

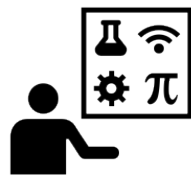
SAINT FRANCIS SCHOOL

Summer

PROGRAM

July 9 – July 20
2018

(Available to Students Entering Grades 2nd through 8th)



9375 Willeo Road \ Roswell, GA 30075 \ 770-641-8257 ext. 10

SAINT FRANCIS SCHOOL

Summer

Dear Parents:

Welcome to the Saint Francis School Summer Program. Our goal is to give all of our campers the opportunity to grow in a nurturing environment that enhances their academic, physical and social development. We have endeavored to make our program as flexible as possible so that students have the opportunity to grow in several areas.

Parents may choose between a morning only or afternoon only program or a combination morning and afternoon program.

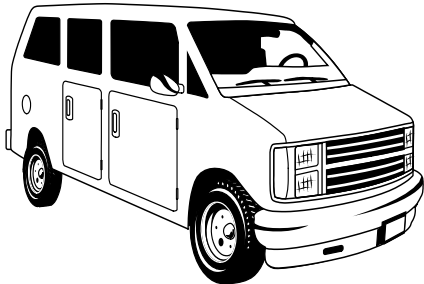
We will once again provide van service to camp from Buckhead/Sandy Springs and will continue to offer both before and after camp care.

I am certain that the program will provide an enjoyable learning experience for your child. Please call Mrs. Roxann Johnson, Summer School Registrar at (770) 641-8257 ext. 10 if you have any questions regarding the program.

Sincerely,

Drew Buccellato
Headmaster

Transportation from
Buckhead and Sandy Springs



Early Morning Program
&
After Program Care

9375 Willeo Road \ Roswell, GA 30075 \ 770-641-8257 ext. 10

SAINT FRANCIS SCHOOL

JULY 9 - JULY 20, 2018



MORNING ACADEMIC PROGRAM

9:00 a.m. – 12:00 noon

(Available to Students Entering Grades 2nd through 8th)

The morning academic segment offers an individualized academic program of study for children entering grades 2nd through 8th. Our academic program has proven to be extremely beneficial to students who wish to reinforce major academic areas or who simply wish to “brush up” on various skills before returning to class in the fall. Many educators feel that a ten-week absence from all academic presentation can cause the child to regress in some areas and put them behind other students at the beginning of the new school year.

Activities in Language Arts and Mathematics are designed to strengthen basic skill areas and are programmed to meet the individual needs of each child. Each child is placed in an appropriate learning level for each skill area. Classroom instruction is conducted by accredited teachers who are experienced in working with children with reading needs or learning weaknesses. Average class size for the summer program will be 9 students per class.

Classroom instruction utilizes standardized textbooks, supplemental teaching materials, audio, visual, and kinesthetic aids and equipment. Summer classes will also use computer-assisted instruction in the learning process.

An individual progress report is prepared for each child at the completion of the program and is shared with the child’s parents.

The activities offer children a balanced program that is both rewarding and enjoyable. Children develop a positive attitude toward learning while at the same time feeling good about themselves.

The mission of Saint Francis School is to provide a college preparatory program to students with diverse academic ability in a structured environment that is challenging and supportive.

SAINT FRANCIS SCHOOL
JULY 9 - JULY 20, 2018
AFTERNOON ACTIVITIES/SPORTS CAMP
12:30 p.m. - 3:30 p.m.

All students in grades 2nd – 4th and students in grades 5th - 8th who are **not** participating in Basketball Camp or STEM will travel to Art, Computer, and FUN-damentals described below.



COMPUTER

Individualized program on computer operations, simple game creation and overall computer knowledge.



ART

Individualized instruction in painting, drawing, and 3-dimensional art. Students will learn the concept of utilizing shading and color and to appreciate the artwork of others as well as their own work.



FUN-damentals (Group Games)

Campers will participate in a variety of fun-based activities including noncompetitive and low impact icebreakers as well as some high activity level fun through both traditional and modern camp games.



STEM (Grades 5 – 8)

Campers in grades 5th – 8th may choose STEM only program. STEM is designed to equip students with 21st century skill development including problem solving, creativity, collaborative teamwork, and adapting to new challenges! Students investigate hands-on learning while developing their desire to explore and investigate the understanding of scientific STEM concepts.



SPORTS CAMP (Grades 5 – 8)

Campers in grades 5th – 8th may choose the Basketball only program.

BASKETBALL (Boys and Girls)

Fundamentals of basketball will be presented, including ball handling, passing, defensive positioning and proper shooting technique. Players will learn about ball movement, rebounding and the importance of total team play. Games will be scheduled each day.



Instructors: Coaching staff from Saint Francis High School and Middle School.

Summer



PROGRAM APPLICATION PROCEDURE:

- 1. Complete the information portion of the application (page 6).*
- 2. Select the program offerings desired.*
- 3. Complete Authorization for Treatment and OTC Medication Form (page 7)*

Applicants interested in the morning academic program should:

- 4. Forward the teacher recommendation forms to your child's teacher(s).*
- 5. Attach a copy of your child's latest report card.*
- 6. Attach payment (at least \$75.00 non-refundable deposit)*

RETURN ALL DOCUMENTS TO ROXANN JOHNSON, SUMMER PROGRAM REGISTRAR BY FRIDAY, JUNE 8, 2018

PLEASE NOTE: Saint Francis School's Summer Program is not designed for children with behavior or emotional difficulties.

NOTICE OF NONDISCRIMINATION

Saint Francis School admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship programs, and athletic and other school-administered programs



SUMMER PROGRAM APPLICATION

APPLICANT INFORMATION

Child's Name _____ Boy ___ Girl ___ Age _____

Grade Entering (circle one) **2 3 4 5 6 7 8**

What school will the applicant be attending in Fall 2018 _____

If School is Saint Francis, is applicant (circle one) **Returning New Student or Other** _____

PARENT INFORMATION

Parent/Guardian (*please include first name*) _____

Street Address _____

City/State/Zip _____ Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Email Home _____ Email Work _____

Please Check the Appropriate Programs

<input type="checkbox"/>	Academic Morning Program (Grades 2 - 8)	\$325
	JULY 9 - 20 (10 Days) 9:00 a.m. to 12:00 noon	

<input type="checkbox"/>	Activities Camp (Grades 2 - 8)	\$300
	JULY 9 - 20 (10 Days) 12:30 p.m. to 3:30 p.m.	
	Afternoon activities are divided into three segments - Art, Computers, and FUN-damentals(Group Games).	

<input type="checkbox"/>	Basketball Camp (Grades 5 - 8)	\$300
	JULY 9 - 20 (10 Days) 12:30 p.m. to 3:30 p.m.	

<input type="checkbox"/>	STEM Camp (Grades 5 - 8)	\$300
	JULY 9 - 20 (10 Days) 12:30 p.m. to 3:30 p.m.	

<input type="checkbox"/>	Early Morning Drop Off	8:00 a.m.	\$60
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<input type="checkbox"/>	After School Care	3:35 p.m. to 5:30 p.m.	\$150
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<input type="checkbox"/>	AM Transportation (approx. 8:00 a.m.)	Circle one: Country Store City Walk	\$80
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<input type="checkbox"/>	PM Transportation (approx. 4:00 p.m.)	Circle one: Country Store City Walk	\$80
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A **non-refundable deposit of \$75.00** is due with this application.
 Balance of tuition (*minus \$75.00 deposit if paid*) is due by **Friday, June 8, 2018**

Transportation Stops: (1) Country Store Parking Lot at Northside Drive and Mt. Paran Road
(2) City Walk Shopping Center at Sandy Springs Circle and Hammond Drive

**Saint Francis School
 Authorization for Treatment and Over-the-Counter Medication
 2018 Summer Program**

Name of Student: _____ DOB: _____ Grade: _____

ALLERGIES: _____

Other medical concerns school should be aware of: _____

Over-the-Counter Medication

Section I: The following medicine is stocked in the Student Office. Please check YES or NO to give your permission for your child to have any of the medicine listed below.

Manufacturer's dosage instructions are followed for over-the-counter medicines.

Weight: _____ lbs. (Required)

Yes ____	No ____	Sting Kill Swabs (or generic equivalent)
Yes ____	No ____	Cough Drops (menthol type)
Yes ____	No ____	Tylenol Regular Strength 325 mg (or generic equivalent)
Yes ____	No ____	Tylenol Chewable (or generic equivalent)

Please note: Only the above listed medicine is available. If your child requires other over-the-counter medicine, it must be provided in the original packaging with written instructions. Medicine dosage greater than the manufacturer's recommendations, require a signed order from the student's physician.

Other Over-the-Counter Medications:

Medication: _____

Medication: _____

Section II: Authorization and Consent for Medical Treatment and Over-the-Counter Medication

I authorize the personnel of Saint Francis School, to administer first aid or other minor medical treatment including over-the-counter medication as shall be deemed best under the circumstances to my child. I consent for my child to receive such treatment during school hours and at school activities, including all school sponsored programs. I understand the school will attempt to notify parents/emergency contact in the event of an emergency requiring immediate medical care for my child. If the school is unable to notify me, I give permission for my child to be treated by a fully qualified physician at the nearest emergency clinic. I acknowledge that it is my responsibility to keep my child's records (phone numbers, work location, emergency contact, health status and immunization records) current. I also understand that neither medical nor accident insurance is provided by Saint Francis School and that the responsibility for providing such coverage rests with me as parent/guardian for my child.

Parent Signature

Date

Phone

Office use only:

**SAINT FRANCIS SUMMER PROGRAM
TEACHER RECOMMENDATION
MATH**

Saint Francis School
9375 Willeo Road ~ Roswell, GA 30075
Phone: 770-641-8257 ext.10~**Fax:** 770-641-1701

TO APPLICANT: Please complete this form and forward it to your child's teacher. The teacher will mail the form directly to our Admissions Office. **THESE RECOMMENDATIONS ARE CONSIDERED CONFIDENTIAL AND WILL NOT BE REVIEWED BY THE APPLICANT OR PARENT.**

Name of Student: _____ Teacher: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone # _____

Gr. Applied For: _____ Name of Present School: _____ School Ph. # _____

School Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent: _____

TO THE TEACHER: Your feedback regarding this child is valued and will be extremely helpful to us. Please complete the form below and mail it directly to:

Roxann Johnson
Summer Program Admissions Office
Saint Francis School
9375 Willeo Road
Roswell, Georgia 30075

PLEASE CHECK THE APPROPRIATE BOXES, AND THEN ANSWER QUESTIONS ON BACK. (SEE KEY BELOW)

	E	G	AVG.	N/I	N/O
Interaction with Peers					
Respect for Adults					
Motivation					
Response to Constructive Criticism					
Frustration tolerance					
Self-discipline					
Organization					
Emotional maturity					
Follow-through on tasks					
Work habits					
Attention span					
Homework completion					

E =Excellent - **G** =Good - **AVG.** =Average - **N/I** =Needs Improvement - **N/O** =Not Observed

1. Please describe applicant's behavior in your classroom: _____

2. In what capacity and how long have you known the applicant? _____

3. Please comment on the applicant's attitude toward school. _____

4. What is your candid estimation of the candidate's character? _____

5. What textbook and series is the applicant presently using? _____

Present Grade Level: _____

6. What are the applicant's academic strengths? (Please list specific skills)

What are the applicant's academic weaknesses? (Please list specific weaknesses)

8. Does the candidate have any history of learning disability, attention deficit disorder or has he/she required any special help? Yes _____ No _____

If yes, please explain: _____

9. Additional Comments: (If needed) _____

Thank you for your assistance in evaluating this student.

Date: _____ Teacher Signature: _____

**SAINT FRANCIS SUMMER PROGRAM
TEACHER RECOMMENDATION
READING/LANGUAGE ARTS**

Saint Francis School
9375 Willeo Road ~ Roswell, GA 30075
Phone: 770-641-8257 ext. 10 ~ Fax: 770-641-1701

TO APPLICANT: Please complete this form and forward it to your child's teacher. The teacher will mail the form directly to our Admissions Office. **THESE RECOMMENDATIONS ARE CONSIDERED CONFIDENTIAL AND WILL NOT BE REVIEWED BY THE APPLICANT OR PARENT.**

Name of Student: _____ Teacher: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Ph. #: _____

Gr. Applied For: _____ Name of Present School: _____ School Ph. # _____

School Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent: _____

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Summer Program Admissions Office
Saint Francis School
9375 Willeo Road
Roswell, Georgia 30075

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What are the applicant's academic weaknesses? (Please list specific weaknesses)

8. Does the candidate have any history of learning disability, attention deficit disorder or has he/she required any special help? Yes _____ No _____

If yes, please explain: _____

9. Additional Comments: (If needed) _____

Thank you for your assistance in evaluating this student.

Date: _____ Teacher Signature: _____