

2020 Summer Book Club at St. Vincent de Paul

Registration Form: Grades 6th- 8th

Due 6/1/2020

Meeting Date	Realistic and Historical Fiction Book Club Selection	Sci-Fi and Fantasy Book Club Selection
Monday, June 8th 1:00pm-2:00pm	<i>Orientation and Materials Distribution</i>	<i>Orientation and Materials Distribution</i>
Monday, June 29 th 1:00pm-2:00pm	The Night Diary by Veera Hiranandani	Felix Yz by Lisa Bunker
Monday, July 20 th 1:00pm-2:00pm	Al Capone Does My Shirts by Gennifer Choldenko	Sweep by Jonathan Auxier
Monday, August 10 th 1:00pm-2:00pm	Stella by Starlight by Sharon M. Draper	The Assassination of Brangwain Spurge by M.T. Anderson

PART 1: STUDENT INFORMATION

Student's Name: _____
First Name Last Name

Parent Email: _____

Parent Cell #1: _____ Parent Cell #2: _____

Describe or attach information about any health concerns: _____

Emergency Contact: _____ Phone Number: _____

Individuals authorized to pick up child: _____

PART 2: PROGRAM INFORMATION

For each book, students will be provided guided reading questions and engaging activities as well as a reading log. Meetings will last for one hour and will include snacks, literary discussion, and a gripping preview of the upcoming book. Please select your child's grade in the 2020-2021 School Year:

6th grade
 7th grade
 8th grade

Please select which book club your child will be joining. Students may only select one book club.

Realistic and Historical Fiction
 Sci-Fi and Fantasy

PART 3: PAYMENT INFORMATION

The total cost for the summer is \$50 per student. This includes four book club meetings. Students unable to attend all four meetings may attend individual meetings at a cost of \$15 per meeting. My child will be attending:

all four meetings
 selected meetings (Dates of Selected Meetings: _____)

Total cost: \$ _____ Payment made by: Cash Check # _____ *Checks can be made out to Bridget Edmonds.*

PART 4: WAIVER

In signing this form, I give permission to SVdP Summer Book Club teachers to take any and all reasonable action, including use of medical services, as they deem appropriate in the event that my child should become ill or otherwise injured under their care. I release St. Vincent de Paul Catholic School from any and all claims of injury that they may sustain while participating in the SVdP Summer Book Club.

Parent Signature

Date