be given to a student on the waitlist.	
Transportation	Transportation is provided for students beyond 1 mile.	
Meals	Free Breakfast and Lunch-to-go provided	
Program Contact Information	Betsy Wright bwright@schoharieschools.org (518) 295-6651	Carley Ryan cryan@schoharieschools.org (518) 295-6689

If interested, please fill out and return all enclosed forms to the Elementary or High School Office by May 10, 2024. Thank you for your continued support in your child's academic success!

Schoharie Summer Enrichment Registration 2024

Student Information

Student's Name: _____
DOB: ____/____/____ Age: _____ Current Grade: _____

Parent/Guardian #1: (First & Last Name): _____
Relationship to student: _____
Cell Phone #: _____ Work Number: _____
Email Address: _____
Physical Address: _____

Mailing Address (if different from above) _____

Child Resides in this household: (Circle One)

Full Time Part Time- List Days _____ Never

Parent/Guardian #2: (First & Last Name): _____
Relationship to student: _____
Cell Phone #: _____ Work Number: _____
Email Address: _____
Physical Address: _____

Mailing Address (if different from above) _____

Child Resides in this household: (Circle One)

Full Time Part Time- List Days _____ Never

Emergency Contacts:

If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call: (Please circle Yes or No if person below is allowed to pick up your child)

(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)	Yes	NO
(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)	Yes	NO
(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)	Yes	NO

Please Print Clearly

In an emergency, I authorize the school to call:

(Physician) (Phone Number) (Preferred Hospital)

(Dentist) (Phone Number)

Siblings at Schoharie Central School:

(Full Name) (Grade) (Teacher/Homeroom)

(Full Name) (Grade) (Teacher/Homeroom)

Dual household families, if requesting to receive mail correspondence, please provide the name and address of a parent or guardian who does not live at the same mailing address, but has the legal right to receive discipline, attendance, field trips, grading and testing information. All other information that goes home with students may not be mailed to both addresses.

(Name) (Mailing Address) (Town/City) (State/Zip Code)

Emergency Dismissal Plan: In the event that school is dismissed at an unscheduled time due to unforeseen circumstances, you will receive an automated notification from School Messenger. Please indicate instructions below:

Photo Release:

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the Summer Enrichment Program for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ **Yes**, I give consent for Schoharie Elementary to photograph my child for school purposes and/or at school events.

___ **No**, I do not authorize Schoharie Elementary to photograph my child for any event.

Guardian Signature: _____ Date: _____



Schoharie Central School District
Transportation Department
Phone: (518) 295-6684
Fax: (518) 295-9515

2024 Schoharie Summer Enrichment Program Transportation Form

Student Name: _____

Start of Program- (9:30 AM)

End of Program- (1:30 PM)

Pickup Location AM- _____ Drop Off Location PM: _____

Monday	Bus or Parent/Guardian Drop Off	Monday	Bus or Parent/Guardian Pick Up
Tuesday	Bus or Parent/Guardian Drop Off	Tuesday	Bus or Parent/Guardian Pick Up
Wednesday	Bus or Parent/Guardian Drop Off	Wednesday	Bus or Parent/Guardian Pick Up
Thursday	Bus or Parent/Guardian Drop Off	Thursday	Bus or Parent/Guardian Pick Up

Signature of Parent/Guardian: _____

Please provide the address and name/number of person responsible for your student at requested address. The code word will be kept confidential. The purpose of this word is to confirm the identity of a caller attempting to change transportation information by phone.

Emergency Code Word: _____