

2023 Summer Programming Registration K - 8

Please return application to your child's school as soon as possible, before May 19. For questions, please reach out to your school. Visit [syracusecityschools.com/summer](https://www.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

K ☐

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

8 ☐

Program Options

Summer Programming (All Years)

☐ Standard summer programming option
(K-8th grade)

☐ Summer Institute for Language and Culture
(K-8th grade)

Elementary

☐ Steps to the Seal Academy
(K-5th grade)

☐ **Written Out Loud - Storytelling and Writing Camp
(3rd-5th grade)

☐ Language Without Limits
(K-5th grade: dual language program only)

Middle

☐ **Bea González Fellows Program
(Students currently enrolled in 6th-8th grades)

☐ NSBE Summer Camp
(rising 7th-8th graders)

☐ **Building Men Summer Institute
(Students currently enrolled in 6th-8th grades)

☐ **SCSD Summer Arts
(rising 7th-8th grades)

☐ **Esports
(rising 6th-8th grades)

☐ **SCSD Summer Arts Marching Band
(rising 7th-8th grades)

☐ **Mindfully U Math Camp
(rising 8th grades)

☐ **Written Out Loud - Storytelling and Writing Camp
(6th-8th grade)

**** If you see this symbol next to an option, you will need to fill out an additional application to apply for this program. These applications can be found printed at your child's main office or with their counselor or you can download them at www.syracusecityschools.com/summer.**

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 _____

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) _____

Please provide 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.

☐ 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 1.5 miles 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 _____