



New Haven Public Schools

# Saturday Success Academy (Literacy, Arts, STEM activities) Application and Agreement 2022-2023

**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

PROGRAM HOURS	<u>SATURDAYS OF OPERATION</u>
<b>8:30am- Arrival</b>	<b>2022</b>
<b>12:30pm - Dismissal</b>	<b>November 19; December 3, 10, 17</b>
<b>STUDENTS MUST BE DROPPED OFF AND PICKED UP AS SCHEDULED</b>	<b>2023</b>
	<b>January 7, 14, 21, 28; February 4, 11, 18, 25;</b>
	<b>March 4, 11, 18, 25; April 1, 15, 22, 29</b>
	<b>May 6, 13, 20, 27; June 3, 10</b>

**Breakfast, and lunch, provided for all participants.**

STUDENT FIRST NAME: \_\_\_\_\_ STUDENT LAST NAME: \_\_\_\_\_ ID# \_\_\_\_\_

CURRENT SCHOOL ENROLLED: \_\_\_\_\_

GRADE \_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_

PARENT CELL PHONE #: \_\_\_\_\_

PARENT FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STUDENT ALLERGIES OR MEDICAL CONDITIONS? Yes \_\_\_\_\_. No \_\_\_\_\_.  
If yes, describe including any need for medications or doctor's information: \_\_\_\_\_

CHECK (required):

- My child will walk
- My child will be dropped off or picked up\*
- My child will need bus transportation

\*If pick up, Name & Contact of who will pick up your student:

FIRST & LAST NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

CHECK/SELECT ONE SATURDAY SITE (required):

- WEXLER GRANT** (55 Foote St)
- FAIR HAVEN** (164 Grand Ave)
- CLEMENTE** (360 Columbus Ave)

**EMERGENCY CONTACT INFO:**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

ALT CONTACT PHONE #: \_\_\_\_\_

**IMPORTANT NOTICE TO PARENTS:** Enrollment is on a first come/first serve basis and therefore students may be waitlisted or offered an alternate site should there be no space in the grade of the site requested.

**PARENT AGREEMENT:**

By signing this agreement, you ensure that your child will attend Saturday Success Academy regularly. Our data shows that students who participate regularly show increase in academic scores. Students should attend Saturday Success Academy weekly and must inform the program when absent.

I give my child permission to participate in the Saturday Success Academy Program at one of the four sites listed above. I am aware of the program details, including attendance guidelines and dismissal.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)