

SCHOOLS ONLY: Please forward this application to the Professional Development Center ATTN: Manami Tezuka after the students have submitted it to their main office guidance office.

SCSD SUMMER CAMP REGISTRATION FORM



For questions, please reach out to the Professional Development Office at (315) 435-4034. Visit syracusecityschools.com/summer for program updates.

There are two ways to apply for SCSD Summer Camps. Please apply using Only one method:

1) Fill out this application and turn it into your school by May 19.

OR

2) Complete the application online by May 19 by visiting <https://bit.ly/3Ash75j>



Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Email _____

Please mark your child's current grade level

3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
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Will the student require transportation? (Please circle one) **Yes** **No**

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 _____

Name _____ Relationship _____ Phone _____

Please Choose 1 in your child's grade

Which camp would you like to enroll your child?

- | | | |
|--|--|---|
| <input type="checkbox"/> Esports
(rising 6th-8th grades)
Mon-Thu 9:00 AM-12:00 PM
Summer Site: The MOST | <input type="checkbox"/> Mindfully U Math Camp
(rising 8th-9th grades)
Mon-Thu 8:00 AM-12:00 PM
Summer Site: PSLA | <input type="checkbox"/> Written Out Loud - Storytelling
and Writing Camp
(3rd-5th grade)
Mon-Fri 12:00-2:00 PM or 12:00-
2:00 PM (Depends on school site
enrichment time)
Summer Site: Child's Elementary Site |
| <input type="checkbox"/> Esports
(rising 9th-12th grades)
Mon-Thu 1:00 PM-4:00 PM
Summer Site: The MOST | | <input type="checkbox"/> Written Out Loud - Storytelling
and Writing Camp
(6th-8th grade)
Mon-Fri 8:00 AM-12:00 PM
Summer Site: PSLA |
| | | <input type="checkbox"/> Written Out Loud - Storytelling
and Writing Camp
(9th-12th grade)
Mon-Fri 8:00 AM-12:00 PM
Summer Site: PSLA |

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 _____

SCHOOLS ONLY: Please forward this application to the Fine Arts Department after the students have submitted it to their main office or counselors office.

SCSD SUMMER MARCHING BAND REGISTRATION FORM



SCSD Marching Band will take place monday through Friday from July 10-28 from 1PM-4PM.
Rehearsals will be at PSLA @ Fowler High School.

For questions, please reach out to the Fine Arts Office at (315) 435-4223.
Visit syracusecityschools.com/summer for program updates.

There are two ways to apply for SCSD Summer Marching Band. Please only apply using one method:

1) Fill out this application and turn it into your school by May 19.

OR

2) Complete the application online by May 19 by visiting forms.office.com/r/tvfJayGzdS



Student Information

Student Name (First & Last) _____

Student ID _____ Current School _____

Email _____

Please mark your child's current grade level

6 ☐

7 ☐

8 ☐

9 ☐

10 ☐

11 ☐

Will the student require transportation for Summer Arts? (Please circle one) Yes No

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 _____

Is your student interested in playing an instrument or joining the colorguard?

☐ Instrument

☐ Colorguard

If your student is interested in playing an instrument, what instrument do they play?
(This should be the instrument they play in school)

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 _____