

March 9, 2020

Dear Parents and Guardians,

This summer Mountain Vista will be offering a summer intersession program for all students who are entering grades kindergarten- 8<sup>th</sup>. The program will include math, reading, writing, science, technology, and PE classes. The program will be run by a highly qualified staff that is eager to share their knowledge.

Summer intersession will begin on June 8<sup>th</sup> and will continue until June 26<sup>th</sup>. The summer program will be serving breakfast and lunch free of charge to all students. Breakfast will begin at 8:30, classes will be from 9:00 AM until 2:00 PM, Monday through Friday. Breakfast, lunch, and bus transportation will be provided for students who live in the Mountain Vista School District. Students who are not currently registered with Mountain Vista are welcome to attend the summer program for a fee of \$50.00 per week.

This year we will continue with our incentive program to improve student attendance and positive behavior. On Fridays, students who attend **all five days of school and are not sent to the office for that week** will be invited to participate in activities such as; going to the park for a picnic or going to the Mammoth pool.

In order to provide your child with the best summer intersession possible, we are asking you to complete and return the Emergency Information/Parent Consent Form to Mrs. Shannon Soulé by **April 3<sup>rd</sup>**. If you are unsure if your child will be attending, please fill out and send in the permission slip to ensure their place in the summer intersession program. **Permission slips WILL NOT be accepted after April 3<sup>rd</sup>.**

If you have any questions, comments or concerns please contact Shannon Soulé by phone at 896-3013 or through email at [ssoule@osd2.org](mailto:ssoule@osd2.org).

## Summer Intersession

### Emergency Information and Parent Consent Form

Name \_\_\_\_\_ Grade (next year) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Incase of an emergency and parents cannot be contacted, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

The Summer Intersession coordinator may apply first aid treatment until parents or family doctor can be contacted. Yes \_\_\_\_\_ No \_\_\_\_\_

I give consent for the Summer Intersession coordinator to use own judgment in securing medical aid and ambulance services in case parents cannot be notified.

Yes \_\_\_\_\_ No \_\_\_\_\_

Other information concerning health that the staff needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

My child, \_\_\_\_\_, has permission to participate in Summer Intersession from June 8<sup>th</sup> – June 26<sup>th</sup> 2019.

My child, \_\_\_\_\_, may attend field trips like going to the pool or the park on Fridays if he/she has **attended class** and **participated in a positive manner all week**. A note as to where we will be going will be sent home at the beginning of each week.

My child has permission to: \_\_\_\_\_ walk home.  
\_\_\_\_\_ ride the bus home.  
\_\_\_\_\_ be picked up by \_\_\_\_\_.

My child may not be picked up by \_\_\_\_\_.

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