

Georgetown Public Schools
Penn Brook Reading Academy



Register Now to Reserve a Spot!!

Students Entering Grade 2-3

Dates: Tuesday-Thursday, July 6th-August 12th, 2021

Time: 8:30-11:30

Location: Penn Brook Elementary School

Drop off & Pick up Location: Kindergarten Wing Doors (to the left of the building)

The Mission of Georgetown's Reading Academy:

The Georgetown Public School District Reading Academy provides developmentally appropriate experiences that encourage each child to realize their full potential. The philosophy of the program provides for the developmental levels of all children with emphasis on individual planning. We believe that children learn best through experiences with their world. Through child directed activities facilitated by the certified professional, the children enhance reading, writing, math, language and thinking skills.

Program Features and Goals Include:

Curriculum areas that are specifically addressed include:

- *Summer Reading*
- *Maintaining Math Skills*
- *Maintaining Written Language Skills*
- *Language Development*
- *Fine and Gross Motor Development*
- *Music and Arts*
- *Fun and Friends*

Tuition: \$70.00 per week per child~Discount of \$60.00 if you child attends all 6 weeks for a total of \$360.00

*For more information please contact: Katelin Kennedy, Summer School Director,
kennedyka@georgetown.k12.ma.us, 978-352-5785 ext. 2009.*

To register please indicate your weeks of choice and return the registration/emergency form & tuition to Katelin Kennedy at your earliest convenience.

2021 Penn Brook Reading Academy Summer Program Registration

Student's Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

- Entering Grade 2 in Fall of 2021 Entering Grade 3 in Fall of 2021

Please check the weeks you would like to enroll your child:

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Week 1 – July 6 th – July 8 th | <input type="checkbox"/> Week 4 – July 27 th – July 29 th |
| <input type="checkbox"/> Week 2 – July 13 th - July 15 th | <input type="checkbox"/> Week 5 – August 3 rd - August 5 th |
| <input type="checkbox"/> Week 3 – July 20 th - July 22 nd | <input type="checkbox"/> Week 6 – August 10 th – August 12 th |

Tuition Cost:

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 1 week = \$70 | <input type="checkbox"/> 4 weeks = \$280 |
| <input type="checkbox"/> 2 weeks = \$140 | <input type="checkbox"/> 5 weeks = \$350 |
| <input type="checkbox"/> 3 weeks = \$ 210 | <input type="checkbox"/> 6 weeks = \$360 |

Please make checks payable to: *The Town of Georgetown*

Emergency Information

Parent/Guardian Name: _____ Telephone: _____

In case of an emergency, who could assume responsibility IF PARENTS CANNOT BE REACHED? Please list two neighbors or relations (in the order in which they should be called) and their telephone numbers.

1. _____ Telephone: _____

2. _____ Telephone: _____

Physician: _____ Telephone: _____

Please list allergies, medications, and other medical conditions:

In case of an emergency, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary for my child.

Signature of Parent or Guardian

Date