



Summer Swim and Read Program

June 28th - July 30th

Richfield Early Learning Center (Richfield Road Campus)

We are so excited to announce an additional reading support program during the summer! Any Kindergarten - 8th Grade student can sign up to read with a staff member and swim in the pool afterwards! This is a two hour daily session and parents will not need to stay on campus. Transportation will not be provided. Lunch will be provided for both sessions. Our goal is to have the most books read in the county!

Student Name _____

Grade (Fall 2021) _____

Student Name _____

Grade (Fall 2021) _____

Student Name _____

Grade (Fall 2021) _____

Student Name _____

Grade (Fall 2021) _____

Please mark the week you would like **AND** the session time.
You can sign up for multiple weeks **BUT** only one session (AM or PM) per day..

| | |
|---|---|
| <input type="checkbox"/> Week 1 - Mon, June 28 - Thurs July 1 (choose one session) | |
| <input type="checkbox"/> AM Session (10:00 am - 12:00 pm) | <input type="checkbox"/> PM Session (12:00 pm - 2:00 pm) |
| <input type="checkbox"/> Week 2 - Mon, July 5 - Fri, July 9 (choose one session) | |
| <input type="checkbox"/> AM Session (10:00 am - 12:00 pm) | <input type="checkbox"/> PM Session (12:00 pm - 2:00 pm) |
| <input type="checkbox"/> Week 3 - Mon, July 12 - Fri, July 16 (choose one session) | |
| <input type="checkbox"/> AM Session (10:00 am - 12:00 pm) | <input type="checkbox"/> PM Session (12:00 pm - 2:00 pm) |
| <input type="checkbox"/> Week 4 - Mon, July 19 - Fri, July 23 (choose one session) | |
| <input type="checkbox"/> AM Session (10:00 am - 12:00 pm) | <input type="checkbox"/> PM Session (12:00 pm - 2:00 pm) |
| <input type="checkbox"/> Week 5 - Mon, July 26 - Fri, July 30 (choose one session) | |
| <input type="checkbox"/> AM Session (10:00 am - 12:00 pm) | <input type="checkbox"/> PM Session (12:00 pm - 2:00 pm) |



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Student Emergency Information/Medical Information (required)

Emergency Contact Name _____

Emergency Contact Phone Number _____

List any allergies/medications/inhalers:

Parent Agreement and Signature (required)

I, _____, agree to the following:

Parent First and Last Name (Printed)

- I will drop my student(s) off at the RELC at the correct time (AM or PM session times above)
- I will pick up my student(s) up from the RELC at the correct time (AM or PM session times above)
- If I am late for student pick up more than once during the program, I understand my student will no longer be able to participate in the program.
- My student needs to arrive daily **in their bathing suit, with towel, sunscreen and flip flops/slide sandals.**

Parent Signature

Date