

Polk County Schools Summer VPK 2018 Program

Program Dates: May 29-July 19, 2018



ABC Town ...here we come!!

Summer VPK @ Lewis Elementary

WELCOME TO OUR POLK COUNTY SCHOOLS SUMMER VPK PROGRAM! Your child will be touring "ABC Town ." In this exciting adventure, our summer students will find lots of fun activities promoting physical, social, intellectual and emotional growth. Our ABC Town activities give children an opportunity to engage in group and individual activities. **READY, SET...LET'S GO!**

Special note: No flip flops or sandals! Tennis shoes preferred. Please send a change of clothes (full set) just in case of an accident. Please mark clothes with the child's name and place in a gallon size Ziploc style bag.

MARK YOUR CALENDARS:

	<p>ORIENTATION DAY</p>	<ul style="list-style-type: none"> Tuesday, May 29, 2018 Open: 12:00pm - 4:00 pm Attendance Required Meet your teachers Tour your ABC Town Classroom
	<p>SUMMER SCHOOL DAYS</p>	<ul style="list-style-type: none"> Wed. & Thurs., May 30 & 31 & Fri., June 1 7 a.m. to 5:15 p.m. Monday - Thursday: June 4 thru July 19 7 a.m. to 5:15 p.m.
	<p>VPK CLOSED</p>	<ul style="list-style-type: none"> Wednesday, July 4 and Thursday, July 5 <i>Have a happy 4th of July and enjoy the fireworks!</i>
	<p>END OF SUMMER PROGRAM</p>	<ul style="list-style-type: none"> Thursday, July 19, 2018 Join us for our ABC Town Celebration!

For more information call: Roberta Drier, Summer VPK Coordinator @ (863) 557-2669



POLK COUNTY SCHOOLS

SUMMER VPK

STUDENT APPLICATION

STUDENT INFORMATION <i>Información del Estudiante</i>					
Child's Legal Name <i>Nombre del niño(a)</i>	Sex <i>Sexo</i>	Birth Date <i>Fecha de Nacimiento</i>	City and State of Birth <i>Ciudad & Estado</i>	Ethnicity <i>Etnicidad</i> Hispanic/Latino?	Race <i>Raza</i> (Circle all that apply) <i>(Circule todas las que aplican)</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	White Black Asian Hawaiian American Indian
FAMILY DEMOGRAPHICS <i>Información de la Familia</i>					
Parent/Guardian Full Name <i>Nombre del Padre o Tutor</i>	Sex <i>Sexo</i>	Birth Date <i>Fecha de Nacimiento</i>	City and State of Birth <i>Ciudad & Estado</i>	Ethnicity <i>Etnicidad</i> Hispanic/Latino?	Race <i>Raza</i> (Circle all that apply) <i>(Circule todas las que aplican)</i>
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	White Black Asian Hawaiian American Indian
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	White Black Asian Hawaiian American Indian
Home Address: <i>Dirección Residencial</i>		Apt. <i>Apartamento</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip <i>Código Postal</i>
Mailing Address: <i>Dirección Residencial</i>		Apt. <i>Apartamento</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip <i>Código Postal</i>
Home phone () <i>No Teléfono Hogar</i>		Work Phone: () <i>No Teléfono Trabajo</i>		Other Phone: () <i>Otro</i>	
Total Number in Household: <i>No. de personas viviendo en la residencia</i>		Language spoken at home by parents: <i>Idioma que los padres hablan en la casa</i>		Language spoken at home by child: <i>Idioma que el niño(a) habla en la casa</i>	
SCHOOL <i>Escuela</i>					
Name of School Requested for Services: Lewis Elementary <i>Nombre de la escuela solicitada:</i>					
a. Has your child attended a PreK Program before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Where? <i>¿A asistido su hijo(a) anteriormente a un programa de PreK? ¿Dónde?</i>					
DOCUMENTS REQUIRED WITH THIS APPLICATION (Documentos requeridos con esta aplicación)					
1. Student Application Form (<i>Información del Estudiante</i>)					
2. Child's Birth Certificate (<i>Certificado de Nacimiento del estudiante</i>)					
3. Medical & Emergency Contacts (<i>Formularios de: Información Médica yo</i>)					
4. Copy of Physical & Shots Record (dated within a year) (<i>Copia del Récord Físico y Record de Vacunas. (con fecha del año corriente)</i>)					
5. Original VPK Certificate (<i>Certificado original del VPK</i>)					
I certify the above information is correct.					

Signature of Parent/Guardian *Firma del Padre o Tutor(a)*

Date *Fecha*

**For more information about Summer VPK at Lewis Elementary
please call Roberta Drier at 863-557-2669.**

VPK Emergency Contacts/Permission for Pick-Up

PLEASE PRINT

Student: _____
Last First Middle

Birth Date: ____/____/____ Gender: M / F

Residence Address: _____
Street City Zip

1. Parent/Guardian Name: _____
_____ Same address as student _____ Pick-Up Allowed _____ Notify in emergency

Cell #: ____ - ____ - ____ Work #: ____ - ____ - ____ Home #: ____ - ____ - ____

2. Parent/Guardian Name: _____
_____ Same address as student _____ Pick-Up Allowed _____ Notify in emergency

Cell #: ____ - ____ - ____ Work #: ____ - ____ - ____ Home #: ____ - ____ - ____

Polk County Schools Preschool Programs has my permission to release my child to the individuals specified on this form or to contact any individual specified on this form in the event that I cannot be reached in an emergency situation.

Parent/Guardian Signature: _____ Date: _____

1. Contact Name _____ Phone#: ____ - ____ = ____
_____ pick-up allowed _____ notify in emergency

2. Contact Name _____ Phone#: ____ - ____ = ____
_____ pick-up allowed _____ notify in emergency

3. Contact Name _____ Phone#: ____ - ____ = ____
_____ pick-up allowed _____ notify in emergency

4. Contact Name _____ Phone#: ____ - ____ = ____
_____ pick-up allowed _____ notify in emergency

5. Contact Name _____ Phone#: ____ - ____ = ____
_____ pick-up allowed _____ notify in emergency