

Schoharie Central School District

PO Box 430, 136 Academy Drive, Schoharie, New York 12157

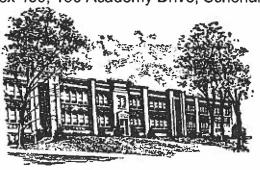
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ANDREA L. POLIKOSKI Elementary School Principal Phone: (518) 295-6651 Fax: (518) 295-9506

MARCELLA R. TEBBANO Elementary School Assistant

Principal

Phone: (518) 295-6651 Fax: (518) 295-9506



IN THE PURSUIT OF EXCELLENCE

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Dear Schoharie CSD families.

Please find the enclosed student application for the 2022 Schoharie Summer Enrichment Program. This year, our Summer Enrichment Program will be offered to students currently in grades K-8. The goal of the program is to prevent the summer academic slide and increase student achievement in preparation for the next grade level.

2022 Summer Enrichment Program Details

	MACO CONTROL OF THE C		
Dates/Days	July 5th- August 11th/Monday-Thursday		
Time	8:00 AM- 12:10 PM		
Who	Students going into 1st-9th Grade		
What	Students will engage in social, emotional and project-based learning experiences that will inspire curiosity, build knowledge and help students become confident learners. The entire summer program will have an emphasis on ELA and Mathematics.		
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	Marci Tebbano mtebbano@schoharieschools.org 518-912-7589		

If interested, please fill out and return all enclosed forms to the Elementary or High School Office by May 2, 2022. Thank you for your continued support in your child's academic success!

Schoharie Summer Enrichment Registration 2022

Student Information

Student's Name:		. <u>.</u>			
Student's Name:/ DOB://	Age: C	urrent Grade:_			
Parent/Guardian #1: (First & I Relationship to student: Cell Phone #: Email Address:	Work Nu	ımber:			
Physical Address:					
Mailing Address (if different fr					
Child Resides in this househo	old: (Circle One)				
Full Time	Part Time- List Days		lever		
Parent/Guardian #2: (First & I Relationship to student: Cell Phone #:	_ast Name):	ımher	<u></u> -		
Email Address: Physical Address:					
Mailing Address (if different fr					
Child Resides in this househo	old: (Circle One)				
Full Time	Part Time- List Days		Never		
Emergency Contacts: If my child has to be taken ho please call: (Please circle Yes				ot be re	achec
		-		_ Yes	NO
(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)		
(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)	_ Yes	NO
(First and Last Name)	(Relationship)	(Cell Phone)	(Work Phone)	_ Yes	NO

In an emergency, I autho	orize the school to	call:			
(Physician) (Phone N		ne Number) (Preferre		ed Hospital)	
(Dentist)	(Phone Num	(Phone Number)			
Siblings at Schoharie Ce	entral School:				
(Full Name)		(Grade)		(Teacher/Homeroom)	
(Full Name)		(Grade)		(Teacher/Homeroom)	
discipline, attendance, field trip students may not be mailed to (Name) Parent/Teacher Conferent Emergency Dismissal Plant unforeseen circumstances, y	(Mailing	g Address) efer: JOIN chool is dis	(Town/City) T or In missed at an u	(State/Zip Code) dividual nscheduled time due to	
indicate instructions below:	you will receive all a	utomateu m		ochoor wessenger. Flease	
Photo Release:					
As a parent or guardian of taken during the course of educational purposes (incinternet or other media so claims for compensation for	f the Summer Enric luding publications urces). I do this wit	chment Pro , presentat h full know	gram for publicion or broadca	icity, promotional and/or ast via newspaper,	
Yes, I give consent for purposes and/or at school No, I do not authoriz	l events.				
Guardian Signature:			Date:		



change transportation information by phone.

Schoharie Central School District Transportation Department

Phone: (518) 295-6684 Fax: (518) 295-6089

2022 Schoharie Summer Enrichment Program Transportation Form

Student Name:

Signature of Parent/Guardian:

Emergency Code Word:__________

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

Morning-Drop Off (8:00AM)		End of Program- Pick Up(12:10PM)		
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	