

April 18, 2018

Dear Prep Academy Parents/Guardians,

I encourage you to sign up your 6-8th grade student(s) for the Soaring in STEAM (Science-Technology-Engineering-Arts-Math). The SIS Summer program at Penn Hills Charter School of Entrepreneurship will operate from **June 18-August 2, Monday through Thursday from 9:00 a.m.–2:00 p.m.** Students will participate in a number of academic enrichment activities and lunch. 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 **Friday, May 4.** You may also go to our website and complete the application electronically. 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 Soaring in STEAM (SIS) Summer Program



**Starting June 18 - August 2, 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 Thursday from 9:00 a.m.- 2:00 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.
- **Arts programs** such as drumming, dance, and chorus.
- **Transportation and lunch will be provided**
- **NO Fee**

SIS is a Summer 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 development 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 from Monday-Thursday. 9:00 a.m.- 2:00 p.m, June 18-August 2, 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.. Additionally, students will also participate in experiential seminars provided by local agencies.

The hours of operation are **June 18 - August 2, 2018, Monday through Thursday from 9:00 a.m.-2:00 p.m.** The Program is **FREE for all participants.**

# SIS SUMMER SCHOOL PROGRAM 2018

## Penn Hills Charter School of Entrepreneurship

### Applicant Information

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

### Parent/Guardian Information

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|--|
| <b>Parent/Guardian #1</b> _____ <b>(Circle)</b> Father Mother Other<br><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<br><small>First Last</small> |
| <b>Home Phone</b> _____ <b>Work Phone</b> _____ <b>Cell Phone</b> _____                          |
| <b>Street Address</b> _____<br><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:

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### 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 9:00 a.m.-2:00 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 transportation 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: \_\_\_\_\_