

BLUE HERON MIDDLE SCHOOL
Early Release Tutoring and Enrichment Program (TEP)

March 2019

Dear Parents and Guardians,

We are very happy to share this special opportunity for your child to participate in Blue Heron's Early Release Tutoring and Enrichment Program (TEP). The second session will run seven consecutive weeks from April 10 through May 22, 2019, from 12:50 to 2:50pm. Our time together will be divided into two, one-hour long blocks. **One hour will be math enrichment and homework help**; the second hour is a choice of woodworking or creative writing poetry class. Students must have their own transportation home at 2:50 pm.

We have space for 24 students to participate in this eight week program. Enrollment is filling up quickly, so in order to participate, we will need the following forms completed on or before April 8, 2019. Students should turn in the completed paperwork to Melinda Pongrey Rm 603.

PLEASE CHECK THE ENRICHMENT OPTION YOU WOULD LIKE:-----

_____ **MAKING POEMS**

Did you know that the Latin word for *bread* is hidden inside the word *companion*, that a companion is someone you eat bread with? Did you know that *chum* backward is *much*? That the root of poetry is *to make*? Did you know that the *pen is mightier than the sword*, that *word* is inside the word *sword*? Come **make** and **eat poetry** and **words** and **bread** with me and your **chums**. **Much** fun will be had with our **mighty pens**.

Carol Light will teach this poetry class on Wednesday afternoons. She is a poet whose book of poems, *Heaven from Steam*, was published in 2014 by Able Muse Press.

_____ **WOODWORKING**

Ginny Wilson will lead a woodworking class. Details coming!

If your child is interested in participating in the **After School Enrichment Program** at Blue Heron, please fill out the following information and a registration packet and return the form by Monday, April 8, 2019.

I commit to attending all 7 sessions April 10, 2019 - May 22, 2019.

Student Name: _____ Student Signature _____

My child will return home on Wednesdays: (circle appropriate response)

walking

biking

car pick up

Parent/Guardian Signature: _____

Early Release Tutoring and Enrichment Program (TEP)

General Indications Form

Transportation:

- **Pickup**

Students should be picked up promptly in front of the Blue Heron Commons at the end of day (2:50 p.m). Please respect this timeframe.

Cell Phones/Communication:

- If your child has a cell phone, we ask that it be turned off during the day and stored in his or her backpack. **If a student is seen using a cell phone, a staff member will take the phone and turn it into the office.**
- If you need to reach your child at any time, please contact the school at 360-379-4543.

Safety:

- The safety of the students is of the highest priority. Staff members and Community Partners work hard to maintain an environment where students may participate in activities safely.
- In the event of a serious injury, staff will immediately call 911, as well as notify a parent or guardian. In the event of a natural or other disaster, the participant will remain under the direct care and supervision of program staff until an authorized individual is able to pick him/her up.

Discipline: Each participant and a parent/guardian will need to sign the behavior agreement.

- Minor behavior problems will be handled on the spot. Interventions may include verbal reminders, redirection, seat change, etc.
- Parents will be notified if there are concerns about student behavior, which may result in the student no longer being eligible to participate in the program.

Allergies:

- Every effort will be made to minimize the risk of nut allergies to vulnerable participants. Instructors are informed of any student who has allergies so he or she can be accommodated, if needed, with regard to materials used during activities.
- If your child has any food/substance allergies, please note them in this packet. Program staff will follow up with families on a case-by-case basis.

Medications:

- Staff cannot administer medications to students.

Cost:

- **Free!** There is no cost for the Tutoring and Enrichment Program.

I have completed the TEP Student Information Form & have read and understand the General Indications form and agree to all of its terms and conditions.

Child's Name: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

BLUE HERON SCHOOL

3939 San Juan Avenue
Port Townsend, WA 98368
Phone: (360) 379-4540

Theresa Campbell, Principal
Grades 6 – 8 & OCEAN
blueheron.ptschools.org

Early Release Tutoring and Enrichment Program (TEP)

Behavior & Attendance Agreement

It is a privilege to be able to participate in the TEP that takes place on April 10, 17, 24, and May 1, 8, 15, 22, 2019. During those days, I understand that my behavior must be exemplary (which means **amazingly good** and **utterly respectful** and **positive**). By signing this form I agree to keep high expectations for myself at all times and to:

- demonstrate respectful behavior to everyone, the environment, and the materials used
- be responsible, on-task, and follow-through with all activities assigned
- help others and share in making this a positive experience for all
- keep my speech positive and free from complaints
- remain with my group and demonstrate safe behavior at all times
- listen to and follow directions from teachers, tutors, and adult leaders
- commit to attending every class.

I understand that if I am unable to abide by (that means **follow** or **do**) these behaviors, which results in concerns by any supervising adult, I may not be eligible to return.

I, _____, agree to follow the expectations above during my time in this program. (Student Name)

I have read and understand the expectations of my child during the TEP.

Parent Name: please print _____

Parent Signature _____ Date _____

Student Name: please print _____

Student Signature _____ Date _____

Early Release Tutoring and Enrichment Program (TEP)

Student Information Form

Child's Name _____ Grade _____

PARENT DATA

Custodial Parent/Guardian _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate/Cell Phone _____

Work Phone _____

Email Address _____

Additional Parent/Guardian _____

Home Phone _____ Alternate/Cell Phone _____

Work Phone _____

Additional people to be contacted in case of emergency (If parents are not available)

1. Name _____ Alternate/Cell Phone _____

2. Name _____ Alternate/Cell Phone _____

On Wednesdays my child will: (Please check ONE)

Walk Home Ride their bike

I will pick him/her up (Please make sure your contact information is listed above should we need to communicate regarding pick up.)

MEDICATIONS AND RESTRICTIONS

Please list ALL the medications such as pills or inhalers your child is using regularly.

Note: We are not authorized to administer medication during TEP.

Please list any allergies (including food allergies)
