

Dear Student Volunteer--

Thank you so much for expressing interest in volunteering at Wolcott Summer Studies. I'm sure you will find this experience rewarding. The hours you spend volunteering with us can count towards the HS community service requirements.

You should complete the application below (or the regular summer school application)-- please return it to me at Alcott School, 1490 Woodtick Rd., Wolcott CT 06716.

If you you have any questions or concerns-- please email me at stedesco@wolcottps.org

I will meet with Wolcott Summer Studies Volunteers on:

Monday, June 25, 2018 at 11am at WHS in the Gym Lobby

Please plan to attend for about 45 minutes. I would like to cover...

- Expectations for the summer
 - Behaviors
 - Attendance
 - Transportation/ Drop off
 - Attire
 - Respect and Responsibility
 - Confidentiality
- Prospective placements for the summer
- Snack time
 - 1 snack per student per day
 - Reading idea

If you already know that you are going to be absent from summer school for any reason, please bring those dates with you in writing to the meeting.

Please bring any questions, concerns or suggestions you have to the meeting.

I look forward to seeing you in June!

Mrs. Tedesco
Director of Summer Studies

**2018 Wolcott
Summer Studies
Application
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(office use only)

Date received	
Check #	
Amount	
Students	

VOLUNTEER INFORMATION AND REGISTRATION FORM

Volunteer _____
Last name
First name

PARENT(Mom) _____
Last name
First name
E-mail Address-Please print clearly

PARENT(Dad) _____
Last name
First name
E-mail Address-Please print clearly

ADDRESS _____
Street
City
Zip code

Home Phone# _____ SCHOOL _____ GRADE IN SEPTEMBER _____ Volunteer's CELL PHONE # _____

MOM'S CELL# _____ DAD'S CELL _____ Birthday _____

NOTE: Family will be on vacation during the week(s) of: _____

In case of emergency, please notify: (These people will have alternate/emergency pick-up privileges)

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

IMPORTANT MEDICAL INFORMATION

If your child has a medical condition of which the Summer Studies nurse should be aware, please fill out this page completely during the registration process.

If your child needs to take a prescription medication during Summer Studies hours, a medication form must be filled out by the attending physician and the parent. This form is available in the nurse's office at your child's school and must accompany this registration form.

Hospital preference in case of emergency _____

Allergies _____
 Epipen yes no Please list any existing medical conditions below:

 Parent/Guardian Signature

Must be signed in order to process application.

Summer Studies Course Selection Sheet

Student Name: _____

Grade entering in Fall: ____

Top 8 choices of classes: (in order of preference— 1 being your top choice.)

1.	5.
2.	6.
3.	7.
4.	8.

***** Please select all 8 classes as some classes may reach maximum enrollment quickly or may not be taught every period. Thank you.**

**WOLCOTT SUMMER STUDIES PROGRAM
TEE SHIRT ORDER FORM**

Wolcott Summer Studies Program tee shirts are on sale for \$15.00 to help offset the costs of our professional presentations this summer. Please help support these events by purchasing a tee shirt.

Please make check payable to Wolcott Summer Studies Program.

This order and check must be submitted with your registration form.

If you order a shirt, please be sure to pick it up from the WSSP office after the start of Summer Studies.

STUDENT _____
Last name First name

PARENT _____
Last name First name

PHONE # _____

CHILD SIZE
Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

ADULT SIZE
Small (30-32) _____ Medium (34-36) _____ Large (38-40) _____
X-Large (42-44) _____ XX-Large (46-48) _____

Total # of shirts ordered _____ @ \$15.00 ea. = Total amount of check enclosed _____