

## *Marceline R-V School District*

Dear Parents,

This summer, our school district will offer all students, free of charge, a fun, exciting, and academic approach to learning called **Summer Journey**. Make no mistake about it, not only will our summer program be FUN for kids, it will also provide an opportunity for students to experience over 60 hours of academics during the summer months. This academic time will give students the chance to review and apply previously learned skills and knowledge as well as prepare for the school year ahead. At grades K-4, students will continue their learning with our new Reading Street curriculum each morning to continue to build on their Reading and Language Arts skills. **Summer Journey's** extraordinary educational goals are comprised of academic courses with hands-on instruction centered in **reading, language arts, math, and social studies and/or science**.

While the academic courses will be relaxed in format—no homework or tests for grades—**Summer Journey** will also offer courses for hands-on exploration and discovery. **Summer Journey** afternoon classes will expose students to STEM (Science, Technology, Engineering, and Math) courses this year such as Simple Machines Camp!

If you are the parent of a child who will be entering Kindergarten in Fall 2019, I strongly encourage you to consider enrolling your child in **Summer Journey**. We have noticed that when young students meet their teachers, fellow students, and our staff during the summer, they are eager to return in the fall and find that “first day of school” experience to be a positive one.

Finally, **Summer Journey** offers an enticing incentive program for students. Students will be eligible to receive **rewards** if they come to school, exhibit a positive attitude and behavior, and work to improve their achievement. At the end of the program, some lucky students will also win **Grand Prizes**, which will be awarded on the final day. And, as in past years, all of our students who demonstrate outstanding attendance will be rewarded with **Attendance Recognition** gift cards, ranging from \$50 for “near perfect” attendance to \$100 for “perfect attendance.”

Who should attend **Summer Journey**? Everyone. Simply put, it's good for kids. Look at the information enclosed. You'll be glad you did!

Sincerely,



Brian Sherrow, Superintendent  
Marceline R-V Schools

## Frequently Asked Questions

### **What is the *Summer Journey* program?**

The Marceline R-V *Summer Journey* is the extended learning summer program operated by Marceline R-V to provide a world-class educational experience to district students.

### **What does the program cost to parents?**

The programming is free to all students.

### **When will the program be held?**

The Marceline R-V *Summer Journey* program dates and times will be confirmed closer to the start of the program.

### **Must my child be in attendance every hour of the program in order to receive credit for the *Summer Journey* program?**

No. It is assumed that students may have vacations or camps planned. While prizes for good attendance are available to students, a child's occasional absence should not deter parents from enrolling their children in the program.

### **Will transportation be provided to and from the program?**

Yes, transportation will be provided for those student families who qualify for transportation during the regular school year. However, bus routes will be limited and may vary from routes during the regular school year. Transportation information will be sent to those families who require transportation as soon as the plan becomes available.

### **What will my child(ren) do each day?**

In the morning, Elementary and Middle School *Summer Journey* students will attend exciting academic classes where they may read interesting adventure stories, play language arts games, and/or use technology to solve math mysteries. A typical schedule would include four morning classes of Reading, Language Arts, Mathematics, and Science or Social Studies. After lunch, students will explore three fun-filled courses for the first 12 days enrolled in the program, followed by three different courses in the last 12 days.

### **How does the incentive program work?**

Many students will win daily incentives for their efforts through a daily drawing or some similar format established by the summer site. Your student is also eligible to receive one of the following incentives for their *Summer Journey* attendance:

- 0 hours missed = \$100 gift card
- 0 - 6.5 hours missed = \$75 gift card
- 6.5 - 13 hours missed = \$50 gift card

### **Will breakfast and lunch be served each day?**

Yes, the District has applied for a special state grant whereby ALL students would receive a free breakfast and lunch daily. In the event the grant is not approved, breakfast and lunch will be served using the same systems that are currently in place.

### **How do I enroll my child for *Summer Journey*?**

Simply fill out the enrollment form found in the front pocket of this brochure and return it to your child's school.

# Marceline R-V School District

## Summer Journey™ Course Offerings

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All **Academic Courses** (Language Arts, Mathematics, Reading, Science and/or Social Studies) are offered during morning sessions. All **Journey Courses** are offered during afternoon sessions. Students participate in *Journey* courses for two-week blocks, enabling every student to participate in six *Journey* courses.

### Kindergarten (students entering K in the Fall)

#### Adventures in My Own Backyard

Kindergarten “explorers” respond with fascination and wonder as they explore habitats typically found in their own backyard. Students’ knowledge of the natural world is fostered along with concepts such as color and shape recognition, fine-motor development, and counting and sorting. This unit offers multi-level activities and is appropriate for districts with a wide variance in student population, including children with little or no previous school experience.

#### 3-2-1- Blastoff!

We’re blasting off into fun and learning during the afternoon portion of the Summer Journey program. This theme-packed unit is sure to delight and amaze all budding astronauts! After enjoying a daily quiet time under the stars, students rotate through different playful planets and participate in astronaut training camp. From creating silly aliens to designing outer space rockets, this course offers an out-of-this-world experience!

### Primary Journey Courses

#### (students entering grades 1, 2, 3 in the Fall)

BrickLAB Magic Beans	Cubelets BOT Builder
Local Action	Local Performance
Magic Show	Tech Lab

### Elementary Journey Courses

#### (students entering grades 4 & 5 in the Fall)

Art with an Aptitude	BrickLAB Build a Better World
Local Action	Local Performance
Readers’ Theatre	Tech Lab

### Intermediate Journey Courses

#### (students entering grades 6–8 in the Fall)

Blocksmith Camp	Local Action
Local Performance	Mixed Media
Summer Camp Classics	Tech Lab



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**Marceline R-V**  
***Enrollment Information Enclosed***

**The Marceline R-V *Summer Journey* program dates and time will be confirmed closer to the start of the summer program.**

**Marceline R-V Summer Journey**

2019 K-8 Enrollment Form

OFFICE PHONE: 376-2166



**I. Student Information** - (please print)  
Please use your **student's legal name** and **current year** information.

OFFICE USE: \_\_\_\_\_  
[LUNCH STATUS]

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MO Zip: \_\_\_\_\_  
(Physical Address)

**Contact Information:**

**Mother**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact #1 (Required)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #2 (Required)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ethnicity: (circle one) Asian/Pacific Islander Black American Indian Caucasian Hispanic

Gender: (circle one) Male Female

Current School: \_\_\_\_\_

Current Grade Level (2018-19): \_\_\_\_\_

Please complete back side of this form.

**II. STUDENT HEALTH CONCERNS**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name and Number (for Emergency use only): \_\_\_\_\_

Allergies: (foods, medications, latex, iodine, seasonal, insects, other) List : \_\_\_\_\_

Emergency Action **for allergic reaction** required in the past? Y\_\_\_N\_\_\_ What caused the reaction: \_\_\_\_\_

Epi-pen prescribed: Y \_\_\_N\_\_\_ Carries at all times: \_\_\_\_\_ Antihistamine Prescribed: Y\_\_\_N\_\_\_ Type & dose: \_\_\_\_\_

HEALTH CONDITION (Check all that apply)	YES	NO	DIAGNOSIS DATE/TREATMENT and /or MEDICATION (s)
ADD _____ ADHD _____ LD _____			
Autism _____ Aspergers _____			
Asthma Carries inhaler Y___ N___ Type: _____ <b>If carries an inhaler, a signed permission needs to be on file.</b> Asthma Triggers: _____			
Bone/Joint problem			
Bowel, bladder or kidney problems (specify which one)			
Diabetes			
Chronic Earaches/Infections –Tubes present R___ L___			
Chronic Headaches _____ Migraines _____			
Hearing Loss—Ear (s) R___ L___ Aid(s) _____			
Heart Condition: _____			
Irritable Bowel Syndrome			
Menstrual Cramps: Frequent _____ and/or Severe _____			
Mental Health Concerns			
Nosebleed: Frequent _____ and/or Severe _____			
Seizure Disorder Date of Last Seizure: _____			
Skin Problems --Concern: _____			
Traumatic Brain Injury/ Head injury			
Vision Concerns- Wears Glasses Y_____ N___ Contacts Y___N___ All the time _____ Reading: _____ Distance: _____			

Comments about any of the above checked items or **any other concerns**: \_\_\_\_\_

Does your child require long-term medications OR special diet restrictions **at school**? Y\_\_\_ N\_\_\_ Meds \_\_\_\_\_ and/or Diet \_\_\_\_\_

Specify meds or type of diet: \_\_\_\_\_

If yes, "Physician's Authorization" and/or Special Dietary Needs" form(s) needed on file. Forms available from Health Office or Principal's Office.

**Yes** \_\_\_\_\_ I **GIVE** my permission for the School Nurse or designated personnel to give acetaminophen (generic Tylenol) or Motrin (Ibuprofen) without contacting a parent/guardian (**Note w/time of dosage will be sent home.**)  
initial \_\_\_\_\_

**No** \_\_\_\_\_ I **DO NOT** give my permission for the School Nurse or designated personnel to give acetaminophen (generic Tylenol) or Motrin (Ibuprofen) without contacting a parent/guardian  
initial \_\_\_\_\_

Your child's health history is important for us to provide the best care at school. The Marceline R-V School District provides screenings for vision, hearing, height, weight, blood pressure, head lice, speech and language. It is the parent/guardian(s) responsibility to notify the school of any new or existing health conditions or change in telephone numbers. The disclosure of confidential health information within the school is limited to information to serve the student's health and education interests. Your signature gives permission for the nurse and/or designee to perform necessary screenings and to inform the school staff of procedures to protect your child at school and, if required, develop emergency plans. In addition, your signature authorizes the school nurse or designee to screen, examine, treat and direct the care for your child in the event of illness or injury and to use the following over-the-counter medications as directed, unless allergy specified: Benadryl, cough drops, Tums, hydrocortisone cream, antibiotic cream, calamine, sunscreen, aloe vera gel, Biofreeze, Orajel, Carmex and Visine. In emergency, albuterol or epinephrine may be administered.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**ALL students attending Summer Journey 2019 who intend to be transported by bus must complete this form regardless of whether or not they attend Marceline or a sending school.**

**STUDENT NAME:** \_\_\_\_\_ **CURRENT GRADE (18/19):** \_\_\_\_\_

**BUS STOPS WILL BE DIFFERENT DURING SUMMER JOURNEY. BE SPECIFIC WHEN COMPLETING TRANSPORTATION INFORMATION.**

Daily changes will be required prior to 2:00 p.m. Due to the large number of students in Summer Journey changes to transportation after 2:00 p.m. will not be accepted unless it is an emergency. Teachers receive transportation lists daily to be sure your child arrives at their destination. Transportation lists are printed daily at 2:00 p.m. Thank you for your cooperation.

\*\*\*\*\***MORNING Transportation Information**\*\*\*\*\*

**Please check the appropriate box for your child’s PRIMARY MORNING PICK-UP location.**

<b>[ONLY CHECK ONE]</b>	<u>Circle appropriate</u>
	<u>Day(s) of the Week</u>
___ Home (only available to Marceline resident students)	M T W R F
___ Daycare Provider (only available to Marceline School District providers)	M T W R F
___ Other Business Location (only available if within Marceline School District)	M T W R F
___ Sending School (Brookfield, Northwestern, Bucklin, Macon County R-IV, etc.)	M T W R F

**[Complete information below detailing the student’s PRIMARY MORNING PICK-UP information.]**

**HOME ADDRESS:**

\_\_\_\_\_  
(Street)

**DAYCARE PROVIDER INFORMATION:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**OTHER BUSINESS LOCATION:**

**Business Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SENDING SCHOOL:**

**School Name:** \_\_\_\_\_

**BE SURE TO COMPLETE MORNING AND AFTERNOON INFORMATION. SEE REVERSE SIDE.**

\*\*\*\*\*AFTERNOON Transportation Information\*\*\*\*\*

Please check the appropriate box for your child's PRIMARY AFTERNOON DROP-OFF location. This location will be used DAILY unless a phone call is received to change the drop-off for a given day.

[ONLY CHECK ONE]	<u>Circle appropriate</u> <u>Day(s) of the Week</u>
<input type="checkbox"/> Home (only available to Marceline resident students)	M T W R F
<input type="checkbox"/> Daycare Provider (only available to Marceline School District providers)	M T W R F
<input type="checkbox"/> Other Business Location (only available if within Marceline School District)	M T W R F
<input type="checkbox"/> Sending School (Brookfield, Northwestern, Bucklin, Macon County R-IV, etc.)	M T W R F

[Complete information below detailing the student's PRIMARY AFTERNOON DROP-OFF information.]

**HOME ADDRESS:**

\_\_\_\_\_  
(Street)

**DAYCARE PROVIDER INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER BUSINESS LOCATION:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SENDING SCHOOL:**

School Name: \_\_\_\_\_

\*\*\*\*\*PARENT CONTACT INFORMATION\*\*\*\*\*

<p><b><u>Mother</u></b> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>	<p><b><u>Father</u></b> Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
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<p><b><u>Emergency Contact #1</u></b> Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____</p>	<p><b><u>Emergency Contact #2</u></b> Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____</p>
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Marceline Students: If your child's transportation pick-up will be different than the regular school year, you will be contacted by Tom Lodder.

Out-of-District Students: If you have questions regarding your child's transportation, please call Tom Lodder at 376-3257 or 413-1400.