**Summer Camp 2017**

Dear Academic Summer Camp Parent,

We are excited about having your child in our Academic Enrichment Program this summer.

We are offering two Academic summer sessions this year from 9:00 am – 12:00 pm:

1. Session 1 begins on Monday, June 26th and ends on Friday, July 14th
2. Session 2 begins on Monday, July 17th and ends on Friday, August 4th

On the first day of your child’s Academic session, your child will need to have the following supplies:

* A book bag
* Two pencils
* One 3x5 index card box
* One set of 3x5 index alphabetical dividers (can be found at Staples)

All other school supplies will be provided by the Academic program. During the first few days of your child’s first session of Academic camp, we will be conducting informal and formal assessment to best determine your child’s academic goals for the summer program.

**Please complete the attached form and mail, fax (919-319-7424) or drop off this form at least ONE WEEK before your child starts Academic Camp** so we will better be able to meet your child’s specific needs during this program.

**Ways We Communicate With You:**

* The Education Goal Identification (EGI) outlining the goals your child will be working on will be sent home by the 2nd Monday of your child’s Academic camp experience.
* You will receive a Progress Report (if you are continuing on for Session 2) at the end of Session 1
* The detailed Summer – End report will be mailed to you after your child completes his/her Academic 2017 Summer Camp experience (either after Session 1 or Session 2) complete with an option to request a conference with the teacher.

**Medication Policy**

Please remember that if you child has any prescription medications that they will need on site at Chesterbrook’s summer camp; they must see the front desk on their first day of camp with the following:

* The prescription medicine in its original container with the prescription label still on the bottle or box
* A note from the child’s doctor stating how much of the medication and when to give it
* A pink medication form filled out and signed by the parent (Forms can be found at the front desk)

\*PLEASE NOTE: We cannot administer any over – the – counter medications. These items will include, but are not limited to, acetaminophen, cough and cold medicines, antihistamine, lotions of any kind, lip balm, powders and other common items that may not be considered medication at home, but are classified as such by state statute.

The ONLY over – the – counter medication accepted is Benadryl when accompanied by an Epi Pen; however, the same three requirements noted above will be applied before administration of the medication is allowed.

We look forward to getting to know you better this summer an seeing your child progress academically within our program. Please contact me with any questions!

Sincerely,

Diane McKune, Principal

[Diane.mckune@nlcinc.com](mailto:Diane.mckune@nlcinc.com)

919-319-9922

**Education Goal Identification Needs**

Please fill out this form outlining specific needs your child may have in one or more of the following areas and return **to the school at least one week before your child starts** in the Academic Summer Program. Please attach copies of work samples, testing, reports cards, etc. that you feel may be helpful in planning your child’s individual summer program goals.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_\_\_\_\_

Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Math: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Study Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Social/Behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Signature Date