

SUMMER READING & MATH PROGRAM

Incoming UPK through Grade 8

Summer 2018

July 9th – August 2nd

Monday – Thursday
9:00am- 12:00pm

Mission Statement

The mission of the Oxford Academy and Central School Summer Reading and Math program is to provide students with continued exposure to Language Arts and to maintain their reading and math skills. The positive environment provided during the summer program includes various reading, writing, art and math activities and promotes positive self-esteem.

Program Goal

The goal of the Summer Reading and Math program is to foster the love of reading, writing, and math. To accomplish this goal, students will be involved in reading and writing tasks, exposed to a variety of genre of literature, express their understanding of literature through discussion, art projects, and writing skills, and be exposed to math skills through hands-on science experiments and the use of technology at many levels.

Transportation

If needed, transportation to and from the Summer Reading and Math program will be provided this year. Students will arrive at 8:30 am in time for breakfast and leave at approximately 12:30 pm following lunch.

Meals

The summer breakfast will be served from 8:30-9:00. (Monday-Thursday)

The summer lunch will be served from 12:00-12:30. (Monday-Thursday)

All summer meals are free to kids 18 and under.

Enrollment

Please fill out and return the attached form **for each student** to reserve a space. Be sure to include \$30.00 for the cost of supplies. Please make checks payable to the Oxford Summer Program and return the form and payment to either the Primary School office or Middle School office. If you have any questions. Please contact Amy Thorne at thornea@seonline.org

2018 Summer Reading & Math Program Registration

Student's First Name _____ Last Name _____

Address _____

Date of Birth _____ Age _____ Grade in Fall of 2018 _____

Emergency Contacts:

Parent/Guardian 1: _____

Phone#: _____ Email address _____

Parent/Guardian 2: _____

Phone#: _____ Email address _____

Known allergies/ medical conditions that we should be aware of (please write "none" if there are no medical concerns): _____

My child will need bus transportation **to** the Summer Reading and Math Program Yes _____ No _____

My child will need bus transportation home **from** the Summer Reading and Math Program Yes _____ No _____

Your child may participate in any of the following sports mini sessions, they will run from 12:30-2:00 after lunch daily. **THERE IS NO BUS TRANSPORTATION FROM SPORTS!**

Please check the sports session you would like your child to attend. If none, then just leave blank.

____ Basketball July 9th-12th

____ Soccer July 16th-19th

____ Whiffle/Baseball/Softball July 23rd-26th

____ Obstacle Course Challenge/Kickball July 30th-Aug 2nd

Parent/Guardian Signature: _____

(Note: Form must be signed by parent/guardian)

(Office Use Only) Payment Received/Check # _____