

January 12, 2018

Dear Prep Academy Parents/Guardians,

I encourage you to sign up your 6-8th grade student(s) for the Soaring in STEAM (SIS) after school program at Penn Hills Charter School. The program will be held Monday through Friday 3:00 p.m.–6:00 p.m. Students will participate in a number of activities, enjoy snacks, and receive homework/academic help. Additionally, students will be enriched in various extracurricular activities such as music, sports, foreign language, and more! **Transportation will be provided.**

To sign up your student(s), please return the attached application by **Thursday, January 25**. Contact Mrs. Terri Williams at 412.793.6471 or [terri.williams@phcharter.org](mailto:terri.williams@phcharter.org) for additional information.

We look forward to seeing your scholar(s) at SIS.

Warm Regards,



Tamara Allen-Thomas  
Principal



# Penn Hills Charter School of Entrepreneurship After-School Program Soaring in STEAM (SIS)



**Starting January 29, 2018**

**Transportation provided**

**Address:**

2501 Main Street, Penn Hills, PA, 15235

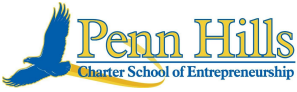
**More than just academics... a place to Learn. Develop. Have Fun. Succeed!**

- **Enhanced academic program** for students in grades 6, 7, 8 (Monday through Friday immediately after school until 6:00 p.m.). All staff are college educated and have received clearances as required by state law.
- **STEAM classes:** Classes for Science, Technology, Engineering, Arts, and Math curriculum utilizing creative approaches.
- **Homework help:** Scholars will be expected to spend some of the time doing homework. Instructors will be available to assist students as needed.
- **Arts programs** such as drumming, dance, and chorus.
- **Transportation and snack provided**
- **NO Fee**

SIS is an after-school academic enrichment program for 6th-8th grade students that offers academic support in the areas of Math and ELA, as well as builds support in the areas of character to help craft inspiring entrepreneurs. The program offers a learning environment that stimulates interest and participation from the students by allowing them to refresh and expand math, reading, and social skills in a creative educational environment three hours per day, five days per week, until June 7, 2018.

Focusing on academic, entrepreneurial, and social enrichment, as well as community service and recreation, the SIS Program provides participants with an educational and fun experience. Youth participate in reading and math activities on a daily basis, as well as activities to advance computer and arts skills. Students will also participate in experiential seminars provided by local agencies.

The hours of operation are **January 29 - June 7, 2018, Monday through Friday from 3:00 p.m.-6:00 p.m.** The Program is **FREE for all participants.**



## SIS After-SCHOOL PROGRAM

**2018**

### Penn Hills Charter School of Entrepreneurship

#### Applicant Information

<b>Child's Name</b> _____ <b>Sex</b> _____ <small>First Middle Last</small>
<b>School</b> _____
<b>Age</b> _____ <b>Date of Birth</b> ___ / ___ / ___ <b>Grade</b> _____
<b>Street Address</b> _____ <small>Number &amp; Street City State Zip Code</small>
<b>Phone:</b> _____

#### Parent/Guardian Information

<b>Parent/Guardian #1</b> _____ <b>(Circle)</b> Father Mother Other <small>First Last</small>
<b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Cell Phone</b> _____
<b>Parent/Guardian #2</b> _____ <b>(Circle)</b> Father Mother Other <small>First Last</small>
<b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Cell Phone</b> _____
<b>Street Address</b> _____ <small>Number &amp; Street City State Zip Code</small>

### Medical Information

Does this child have any food allergies, bee sting allergies, or special dietary needs or any other medical matter of concern? (circle) Yes No

If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Emergency Treatment/Transportation Authorization Form

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Information** - Please list three local emergency contacts with telephone numbers who would be available during the hours of 3:00 p.m.-6:00 p.m. in the event that a parent or guardian cannot be contacted.

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Permission to Transport Child

I give my permission for PHCSE to call for emergency transportaiton to the nearest medical facility in case of serious illness or injury for \_\_\_\_\_

(Name of child)

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

I give permission for the staff to administer basic first aid for minor injuries. In the event of serious injury or illness and if reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by the above named medical care providers, or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of each surgery.

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