

# Waimea Middle School Summer Bridge Program 2019

For Incoming Waimea Middle School 6<sup>th</sup> graders

At Waimea Middle School & Kanu O Ka Aina New Century Public Charter School

- 7:30 to 8:00am Drop off @ Waimea Middle School
- 8:00 to 8:30am PIKO & Announcements
- 8:30 to 10:00am Class 1, 6<sup>th</sup> grade prep
- 10:00 to 10:15 Break & Snack
- 10:15 to 11:45am Class 2, Technology Slam!
- 11:45 to 12:45pm Lunch & transport to Kanu O Ka Aina
- 12:45 to 2:15pm Class 3, choices to be available soon
- 2:15 to 2:30pm Break & Snack
- 2:30 to 4:00pm Class 4, choices to be available soon
- 4:00pm Pick up @ Kanu O Ka Aina

Class choice for 3 & 4 will be sent out for students to choose in May. Enrichment classes offered at Kanu range from Language & Culture, Physical Activity, Sewing, Art, Photography, Music, Dance, Field Activities and much more.

All students may be dropped off at Waimea Middle School between 7:30am (no earlier than) & 8:00am for breakfast in the cafeteria. Students will attend their morning classes at Waimea Middle School. During lunch they will be taken to Kanu O Ka Aina campus to complete the day. Parents will pick up students at Kanu O Ka Aina at 4:00pm. Lunch and snacks will be provided throughout the day.

Students must wear WMS uniform at WMS campus!

Summer Program Partnership  
WMS, KALO & Honokaa Complex 21<sup>st</sup> CCLC Programs



Waimea Middle School  
*Pa'ahana - That's My Tradition*



**Registration  
Deadline: May 15th**

- ♦ **Dates:** 6/12/19 to 6/28/19
- ♦ **Cost:** \$125 per child, contact for scholarship
- ♦ **Grades:** Students ENTERING 6<sup>th</sup> grade for SY19-20
- ♦ **Hours:** Monday through Friday, 8:00am to 4:00pm.
- ♦ **Where:** drop off at Waimea Middle School. Pick up at Kanu O Ka Aina New Century Public Charter School, Waimea

**3 week program in July  
offered at the Kanu campus.  
Call for info!**

Return application to:  
Waimea Middle School Office OR  
**Honokaa Complex 21<sup>st</sup> CCLC**  
Attn: Chelsea  
PO Box 6376  
Kamuela, HI 96743  
Ph: (808) 937-0768  
Email:  
[clafrance@babystepshawaii.org](mailto:clafrance@babystepshawaii.org)

21st Century Community Learning Center  
Waimea Community Summer Enrichment Program 2019  
**Waimea Middle School Summer Bridge Program**  
for entering 6<sup>th</sup> graders

SY 2019-2020 Summer School 6/12/19 – 6/28/19 \$125

Scholarships available, contact Chelsea

Return this page to the Waimea Middle School office by May 15 or mail to Friends of the Future at PO Box 6376, Kamuela 96743. Notification and class selection will be sent out after registration is received.

Please submit payment with registration form. Make check payable to: **Friends of the Future.**

**REMINDER:**

All students may be dropped off at Waimea Middle School between 7:30am (no earlier than) & 8:00am for breakfast in the cafeteria. Students will attend their morning classes at Waimea Middle School. During lunch they will be taken to Kanu O Ka Aina Campus to complete the day. Parents will pick up students at Kanu O Ka Aina at 4:00pm. Lunch and snacks will be provided throughout the day.

Students Legal Name: \_\_\_\_\_ Date of Birth: \_\_ / \_\_ / 20\_\_

School: \_\_\_\_\_ Gender: Male/Female

Ethnicity: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Qualify for State Assistant: YES / NO Special Need or Concern: \_\_\_\_\_

Parent/Guardian (1) Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (2) Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Permission is given to transport my child from Waimea Middle School to Kanu O Ka Aina daily by school personnel:**

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Information**

Health insurance: YES or NO QUEST  Medicaid  HMSA  KAISER  TRICARE  UHA  OTHER \_\_\_\_\_

Primary Doctor's name: \_\_\_\_\_ Medical condition: \_\_\_\_\_ Medications: \_\_\_\_\_

EMERGENCY CONTACTS: If a child becomes ill or is injured while attending the summer program and parent/guardian cannot be contacted, the following people have permission to be contacted and released to:

Name Relationship Phone (1) Phone (2)

1. \_\_\_\_\_

2. \_\_\_\_\_

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for staff to take appropriate action for the safety and welfare of my child.

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

Photos are taken occasionally and may be posted on the website/Facebook page of Baby STEPS to Stronger Big Island Families.

Children and parents will not be identified by name. Consent given to take photos of child: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Parent initials: \_\_\_\_\_

Office Use Only: Date received: \_\_\_\_\_ Fee collected: \$ \_\_\_\_\_ Date collected: \_\_\_\_\_ Payment type: \_\_\_\_\_

Classes Confirmed: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Waived fee/scholarship approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Approved by: \_\_\_\_\_