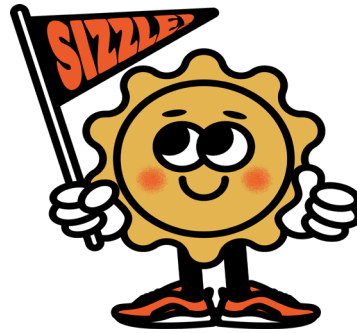


Student Name: \_\_\_\_\_

School: Cheston Forks March Palmer Paxinosa Shawnee Tracy

Current Grade: K 1 2 3 4 5



**2024**

## **SIZZLE!® Summer Program**

### **Registration/Enrollment Packet**

**Parents:  
Keep this Page!**

Dear Parents/Guardians:

Your child/children have been invited to participate in the 2024 ProJeCt of Easton **SIZZLE!®** Summer Literacy Program. To enroll in the **SIZZLE!®** Program, please fill out this information packet and return to your child's teacher by

**May 17th, 2024**

**Here is some SIZZLE!® details to help you plan ahead:**

- Where: Forks Elementary, 1709 Richmond Rd. Easton, PA 18040
- When: June 24 – Aug 1, 2024  
Monday – Thursday  
Students are expected to attend SIZZLE!® every day.  
**(SIZZLE!® will be closed July 4<sup>th</sup> in observance of the federal holiday)**
- Time: SIZZLE!® hours are: 8:30 a.m. – 1:30 p.m.
- Meals: Free breakfast and free lunch will be served every SIZZLE!® day.  
Children may bring their own lunches.
- Bus: The Easton Area School District will provide transportation for your child.  
You will receive bus stop information by mail/e-mail prior to the start of SIZZLE!®  
Your child's assigned bus stop **MAY NOT** be his/her regular school-year bus stop.

Let's have a great summer!

Sarah Pulcini

SIZZLE!® Program Manager

ProJeCt of Easton (610) 258-1100, ext. 14



# Why SIZZLE!®?

Where summer learning is fun!

- ✓ SIZZLE!® builds confidence and provides children with a focused, creative summer opportunity to learn.
- ✓ SIZZLE!® uses a research-based curriculum to give all students the best opportunity for success.
- ✓ SIZZLE!® aspires to increase or maintain reading among at-risk children in grades K-5.
- ✓ SIZZLE!® won the 2005 Colonial Alliance for Public School Excellence in Education Award
- ✓ SIZZLE!® helps prevent the “summer slide” in reading.



ProJeCt of Easton  
320 Ferry Street  
Easton, PA 18042  
(610) 258-1100 ext. 14

## Hot Stuff at SIZZLE!®

- 2-Themed Family Fun Nights
- Engaging Reading Lessons
- Nightly Reading Logs
- End of Summer Field Day
- Mystery Readers & Guests
- Weekly Attendance Raffles/Prizes

SIZZLE!® 2024

June 24th–Aug 1st

Monday thru  
Thursday

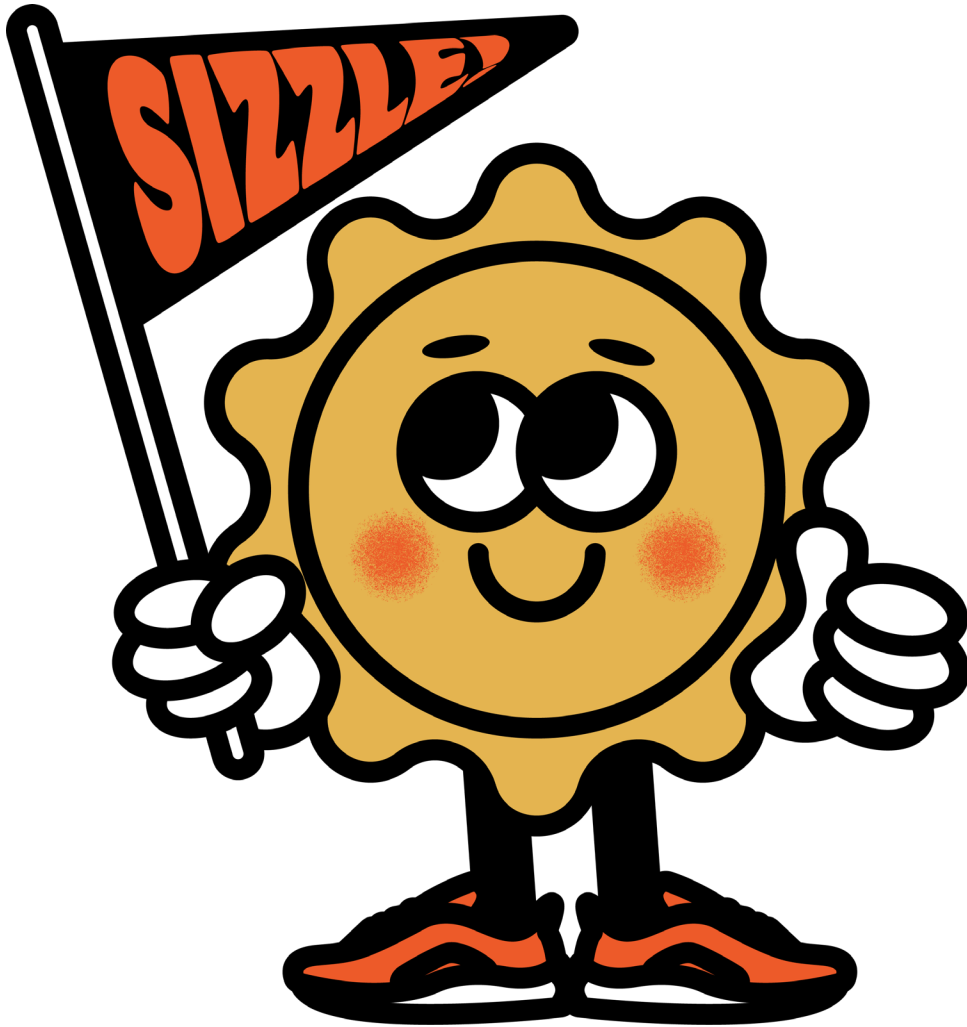
8:30am – 1:30pm

Student Name: \_\_\_\_\_

School: Cheston Forks March Palmer Paxinosa Shawnee Tracy Current Grade: K 1 2 3 4 5

# SIZZLE!® 2024

## Enrollment Packet



Please fill out the attached enrollment packet and return it to your child's classroom teacher by the following date:

May 17<sup>th</sup>, 2024

# SIZZLE!® Summer Program 2024

## Application

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Current Bus Stop: \_\_\_\_\_

Does your child attend an after-school program? Yes or No. If yes, where? \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_ Did your child attend SIZZLE!® before? Yes or No

### **Change in Address after June 1, 2024, or during the SIZZLE!® Summer Program (if applicable):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Attendance is IMPORTANT to the effectiveness of the Summer SIZZLE!® program. We ask parents try their best to keep child's absences to a minimum, but understand illness or preplanned summer vacations may arise or be in place.**

**\*Please provide below any/ all possible dates your child/children will not be able to attend SIZZLE!® because of vacation, day trips, etc.\***

### **Siblings of invited students will be considered for the SIZZLE!® Summer Program if in Grades K-5**

**2<sup>nd</sup> Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_ Did your child attend SIZZLE!® before? Yes or No

Does your child attend an after-school program? Yes or No. If yes, where? \_\_\_\_\_

**3<sup>rd</sup> Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_ Did your child attend SIZZLE!® before? Yes or No

Does your child attend an after-school program? Yes or No. If yes, where? \_\_\_\_\_

**4<sup>th</sup> Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade in September 2024: \_\_\_\_\_ Did your child attend SIZZLE!® before? Yes or No

Does your child attend an after-school program? Yes or No. If yes, where? \_\_\_\_\_

# Parent / Emergency Contact Information

## ***Mother or Legal Guardian***

Name: \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## ***Father or Legal Guardian***

Name: \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## ***Emergency Contact Information***

Name: \_\_\_\_\_

Relation to Child \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student Name: \_\_\_\_\_

**Parent or Guardian, please answer the following questions.  
If you would like to explain your answer, you can write it in the question box.**

		<b>Yes</b>	<b>No</b>
<b>1</b>	Does your child like school?		
<b>2</b>	Does your child talk about school at home?		
<b>3</b>	Do you read to your child every night?		
<b>4</b>	Does your child like to read?		
<b>5</b>	Does your child have trouble learning?		
<b>6</b>	Do you (mom and/or dad) like to read?		
<b>7</b>	Has your child attended SIZZLE! <sup>®</sup> before?		
<b>8</b>	Has a brother or sister attended SIZZLE! <sup>®</sup> before?		
<b>9</b>	Would you attend Parent Orientation if it was offered?		
<b>10</b>	Would you attend a Family Night?		

# Waiver of Liability

I hereby give consent for \_\_\_\_\_  
(Child's Name, printed)

born \_\_\_\_\_ to participate in **SIZZLE!**<sup>®</sup>, operated by ProJeCt of Easton, 320 Ferry  
(Birth Date)

Street, Easton, Pennsylvania, 18042. I recognize that **ProJeCt and the Easton Area School District**, and their each respective officers, directors, employees, agents and volunteers do not accept responsibility and liability for any injury to the above-named children, and for consideration for the children's participation in the program. **ProJeCt and the Easton Area School District** are released and relieved of ALL responsibility in connection with any injury or damage, including damage to eye glasses and/or permanent teeth or denture replacements of permanent teeth, by me individually and as parent/guardian of such children.

Furthermore, I, the parent/guardian of the above named, do hereby agree to the children's participation in the program, including field trips and do hereby waive all causes of action or rights to causes of action against **Easton Area School District** and their each respective officers, directors, employees, agents and volunteers do hereby release **ProJeCt** from any and all liability or responsibility in connection with the child's participation in the program and while the child is on property owned or operated by **ProJeCt and the Easton Area School District**, and their each respective officers, directors, employees, agents and volunteers.

Furthermore, I, the parent/guardian of the above named, do hereby agree that if the program or said participant's equipment is lost or damaged, I accept responsibility and will replace same if requested to do so.

Print Name of Parent/Guardian: \_\_\_\_\_

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

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

Student Name: \_\_\_\_\_

# Parent Agreement

\_\_\_\_\_ I will take my child to the bus stop on time.

\_\_\_\_\_ I will pick my child up at the bus stop on time or at the school by 1:30p.m.

\_\_\_\_\_ My child will attend SIZZLE® every day unless he is sick or there is an emergency.

\_\_\_\_\_ I will let SIZZLE® know when my child cannot come.

\_\_\_\_\_ I will make sure my child does his or her homework.

\_\_\_\_\_ I will read to my child or read with my child every night.

\_\_\_\_\_ I will attend a Family Night with my child.

\_\_\_\_\_ I will contact SIZZLE® if my phone number changes.

\_\_\_\_\_ I will call SIZZLE® at EAMS Campus with any questions during program hours thru 6/24-8/01.

Print Name of Parent/Guardian: \_\_\_\_\_

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

Date \_\_\_\_\_

Phone # \_\_\_\_\_

## Media Release

I hereby consent and authorize the use and reproduction by ProJeCt of Easton any and all written and photographic materials produced at the SIZZLE!® Summer Program without compensation to me or my children. I hereby certify that I am the parent or legal guardian, and I consent without reservation to the foregoing on behalf of him/her/them.

\_\_\_\_\_ I **GIVE** consent

\_\_\_\_\_ I **DO NOT GIVE** consent

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Sign Parent/Guardian Name

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

## Medical Information Form

To Parent or Guardian:



- Please comment on all of your child's health concerns so that staff are aware of any needs.
- You are required to fill out a Medical Information Form for each child who attends SIZZLE!®.

**Please check all appropriate information:**

\_\_\_\_\_ My child does not have any significant health problems at this time.

\_\_\_\_\_ My child has the following current health problem: (please give details) \_\_\_\_\_

\_\_\_\_\_ Allergies (specify) \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_

\_\_\_\_\_ Arthritis \_\_\_\_\_

\_\_\_\_\_ Attention Deficit Disorder/Hyperactivity (specify Medications) \_\_\_\_\_

\_\_\_\_\_ Bathroom Concerns \_\_\_\_\_

\_\_\_\_\_ Stomach/Bowel Problem \_\_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_\_ Eating Disorder \_\_\_\_\_

\_\_\_\_\_ Emotional / Psychological Disorder (specify Medications) \_\_\_\_\_

\_\_\_\_\_ Heart Problems (doctor's note for any restrictions) \_\_\_\_\_

\_\_\_\_\_ Kidney/Urinary/Bladder Problem \_\_\_\_\_

\_\_\_\_\_ Migraine Headaches \_\_\_\_\_

\_\_\_\_\_ Seizure Disorder (specify date of last seizure and type) \_\_\_\_\_

\_\_\_\_\_ Bone/Joint Condition \_\_\_\_\_

\_\_\_\_\_ Skin Condition \_\_\_\_\_

\_\_\_\_\_ Vision Problem \_\_\_\_\_ Glasses for close-up work \_\_\_\_\_ For distance \_\_\_\_\_

\_\_\_\_\_ Other(specify) \_\_\_\_\_

\_\_\_\_\_ Recent Surgery / Illness (specify) \_\_\_\_\_

\_\_\_\_\_ MEDICATION - (specify any at home or school\*\*) \_\_\_\_\_

\*\*Authorization form to administer medication in school must be completed by the doctor and parent before administration by the school nurse.

\_\_\_\_\_ Immunization Update – within the last year: (specify type and month/date/year) \_\_\_\_\_

**Type of Health Insurance:** \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Comments: \_\_\_\_\_

**I give permission for this information to be shared with appropriate school personnel.**

**Parent Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_