

Dear Parents/Guardians:

We are busy preparing for our Summer Learning Program and are looking forward to registering your child! Attached you will find the program and registration information. I encourage you to register as quickly as possible!

Tuition for the program is \$125.00 and limited scholarships are available. You must reserve your child's seat in this program by completing the attached registration form and sending a check or money order for \$50.00 by Friday, June 12. The remaining \$75.00 **MUST** be paid by Friday, June 26, or your child's place may be given to another child on our waiting list. Please make your check or money order payable to "University of Portland School of Education." This year we will also be accepting credit card payments. If you prefer to make a credit card payment please visit <https://bit.ly/35yoYN1>.

Please return the registration fee, and completed registration forms to the following address:

University of Portland
School of Education
ATTN: Summer Learning Program
5000 N Willamette Blvd MSC 149
Portland OR 97203

If you are bringing registration fees or forms to the School of Education on the University of Portland Campus, we are located in Franz Hall on the fourth floor.

If you have any questions, please contact the School of Education at soed@up.edu or 503-943-7135.

Sincerely,



Hillary Merk Gaudio, Ph.D.
Director, Summer Learning Program

About the University of Portland Summer Learning Program

- This program is for students entering grades 3rd-11th next year.
- Tuition is \$125.00 and limited scholarships are available. The first payment of \$50.00 is due with the registration form by **Friday, June 12th**. If no scholarship is awarded, the remaining \$75.00 is due by **Friday, June 26th**. Make checks payable to the University of Portland School of Education.
- **Classes begin on Monday, July 6th and end on Thursday, August 6th.**
- **All admitted students and their parent/guardian should report to the Franz Hall Lobby (see enclosed map) for registration on the first day of the program, Monday, July 6th, at 9:15 am.** The exact class location for the remainder of the program will be announced on the first day.
- **Classes are held Monday-Thursday, 9:30am-11:30am. Students may arrive on campus no earlier than 9:25am and must leave campus by 11:35am.**
- **Students should attend all classes.** Please do not schedule vacation or medical appointments during this time.
- Students are taught by graduate students in the School of Education.
- Learning focuses on the Common Core State Standards, specifically mathematics and language arts.
- The University of Portland reserves the right to cancel and refund all money if enrollment is inadequate.
- Should you need to cancel your student's enrollment, depending on the cancellation date, the University of Portland will refund part or all of the money at the conclusion of the program.

Please return this form to the University of Portland, School of Education in the enclosed envelope.

SUMMER LEARNING PROGRAM APPLICATION

Please Print Clearly

Child's Last Name		Child's First Name		Child's Middle Initial		Child's Adult Shirt Size	
Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Birthdate / /		School Attending		Grade (next fall)	
Child's Race (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander				Child's Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Home/ Mailing Address			City		State		Zip Code
Parent/Legal Guardian							
Last Name _____				First Name _____			
Work Phone / Home Phone / Cell Phone				E-mail			
If the Parent/Legal Guardian cannot be reached, who may make local emergency decisions regarding your child?							
Name _____		Relationship _____		Phone Number _____			
Name _____		Relationship _____		Phone Number _____			
Please mark any current on-going health problems your child has:							
<input type="checkbox"/> Serious Allergy		<input type="checkbox"/> Asthma		<input type="checkbox"/> Heart Disease			
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Seizure Disorder		<input type="checkbox"/> Other			
Doctor Name			Doctor Phone			Hospital	
If neither the parent/legal guardian nor named physician can be reached, do you authorize and direct the university officials to send your child to a doctor and or hospital for medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I consent to my child's photograph/video being taken on behalf of the University of Portland. Through this release, I grant the University permission to use or publish, in any medium, my child's photograph/video, likeness, or image for any purpose chosen by the University of Portland. I also grant my authorization for the University of Portland, in its sole discretion, to grant third parties' permission to use or publish my child's photograph/video, image, or likeness in any form or medium. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please read the Discipline Policy and acknowledge your agreement with the terms and conditions by signing below. In an effort to provide every child in the Summer Learning Program an enriching, healthy, and safe learning environment, the University of Portland School of Education reserves the right to dismiss a student if s/he displays distracting, disrespectful, or unsafe behavior such as (but not limited to); Disrupting classroom activities, refusing to participate in activities or cooperate with staff, leaving the classroom or campus without permission, using profane or obscene language and teasing or bullying fellow students. <i>*Please note that registration fees are non-refundable if a child is sent home for disciplinary reasons.</i>							
The following arrangement has been made for my child:							
<input type="checkbox"/> I, the parent/guardian, will pick up my child at 11:30 am everyday		<input type="checkbox"/> My child will walk home		<input type="checkbox"/> My child will bike home			
<input type="checkbox"/> My child will take the bus home		<input type="checkbox"/> Family/Friend will pick up at 11:30 am (Fill out below)		<input type="checkbox"/> Other _____			
Besides myself, the parent/guardian, I authorize the following to pick up my child from the Summer Learning Program:							
Name _____		Relationship _____		Phone Number _____			
Name _____		Relationship _____		Phone Number _____			

The above information is current as of _____
Date

Parent/Legal Guardian Signature

Release of Information

Parent/Legal Guardian's Name: _____

Child's Name: _____

I authorize that information about my child can be given to and/or shared with the University of Portland faculty and MAT students by my child's teacher/school:

- Yes
 No

I request that a copy of my child's Summer Learning Program progress record be forwarded to my child's school.

- Yes
 No

Name of Child's Current Teacher (in 2019-2020): _____

Name of School: _____

Address: _____

City, State, Zip: _____

Recommendation for Summer Learning Program Student

Child's Name: _____

What area(s) in school do you want your child to have the most assistance with? Please rank them **1 (high)** through **3 (low)**.

- ___ Math
___ Reading
___ Writing/Spelling

What do you hope your child will accomplish by the end of the summer learning program?

Parent/Legal Guardian Signature: _____ Date: _____

Please return this form to the University of Portland, School of Education in the enclosed envelope.

Summer Learning Program Scholarship Application

Limited partial scholarships are available to families who require financial assistance. If you would like to apply for a scholarship, please write a short letter in the space below detailing your current financial situation and submit this form along with the \$50 application fee. Checks can be made payable to "University of Portland School of Education". If accepted for a partial scholarship, you will be notified and the remainder of the program cost will be waived.

Child's Name: _____

Parent/Legal Guardian's Name: _____

Please write your letter below:

*If you're applying for a scholarship, please return this form to the University of Portland,
School of Education in the enclosed envelope.*

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envelope.*