



Fly Like An Eagle



LOVE MORE
EXPECT MORE
BE MORE

Dear Parent/Guardian:

Your child is invited to soar into the future by attending the Valley Christian Schools “FLY LIKE AN EAGLE” Summer Program. This three and a half week Summer program will start Monday, June 7 and end Wednesday, June 30 for Title eligible students in Grades 2-8. Your child qualifies for this exciting, educational, and uplifting Summer program.

Place: Central Campus Grades 2-8

Class Time: 9:00AM-2:00PM Monday-Friday

STUDENT SCHEDULE

8:30AM-9:00AM	ARRIVAL/BREAKFAST
9:00AM-11:00AM	INSTRUCTION (READING/MATH)
11:00AM-12:00PM	LUNCH and RECESS
12:00PM-2:00PM	INSTRUCTION (READING/MATH)
2:00PM	DISMISSAL

Busing is provided by Community Busing Services, Inc. or you may choose to transport your child to and from school.

A USDA breakfast and lunch will be provided each day.

Added Bonus: With 75% attendance, your child will receive a Valley Christian School embroidered Adidas backpack filled with school supplies.

Deadline for registration is May 12, 2021.

Please check one of the options below, fill out student/parent information, and sign. Return form to Mrs. Jennifer Hull.

Pleasant Grove Campus “Fly Like An Eagle” Summer Program

PERMISSION/ATTENDANCE

YES _____ My child has permission to attend the Summer Program.

Student Name

Grade

Parent/Guardian Signature

Date

NO _____ I do not give permission for my child to attend the Summer Program.

Student Name

Grade

Parent/Guardian Signature

Date

**IF YOUR CHILD WILL BE ATTENDING THE SUMMER PROGRAM,
COMPLETE THE REST OF THIS FORM. IF NOT, THEN STOP HERE.**

TRANSPORTATION

YES _____ My child will need busing for the Summer program.

NO _____ My child does not need busing. I will transport my child.

Parent/Guardian Signature

Date

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STUDENT INFORMATION

STUDENT NAME _____
First Name *Last Name*

HOME ADDRESS _____
Street Address *City* *State* *Zip*

CONTACT INFORMATION

PARENT/GUARDIAN NAME _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO STUDENT _____

EMERGENCY PHONE _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE LIFE THREATENING ALLERGIES/HEALTH
CONDITIONS? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD NEED MEDICATION AT SCHOOL? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD HAVE ANY OTHER MEDICAL ISSUES OF WHICH WE NEED TO
BE AWARE? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____