

# 2025 Summer Programming Registration 6 - 8

Please return application to your child's school as soon as possible, before **May 30**. For questions, please reach out to your school. Visit [syracusecityschools.com/summer](https://syracusecityschools.com/summer) for program updates. All learning options are in-person; there are no virtual programs.

## Student Information

Student Name (First & Last) \_\_\_\_\_

Student ID \_\_\_\_\_ Current School \_\_\_\_\_

Other (Charter, Transfer, etc.) \_\_\_\_\_

Please mark your child's current grade level ☐ 6 ☐ 7 ☐ 8

## Summer Programming (Please choose one option)

Mornings include the opportunity to build math and reading skills and participate in physical fitness; afternoons have a variety of exciting enrichment activities.

Please register my child for Morning Session\* (Academic): ☐ Full Day Session (Academic & Enrichment): ☐

**\*Students will need to be picked up by a guardian if only attending Morning Session. Morning only students are not eligible to participate as a Bea Gonzalez Fellow (see description below).**

## Additional Enrichment Opportunities

(Choose one of the following if you are NOT choosing the above academic program at your child's school)

☐ **Esports Camp** (Limited to first 120 registrants) - Location: ELITE Gaming Arena

☐ **SCSD Summer Arts** - Location: Nottingham  
\*The camp is for students who are in 6th and 7th grades in 2024-25.

☐ **Mindfully U Math Camp** (Limited to first 100 registrants) - Location: PSLA  
\*The camp is for students who are in 7th and 8th grades in 2024-25.

## Bea González Fellows

All FULL DAY middle school summer students will automatically be participating as a Bea González Fellow. They will engage in enrichment programming related to financial literacy, work readiness skills, mental health/social emotional behavior, self-care and health/wellness and career exploration. There is also a community service component which could include office work, grounds keeping and more. This is all a part of their enrichment experience and giving back to their school community.

Summer Fellows Stipend 6th, 7th & 8th Graders: \$350

Students must be **in attendance for at least 75% of the summer program and complete all tasks and activities to receive the stipend**. Hours are TBD based upon the school and program.

**A violation of the SCSD Code of Conduct** may result in your child not being eligible for the stipend.

☐ By checking this box, I agree to the Bea González Fellows requirements.

Continued on back page

## Contact/ Emergency Information

Parent/Guardian Name (First & Last) \_\_\_\_\_

Address (#, Street, Zip) \_\_\_\_\_

Phone (Main) \_\_\_\_\_ Phone (Second Option) \_\_\_\_\_

Email Address \_\_\_\_\_

**In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Health/ Special Alerts

**This information will be kept confidential and shared only with those who should be made aware such as the school nurse, teachers or assistants, transportation, and/or building administrators.**

Does your child have any known allergies? ☐ No ☐ Yes (Details) \_\_\_\_\_

Does your child require an Epi-Pen? ☐ No ☐ Yes (Details) \_\_\_\_\_

Does your child have any dietary concerns or restrictions? ☐ No ☐ Yes (Details) \_\_\_\_\_

Does your child wear glasses or contact lenses? ☐ No ☐ Yes (Details) \_\_\_\_\_

Does your child have any physical limitations ☐ No ☐ Yes (Details) \_\_\_\_\_

Does your child need any medications during school hours? ☐ No ☐ Yes (Details) \_\_\_\_\_

Is this medication in the nurse's office? ☐ No ☐ Yes (Details) \_\_\_\_\_

## Pick-Up/ Walk/ Bus

**Please note that any change of address should be brought to your school immediately. A change in address may take a waiting period of up to 5 days for transportation. Please select one student option.**

**\*Students will need to be picked up by a guardian if only attending Morning Session**

☐ I will pick my child up from school

☐ I give my child permission to walk home without being signed out by an adult

☐ I would like my child to ride the bus. Student or childcare provider must live 1 mile or more from the summer school site to receive transportation. If you are requesting transportation, please list your pick-up and drop-off addresses:

AM Pick-Up Address \_\_\_\_\_

PM Drop-Off Address \_\_\_\_\_

## Permission for Photo/Video Release

☐ I give permission for \_\_\_\_\_ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

☐ I DO NOT give permission for \_\_\_\_\_ (student name) to have his/her picture taken for release to the local newspapers and television stations in connection with the Syracuse City School District Summer Program activities.

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