

# Summer 2017 PRE-K



## *Lights On Mission Statement*

Offering expanded learning opportunities that facilitate academic excellence and positive youth development in a safe and structured environment for all students and their families.



# Summertime means....

## FUN!

## with

## Lights On

## Summer Pre-K



Jump-start your child's education this summer by enrolling them in Lights On's Summer Pre-K Program! Students will have engaging hands-on learning opportunities with a certified elementary teacher and qualified Lights On staff. Give your student a boost going into his/her first year of school.

We encourage all incoming FCSD #1 Kindergarten children to attend our summer activities, however there is limited space available. Registrations will be accepted first-come, first-served.

This packet will provide you with all the information you need to register your child for our fun-filled summer events.

Call 332-4240 if you have questions, or email:

Katie: [krollino@landerschools.org](mailto:krollino@landerschools.org)

Vivian: [vmichel@landerschools.org](mailto:vmichel@landerschools.org)



Visit our website [www.landerlightson.org](http://www.landerlightson.org) for more information, or to download this registration packet. Online registration is not available for the Pre-K program; we will accept paper registrations ONLY.

---

# Program Information

**Dates:** June 5th – July 28th  
**Days:** Monday – Friday  
**Times:** 8:00 am to 12:00 pm  
(**NO Pre-K staff prior to 8:00am or after 12:00pm**)  
**Closed:** July 3rd - July 7th  
**Location:** Lights On, 626 Washington St.  
**Phone:** 307-332-4240

---

## Daily Happenings!

8:00am-12:00pm

Kindergarten Preparation Activities including: numbers/math, literacy, writing, art, and fun!

**\*NOTE:** The Pre-K teacher may choose to arrange field trips at their discretion and will communicate those with the families.



A mid-morning snack will be served each day.



Pre-K students will not have supervision after 12:00 pm (noon). They will need to be picked up at that time.

---

# SUMMER 2017 PRE-K REGISTRATION FORM

One registration per student

**NOTE:** It is your responsibility to update this information with our office should it change!

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Male  Female

Parent(s)/Guardian(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Emergency # \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Persons authorized to pick up your child: \_\_\_\_\_

Persons **NOT** authorized to pick up your child: \_\_\_\_\_

Physical limits/special needs: \_\_\_\_\_

Medications: \_\_\_\_\_

List food or other allergies: \_\_\_\_\_

May we photograph and/or video your child during Lights On activities?  Yes  No

**Please check all days attending ~** Please ensure that your student will be attending all days for which you sign them up.

| Dates     | 6/5 - 6/9 | 6/12 - 6/16 | 6/19 - 6/23 | 6/26 - 6/30 | 7/10 - 7/14 | 7/17 - 7/21 | 7/24- 7/28 |
|-----------|-----------|-------------|-------------|-------------|-------------|-------------|------------|
| MONDAY    |           |             |             |             |             |             |            |
| TUESDAY   |           |             |             |             |             |             |            |
| WEDNESDAY |           |             |             |             |             |             |            |
| THURSDAY  |           |             |             |             |             |             |            |
| FRIDAY    |           |             |             |             |             |             |            |

I understand that my Pre-K student **MUST** be picked up at 12:00 noon each day.  Yes

I hereby authorize Fremont County School District #1 to release pertinent information (i.e., Emergency Information, Health Information & Personal Information) regarding the above named student to Lights On in Lander personnel as needed. I also authorize officials to take whatever action is deemed necessary in their judgment for the health of my child. I will not hold them financially responsible for the emergency care and/or transportation of my child. I give permission for my child to attend Field Trips.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Wyoming 21<sup>st</sup> Century Community Learning Centers**  
*Passive Parental Consent Form*

Dear Parent(s)/Guardian(s):

Your child is taking part in out-of-school time programming funded by the U.S. Department of Education and the 21<sup>st</sup> Century Community Learning Centers program. The Wyoming Department of Education (WDE) requests your permission to collect classroom behavior information from your child's teacher(s).

In past years, the WDE also collected grade reports from your child's teacher(s). This year, the WDE is utilizing a new database system that will aggregate data which is already collected by the WDE. Data will include PAWS scores, MAP scores, Statewide Youth Risk Behavior Survey (YRBS) results, and 636 data.

The classroom behavior data the WDE will be requesting from your child's teacher will be tracked using WISERID numbers. This data will be aggregated at the state level to protect your child's identification. Only researchers and the Wyoming Department of Education will have access to these data. If you do not give WDE permission to collect data from your child's teacher, it will not affect your child's participation in the 21<sup>st</sup> Century Community Learning Centers program.

Data is collected so that the out-of-school time program your child is attending can be evaluated by researchers as well as state and federal policy makers. Your child's data will help researchers and policy makers evaluate Wyoming 21<sup>st</sup> Century Community Learning Centers' effectiveness. In order for policy makers to spend your tax dollars wisely, they need to know which programs are successful and which are not. The out-of-school time program your child attends needs to be able to provide evidence of its effectiveness if it is to continue to receive state and federal funding. Teacher reports documenting your child's academic achievement are critical to this process.

A copy of the teacher report can be obtained from and questions or concerns can be directed to:

Karen Bierhaus, Program Manager  
21<sup>st</sup> Century Community Learning Centers  
Wyoming Department of Education  
2300 Capitol Avenue, Hathaway Building, 2<sup>nd</sup> Floor  
Cheyenne, Wyoming 82002

Phone: (307) 777-5332

Email: [karen.bierhaus@wyo.gov](mailto:karen.bierhaus@wyo.gov)

Fax: (307) 777-6234

Please let us know only if you do not wish to have your child's teacher(s) complete a report and return this form to program providers

Child's Name: \_\_\_\_\_

I have read this form and understand that my child's teacher(s) will be completing reports on my child's grades and classroom behavior. I understand that my child's participation in the evaluation of the programming is voluntary and that my refusal to allow my child's teacher(s) to complete the report will not involve penalty or the loss of benefits to my child of any kind.

\_\_\_ My child's teacher(s) may not complete a report.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_