# TITLE

# Saturday Academy

Open to all TITLE I Schools



2019-2020

An enrichment, learning, growing and fun experience.

Students will enhance academic, team building and interpersonal skills through: •=

Reading Math Science Arts Engineering Gaming **Sports** Innovation Online Learning





Students who consistently attend Saturdays academy improve their skills in reading and math.

**BREAKFAST** 

LUNCH 🗸

Parents are responsible for drop off and pick up the students from school



## **PROGRAM BEGINS NOVEMBER 16, 2019**

**UNTIL June 13, 2020** 



### LOCATIONS

**Troup: Grades 1-8** Clemente: Grades 1-8 Fair Haven: Grades 1-8 **Wexler-Grant: Grades 1-8** 

#### **DATES**

November 16, 23 December 7, 14 January 11, 18, 25 February 1, 8, 29 March 7, 14, 21, 28 **April 4, 25** May 2, 9, 16, 30 June 6, 13



**TIME** Arrival 8:00 a.m. **Dismissal** 12:00 p.m.

#### **RETURN APPLICATION TO**

**SCHOOL MAIN OFFICE** PLEASE, FAX APPLICATIONS: 203-946-7630 Or call the Office of Youth, Family and Community Engagement at 475-220-1734



## NHPS Saturday Science, Technology and Gaming Academy Application and Agreement 2019-2020

Please return the application to your child's school's main office or fax to 203-946-7630 IF YOU HAVE FURTHER QUESTIONS, PLEASE CONTACT (475)220-1734

	DAILY SCHEDULE		SATURDAYS OF OPERATION		
	8:00Arrival		2019	2020	
	8:00-9:00 Breakfast and social/emotional development	gaming	November 16, 23	January 11, 18, 25	
	9:00-10:00Interactive Reading Instruction (on student	December 7, 14	February 1, 8, 29		
	10:00-11:00Interactive Math Instruction (on student le		March 7, 14, 21, 28		
	11:00-12:00 Lunch and social/emotional developmenta		April 4, 25		
	<b>12:00-</b> -Dismissal			May 2, 9, 16, 30	
				June 6, 13	
	Breakfast, and lunch,	provided for	all participants.		
STUDENT FIRST NAME: STUDENT LAST NAME:				ID#	
DATE OF BIRTH: GRADE: _1 _2 _3 _4 _5 _6 _7 _8					
STUDENT HOME ADDRESS:					
	UDENT HOME PHONE #.				
	UDENT HOME PHONE #: PARI RENT FIRST NAME: PARI	ENT LAST NAN	ME:		
PARENT PHONE 1: PARENT PHONE 2:					
ALLERGIES OR MEDICAL CONDITIONS?					
If yes, describe including any need for medications or doctor's information:					
if yes, describe including any need for inedications of doctor's information.					
С	HECK (required):  My child will walk  My child will be dropped off or picked up*	*If pick up, Name & Contact of who will pick up your student:  FIRST & LAST NAME:  CONTACT PHONE #:			
CHECK/SELECT SATURDAT SITE (Teuulteu).		EMERGENC	MERGENCY CONTACT INFO:		
	FIRST NAME: TROUP (259 Edgewood Ave) LAST NAMF:		·		
			:		
	WEXLER GRANT (55 Foote St)		HP:		
	FAIR HAVEN (164 Grand Ave)		HONE #: CT PHONE #:		
	CLEMENTE (360 Columbus Ave)	ALI CONTAC	CI PHONE #.	<del></del>	
Do	es applicant student named above have any siblings attend	ing Saturday A	Academy: YES NO	if yes, # of siblings:	
	<b>APORTANT</b> NOTICE TO PARENTS: Enrollment is on a first fered an alternate site should there be no space in the grad	•		lents may be waitlisted or	
	PARFN'	T AGREEMEN	T:		
pa	signing this agreement, you ensure that your child will atterticipate regularly show increase in literacy and math score orm the program when absent.  2 unexcused absences may be grounds for displayed.	end Saturday <i>F</i> es. Students sh	Academy regularly. Our dat could attend Saturday Acad	emy weekly and must	
_	ive my child permission to participate in the Saturday Acad ogram details, including attendance guidelines and dismiss		at one of the four sites liste	ed above. I am aware of the	
	<del>-</del>		<del></del>	_// (Date)	
	(Parent/Guardian Signature)			(Date)	