

2017 SUMMER EXPLORATIONS

PROGRAMS FOR STUDENTS ENTERING GRADES PreK-5



JULY 10 – AUGUST 17, 2017, Monday-Thursday
Full Day Program 8:30AM-5:30PM, \$268/week
Location: Cunniff School

Summer Explorations is back with new classes and just as much fun and learning. We are offering two 3-week sessions, **Monday-Thursday**. Each week is a stand-alone week. In the **mornings** we'll have hands-on, project-based classes designed to encourage curiosity, creativity, critical thinking and collaboration. **Afternoons** will be more relaxed: water fun, outdoor games and computer, free reading and art time. We'll go on field trips and invite celebrity guests to visit. Registrations are first come-first served, under-enrolled weeks may be cancelled. If you would like to register your child, please fill out the registration form and return with your payment of \$268/week to:

Beth Sahakian, 50 Columbia Street, Watertown, MA, ATTN: Summer Explorations.

We'll let you know when we plan 'outdoor water fun' so you can send a towel and sunscreen.

Session 1-July 10-July 27

Grades PreK-Grade 2. Nancy Dow. Nature's Classroom. Bugs and butterflies, the life cycle of seeds, nature crafts, outdoor yoga and scavenger hunts. Come join the fun!!

Grades 3-5. Rachael Levine. Medieval Times: Castles, Knights and Catapults. We'll take a look into medieval times and explore the daily life of the people, what children did for fun, famous stories (St George and the Dragon) and try some typical foods. We'll make our own shields and enjoy catapult and jousting contests.

Session 2-July 31-August 17

Grades PreK-Grade 2. Nicole Connors. The Great Outdoors. Let's go camping! We'll set up tents, tell stories around the campfire and make smores. We'll also do some stargazing and learn about friendly and unfriendly wildlife and their habitats.

Grades 3-5. Grades 3-5. Ann Cox. Full STE(A)M ahead! Join us and turn into a real engineer. Students will learn how to problem solve and collaborate while leaning about coding and robotics. We will be creating playful inventions that will help to build real world tech skills.

REGISTRATION FOR SUMMER EXPLORATIONS

July 10-August 17, 2017, Monday-Thursday

ENTERING Grades PreK- 5

Location: Cunniff School Hours: 8:30AM-5:30PM Tuition: \$268/week

DETACH AND RETURN

Registration Form: The completed registration form and the *weekly* tuition must be received by the start of each new week in order to enroll your child. Checks should be made out to: *Town of Watertown*. We are unable to administer any medications. Fees are non-refundable unless the program is under-enroll

Weeks My Child Will Attend:

Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____ Week 5 ____ Week 6 ____

Total Enclosed: \$_____ \$268/week

***If your child is receiving summer school services in the morning and you would like to join us in the afternoons only at 12 Noon, tuition is \$134, M-Th**

If you would like to apply for a voucher (reduced tuition), contact: Child Care Circuit, Lawrence, MA Phone: 978-686-4288, www.childcarecircuit.org

CHILD'S NAME _____ ENTERING GRADE _____ SCHOOL _____

PARENT NAME _____ E-MAIL _____

1st PHONE TO CALL: _____ 2nd PHONE TO CALL: _____

EMERGENCY CONTACT IF UNABLE TO REACH PARENT/GUARDIAN: _____

PHONES: _____

INDIVIDUALS WITH PERMISSION TO PICK UP

NOT ALLOWED TO PICK UP

Emergency Medical Authorization. In the event of serious injury or illness involving my child while attending the Summer Program, and I, or others listed, as the emergency contacts cannot be reached, I authorize the staff to take the above named child to the nearest hospital for treatment. I do hereby grant permission for said medical staff to administer appropriate treatment to ensure the health and well being of my child.

Child's Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

Child's Allergies/Medical Concerns:

Medications:

I agree to inform the Program of any changes in medical concerns or medications.

Does your child receive support services during the school day, if so, please specify:

I give my permission for the release of medical and IEP information to the Program.

Parent/Guardian Signature _____ Date _____