

Dear Prep Academy Parents/Guardians,

We are excited about the continuing success of our SIS after school program at Penn Hills Charter School of Entrepreneurship. The program will be held Monday through Friday 3:00 p.m. - 6:00 p.m. Students will participate in activities, enjoy snacks, and receive homework/academic help.

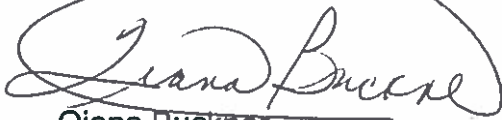
Additionally, students will be enriched and enhanced in various extracurricular activities. There will be transportation provided, however further instructions will be sent at a later date.

To sign up your student(s) please return the attached application or complete the application online at phcharter.org. Spots will be filled on a first come first serve basis.

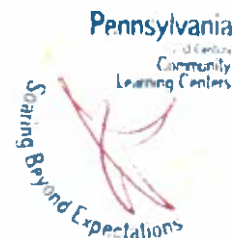
All information must be completed and returned by August 2, 2018. Contact Mrs. Qiana Buckner at qiana.buckner@phcharter.org for additional information.

We look forward to seeing your scholar(s) and helping them soar at SIS.

Best Regards,



Qiana Buckner
Program Director



CORE VALUES

WE believe in Soaring to Success by building strong
Character, Academics, Relationships, and Entrepreneurs
for a life of leadership!

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



Starting September 17, 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 May 31, 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 **September 17 - May 31, 2019, Monday through Friday from 3:00 p.m.-6:00 p.m.** The Program is **FREE for all participants.**



SIS After-SCHOOL PROGRAM
2018-2019

Penn Hills Charter School of Entrepreneurship

Applicant Information

Child's Name _____ Sex _____
First Middle Last

School _____

Age _____ Date of Birth ___/___/___ Grade _____

Street Address _____
Number & Street City State Zip Code

Phone: _____

Parent/Guardian Information

Parent/Guardian #1 _____ (Circle) Father Mother Other
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian #2 _____ (Circle) Father Mother Other
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____
Number & Street City State Zip Code

Parent Email Address: _____

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 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:** _____