



Helen Neufeld & Dana Heidemann

Principals

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PARENT CONSENT FORM

READING UNIVERSITY 2020 - St. John Paul II School

Your child has been recommended by this year's teacher for the opportunity to participate in **Grade 3 Reading University at St. John Paul II School this summer on weekdays from July 6th to July 24th.**

PURPOSE -to give grade 3 students, who are not yet at grade level in reading, the opportunity to improve their fluency and confidence at reading independently before starting grade 4

PROGRAM - requires the commitment that **students will attend all 3 weeks of the July sessions**

FUNDING – the program is entirely community funded - no cost to families

STUDENT REGISTRATION INFORMATION

Child's name(First and Last)_____Male___ Female___

Parents/ Guardians(Please Print)_____

Address _____ City_____

Postal Code_____ Best email address to reach you:_____

Best Phone Numbers where you can be reached:

Name_____ Cell_____ Other_____

Name_____ Cell_____ Other_____

Co-parents , if applicable (please print):_____

Address _____ City_____ Postal Code_____

Best email address to reach you _____

Best Phone Numbers where you can be reached:

Name_____ (Cell) _____ (other) _____

Name_____ (Cell) _____ (other) _____

What school does your child attend? _____

What is your child's teacher's name? _____

Does your child have any allergies? _____ If so, please explain _____

Does your child have any diagnosed medical condition(s) about which we should be aware ?

Emergency Contact:

Name: _____ Relationship to student _____

Phone Numbers (Cell) _____ (Other) _____

Please read and sign the following. Your signature will represent your permission and commitment for your child to attend Reading University this summer.

- I commit to my child's attendance at Reading University every day, barring illness.
- I understand that the participation in this program requires communication with my child's school to identify reading levels and to share progress reports at the end of the program. As a condition of my child's participation, I give consent to program organizers and staff to collect information and communicate with my child's school for the purpose of planning and reporting concerning my child's participation in Reading University. Information will only be shared with schools, and will not be used for any purposes other than to support student learning.
- As part of the ongoing community fundraising to support this program, I consent that my child's picture may be used in promotional materials. I understand that student names will never be used to identify them. Pictures or video of students may only be used in the creation of future promotional materials.

I hereby give my **permission and commitment** for _____ to attend Grade 3 Reading University at St. John Paul II School from July 6th to July 24th, 2020.

Parent Signature: _____

PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER ASAP

