**Enrichment Classes Spring, 2019**

**EUREKUS - STEAM & Maker Discovery!**

Explore, create, inspire and make during our award-winning STEAM and Maker enrichment program. Engage with science and engineering through creative experiences, and charge your imagination in dynamic ways! Students have a blast becoming “Artist Explorers” – investigating how our world and universe works. From kinetic sculpture to hi-tech inventions, learners explore and create with our visiting artist mentors. Each session features exciting take-home projects to build skills and activate imaginations. *Enjoy our NASA programs, mechanical inventions, soldering & electronics, motors & LEDs, fine art, experiments and more!*

**Teacher: Jessica**

**Day: Monday**

**Time: 3:05 to 4:35pm**

**Location: Science Room**

**Dates: April 1, 8, 15, 29, May 6, 13, 20**

**Grade 2-5**

**Fee: $151.00 for 7 week session, includes snack and take home projects**.

**Art for Life**

Sculpt, paint and make crafts with award winning artists for teachers! We’ll sculpt animals, paint with water colors & acrylics, and make unique crafts & jewelry. We will even do an acrylic paint pour this session! Have fun creating art, while learning problem-solving and critical-thinking skills. We believe art gives a child confidence and builds their self-esteem. What better way to grow than to be doing something they love? Come join us. Make friends! Make ART!

**Teachers: Lannie and Nicole**

**Day: Thursday**

**Location: Art Room**

**Time: 3:05-4:00pm**

**Fee: $97.00 (6 classes)**

**Grade: K-6**

**Dates: March- 21, April- 4, 11, 25. May- 2, 9**

**Golf Squad**

Golf Squad at St Vincent De Paul School is for both new and [continuing students](https://golfsquad.com/golfasasocialskill/) and provides weekly opportunities for your child to learn the technical swing mechanics (i.e. putting, chipping, full swing, etc.) as well as the social skills required to enjoy golf, the clubs, and golf course (i.e. vocabulary, etiquette, rules, history, etc.) all under the instruction of an LPGA or PGA Professional. Golf is a very challenging and fun sport that can lead to college scholarships.  So start early and start now...boys and girls!  Even if your child already plays, it is great to enjoy weekly, convenient lessons from the pros. We look forward to building the foundation to enjoy golf for a lifetime together!

**Time: 3:05-4:05pm**

**Fee: $200.00**

**Grade: K-6**

**Date: April- 3, 10, 17, 24, May- 8, 15, 22, 29**

**Sewing**

Instructor: Kathy Lynch has taught sewing to children for over 18 years, including teaching with The Academy of Sewing & Design, Simplicity Kids Can Sew, Boys and Girls Clubs, D’Leas Fabric & Button Studio, Girl Scouts, Shiloh Homeschool Group, and seven years as Clothing Leader with 4-H Clubs

For a student’s first sewing project, please choose to either:
1. Send an extra materials fee of $10.00 with student (to give to instructor on first day-cash or check) in exchange for supplies.

OR

2. Purchase respective supplies below at fabric store before first class (and bring supplies to first class).
Beginners may choose either a baby blanket or a tote bag as their first project. (Tote bag may be sewn into a backpack if desired.)  The following respective supplies are needed for first day:
-Baby blanket supplies: 1.25 yards of flannel fabric, and good quality contrasting color thread (for decorative stitching)
-Tote Bag supplies: 5/8 yard of woven fabric (avoid stretchy, slippery or directional print fabrics!), good quality matching color thread, and 3 yards of cable cord (size 250 or 3/8”) for drawstring.

**Teacher: Kathy Lynch**

**Day: Thursday- 2 classes**

**Location: Science rm.**

**Time: 3:05-4:20pm (class 1)**

 **4:25- 5:40pm (class2)**

**Fee: $182.50 (7 classes)**

**Ages: 7 and up**

**Dates: April- 4, 11, 25, May- 2, 9, 16, 23**

**Fee: $182.50 (7 classes), plus cost of supplies**

**Class Registration- Spring Session, 2019**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monday**

**\_\_\_\_\_ Eurekus-Steam & Maker Discovery**

 **Location: Science Lab**

 **Time: 3:05-4:30 pm**

 **Dates: April 1, 8, 15, 29, May 6, 13, 20**

 **Fee: $151.00 for 7 week session, includes snack and take home projects.**

**Wednesday**

**\_\_\_\_\_ Golf Squad**

 **Teacher: Jim Sees**

 **Location: Upper playground**

 **Time: 3:05-4:05pm**

 **Dates: April- 3, 10, 17, 24, May- 8, 15, 22, 29**

  **Fee: $200.00 (8 classes)**

**Thursday**

**\_\_\_\_\_ Art for Life**

 **Teachers: Lannie and Nicole**

 **Location: Art room**

 **Time: 3:05-4:05 pm**

 **Dates: March-14, 21, April-4, 11, 25, May-2**

 **Fee: $97.00**

**\_\_\_\_\_ Sewing**

 **Teacher: Kathy Lynch**

 **Location: Science Rm.**

 **Time: 3:05-4:20pm (class 1)**

 **4:25- 5:40pm (class2)**

 **Dates: April- 4, 11, 25, May- 2, 9, 16, 23**

 **Fee: $182.50 (7 classes), plus cost of supplies**

Registration is on a first come basis. Please return completed forms and payments by **March 21th.**

**Late Registrations will not be accepted.** Payment date: \_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Important information**

* **All participants of Enrichment classes will need to complete the Extended Care registration form (child and medical information forms only), if you are not currently registered for Extended Care. If you are late picking up your child, they will be signed into Extended Care and a fee will be charged. Please complete this form along with your class choice form. Please complete one form per child. See attached forms needed.**
* **To ensure the safety of all children, it is imperative that children are signed out when picked up after class.**
* **Pick up: Northeast school doors adjacent to the lower playground/parking lot/ Extended Care Entrance. Please call 303-777-3812, ex. 108 for staff to let you in.**
* **If your child will be absent from class please notify Mrs. Wooley @ 303-777-3812, ex. 108, or at** **mwooley@svdok8.com** **before 2:15pm. If your child does not check in with us we will check with their teacher then call you if we are unable to confirm they have been picked up.**
* **Please list any allergies/medical information if needed below**

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 **2018-2019Extended Care Information Card**

*Child Information* **Please fill in every field.**

|  |  |  |
| --- | --- | --- |
| First Name: | Middle Name: | Last Name: |
| Date of Birth: | Gender: | Age: |
| **Grade for 2018/19 school year:**  | Homeroom Teacher: | Start date: |

*\*\* Parent/Guardian Information*

|  |  |
| --- | --- |
| **Mother** First Name: | Last Name: |
| Address: | City/State/Zip: |
| Home Phone: | Cell: |
| Employer Name: | Employer address: |
| Work phone: | City/State/Zip: |

|  |  |
| --- | --- |
| **Father** First Name: | Last Name: |
| Address: | City/State/Zip: |
| Home Phone: | Cell: |
| Employer Name: | Employer address: |
| Work phone: | City/State/Zip: |

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| --- |
| ***\*\*Alternate Emergency Contact*** *(All emergency contacts must be 18 and older)*  |
| **Name #1**  |  Relationship to child: |
| Address: | City/State/Zip |
| Home phone: | Cell:  |
| **Name #2**  |  Relationship to child: |
| Address: | City/State/Zip |
| Home phone: | Cell:  |
| **Name #3**  |  Relationship to child: |
| Address: | City/State/Zip |
| Home phone: | Cell:  |

**\*\* Required information- complete contact information must include names, addresses, & phone numbers wherever indicated**

**Authorization to pick up your child from Crusader Club/Extended Care** (only the following people are authorized to pick up my child without written permission and photo ID)

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Anyone specifically NOT authorized to pick up your child- Name:  |

The above persons are authorized to pick up my child and/or may be contacted by Extended Care staff in the event of an emergency if parents or guardians cannot be reached.

|  |  |
| --- | --- |
| Parent/Guardian’s Signature: | Date: |

***\*\* 2018-2019 Medical/Doctor/Dentist/Hospital/ Information***

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

|  |  |
| --- | --- |
| **Doctor's Name:** | Phone: |
| Address:  | City: State: Zip |
| **Dentist Name:** | Phone: |
| Address:  | City: State: Zip |
| **Preferred Hospital:** |  |
| Address:  | City: State: Zip |

**\*\*Required information- complete contact information must include, name, address & phone numbers for doctor, dentist and preferred hospital**

***Allergy/Health Information***

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| --- | --- |
| Does your child have any allergies? | No\_\_\_\_ Yes \_\_\_\_ (please explain) |
| Does your child require any medications during the program? | No\_\_\_\_ Yes \_\_\_\_ (please explain) **\* A current copy of the Administration of Medication form MUST be provided****with each medication. (Can be found on school website)** |
| Does your child require emergency medications? (Epipen, inhaler, etc.) | No\_\_\_\_ Yes \_\_\_\_ (please explain) **\* A current copy of the Administration of Medication form MUST be provided****with each medication. (Can be found on school website)** |
| Medical conditions that require child's dietary supplements or restrictions | No\_\_\_\_ Yes \_\_\_\_ (please explain) |
| Any restrictions of normal physical activities? | No\_\_\_\_ Yes \_\_\_\_ (please explain) |
| Anything else we should know in caring for your child? | No\_\_\_\_ Yes \_\_\_\_ (please explain) |
| Child's immunization records up to date and on file in the school office? | No\_\_\_\_ Yes \_\_\_\_  |

***Sign IN/Out Authorization***(Before school, and special circumstances only for After School)\*\*

|  |
| --- |
| I give my permission for my child (who is 8 or older) to sign him/herself OUT of After School\*\* Yes \_\_\_ No \_\_\_ Parent/Guardian Initials \_\_\_\_\_\_\_ |
| I give my permission for my child (who is 8 or older) to sign him/herself IN Before School Yes \_\_\_ No \_\_\_ Parent/Guardian Initials \_\_\_\_\_\_\_ \*\* Special circumstances include, children going to after school sports and children who are picked up by a parent/guardian authorized person who is under the age of 18 years old.  |

***Sunscreen Authorization***

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| --- |
| I give my permission for St. Vincent de Paul Crusader Club staff to assist in applying sunscreen to my child's exposed skin, including face, neck, ears, shoulders, arms, legs and feet, prior to participation in outdoor activities. I acknowledge and understand that sunscreen will not be applied to any broken skin or if a skin reaction is observed. I understand that it is my responsibility to provide a sunscreen with a minimum SPF of 15 or higher. I understand that sunscreen is not provided by St. Vincent de Paul School.Parent/ Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Video viewing Authorization***

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| --- |
| I give permission for my child to view G Movies. I understand this will be on special occasions only (inclement weather, special party, etc.)Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |