



## Academic “Sharpen Our Skills” (SOS) Summer School

Can your child benefit from some extra coaching in math or language arts? Help her or him keep the knowledge fresh and learn even more skills over the summer. “SOS” School is for (incoming) 1st-8th graders and is designed to:

- Maintain and reinforce basic grade-level skills
- Teach critical “school survival” skills like using a calculator, or how to use a multiplication table
- Incorporate study skills within lessons

Ascension, St. Helen, and Immaculate Conception Schools are joining again with the Catholic Education Collaborative to provide an academic summer school program at Immaculate Conception School. Instructors are licensed teachers from these three schools. Class size will be 8 students per class.

*(Students from all Collaborative Partner schools are eligible to register.)*



### **DATES:**

Tuesday, July 6 – Friday July 9  
Monday, July 12– Thursday, July 15  
Monday, July 19– Thursday, July 22  
Monday, July 26– Thursday, July 29

**TIME:** 8:30-11:30 a.m.

**LOCATION:** Immaculate Conception School  
2268 S. Smithville Rd.

### **Cost/Registration Information**

Cost is \$240 for the 4-week session. One-half (\$120) must be paid by Friday, April 30; the balance (\$120) is due by Monday, May 31. Classes will be filled on a first come basis.

Make checks or money orders payable to **Catholic Education Collaborative** and mail with registration forms to:

Summer School Registration  
Catholic Education Collaborative  
266 Bainbridge St.  
Dayton, OH 45402

*If you have questions please contact your school Principal*



# Academic Summer School Registration and Waiver



Child's Full Name: \_\_\_\_\_ Nickname/goes by: \_\_\_\_\_

Address: \_\_\_\_\_

Child's age: \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_ School attending (Fall '10) \_\_\_\_\_

### **Parent/Guardian Contact information**

**Mother/Guardian** (circle one) \_\_\_\_\_

Print name

Complete Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Eve. phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian** (circle one) \_\_\_\_\_

Print name

Complete Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Eve. phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **In case of emergency contact:**

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary daytime phone: \_\_\_\_\_ Alternate daytime phone: \_\_\_\_\_

List any special medical needs: \_\_\_\_\_

### **WAIVER**

On behalf of my child, my family, and myself, I hereby assume all risks in connection with attendance at the East Dayton Summer School program. I further release the Archdiocese of Cincinnati, the Archbishop, employees, and volunteers from all claims, judgments, and liability for any injury or damage due to my child's participation in the program, including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I understand that parents/guardians are responsible for the transportation of their children to and from summer school, and that all students must vacate the school premises by noon. No child will be dismissed early, or into the custody of any adult other than legal guardians, without written permission.

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

\_\_\_\_\_  
Date