



# Valley Catholic Middle School

Summer Enrichment Classes

**Week One: June 21-25, 2010**

**Week Two: August 16-20, 2010**

## General Information

### How to Register

Please complete the registration packet and mail it to:

Valley Catholic School  
c/o Summer School Program  
4275 SW 148<sup>th</sup> Ave  
Beaverton, OR 97007  
Phone: 503-644-3745  
Fax: 503-646-4054

### Registration Deadline

May 31, 2010. Registrations received after deadline will be subject to an additional fee of \$15.

### Cost

The cost is \$85.00 per student for the first class and \$75.00 per student for each additional class. Please make checks payable to Valley Catholic School, **For:** Summer School Classes.

### Contact

If you have questions, please contact Jennifer Gfroerer (Grah FAIR ah), Dean of Valley Catholic Middle School, at 503-520-4703 or e-mail at [JGfroerer@valleycatholic.org](mailto:JGfroerer@valleycatholic.org).

### Who May Attend?

We welcome any interested fourth, fifth, sixth, seventh, eighth, or ninth grade student as of fall 2010 to enroll for classes. Classes are filled on a first-come, first-served basis. Class fees are due at the time of registration.

### Waiting Lists

Some classes have a maximum class size due to the nature of the class or the room location. Given this, a waiting list will be taken once a class reaches the maximum number of students. Parents will be called if an opening becomes available.

### Cancellations and Refunds

All classes have a minimum enrollment requirement of 12 students. Valley Catholic reserves the right to cancel classes when the 12 student minimum enrollment has not been met. Refunds will be granted if Valley Catholic cancels a class.

Although refunds are not allowed, transfers will be accepted. For example: If Allison Gray registers and is not able to attend, John Black may re-register in her place. He must, however, enter the exact same class and must be in the same grade level section as the student he is replacing.

### **Pick-Up**

Children are expected to be picked up once a class is dismissed. If your child is not picked up within 15 minutes of dismissal time, a staff member will call you and/or your emergency numbers. If you are more than 30 minutes late, your child will not be allowed to attend any classes for the remainder of the week and no refund will be granted. If you are more than 45 minutes late, a staff member will call the police/sheriff non-emergency number.

### **Snacks and Lunch**

If your child enrolls for a class during sessions one (9:00 – 11:30 a.m.) and two (12:00 – 2:30 p.m.), your child will eat lunch in the cafeteria daily. Please remember to bring your own sack lunch including a drink.

If your child enrolls for a class during sessions two (12:00 – 2:30 p.m.) and three (2:45 – 5:15 p.m.), your child will have time to eat a snack. Please remember to bring your own snack including a drink.

### **Dress Code**

Students are to dress and groom themselves in a manner that is modest, clean and appropriate to a Catholic school academic environment. While parents and students have the primary responsibility for personal appearance, the school administration is responsible for interpreting dress code regulations. Valley Catholic School Administration reserves the right to ask any student who is dressed inappropriately to change clothes (into clothing from our uniform exchange).

The following guidelines are used to determine appropriate dress for classes within a classroom setting (Does not apply to the conditioning class):

- Clothing should be neat, tasteful and hemmed. Shorts, skirts, or dresses can be no more than three inches above the top of the knee.
- All shirts and blouses must have sleeves and a modest neckline. No sheer, midriff, tight, or clingy tops. No sleeveless shirts or tank tops (They may be worn under another shirt). No stomach or back skin can show when both arms are raised above shoulder height.
- Clothing may not be excessively baggy, and pants must be fitted at the waist.



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Student's Name:

Fall 2009 Grade: 4<sup>th</sup> 5th 6th 7th 8th 9th

**Registration Deadline:** Registration is due May 31, 2010. Registrations received after deadline will be subject to an additional fee of \$15.

Child's name	Session One (9:00 – 11:30 a.m.) Which class do you wish to take? Please print the title	Session Two (12:00 – 2:30 p.m.) Which class do you wish to take? Please print the title	Session Three (2:45 – 5:15 p.m.) Which class do you wish to take? Please print the title
<i>Ex. Emily Samuels</i>	<i>Math Counts</i>	<i>Conditioning</i>	<i>Scrapbook</i>

**Costs:** The cost is \$85.00 per student for the first class and \$75.00 per student for each additional class except for the Japanese and computer classes (See course description for details.) Please make checks payable to Valley Catholic School, **For:** Summer School Classes.

Child's name	Total Number of Classes
<i>Ex. Emily Samuels</i>	Session One: \$85.00 Session Two: \$75.00 Session Three: \$75.00 <b>Total Due: \$235.00</b>
Child # 1	Session One: Session Two: Session Three: <b>Total Due:</b>
Child # 2	Session One: Session Two: Session Three: <b>Total Due:</b>

### Contact

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**Class Size:** All programs operate with a minimum enrollment requirement of 12 students and maximum enrollment capacities. Valley Catholic reserves the right to cancel classes when the 12 student minimum enrollment has not been met. Refunds will be granted ONLY if Valley Catholic cancels a class.



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### Student Information (please print):

First Name:	Middle Initial:	Last Name:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Home e-mail:		
Birth Date (mm/dd/yyyy):	Fall 2009 Grade: 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup>		
School attending fall 2009:			

### Family Information (please print):

**Father's First Name:**

**Last Name:**

Work Phone:

E-mail:

Cell Phone:

**Mother's First Name:**

**Last Name:**

Work Phone:

E-mail:

Cell phone:

### Emergency Information:

**Name of Emergency Contact (other than parent/guardian):**

Phone Number:

Cell Phone Number:

Relationship to Student:

**Family Physician:**

Phone Number:

**Dentist:**

Phone Number:

**Insurance Company:**

Insurance Policy Number:

**Please list any medical problems:**

Do you have any medical conditions, physical limitations, or allergies we should be aware of before you compete?  
Please describe any treatment (inhaler, epi-pen, etc.).



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### Permission & Waiver

I hereby give my permission for my child (please print name here) \_\_\_\_\_ to take part in Valley Catholic Summer School classes/activities. To the best of my knowledge she/he is physically fit and able to engage in the activities as listed in the registration guide. I give permission for the adult in charge to arrange for emergency medical attention, if needed. In consideration of my permission granted my child to participate in this activity, I hereby release, discharge and hold harmless Valley Catholic School and their agents and employees for all liability, personal injuries known or unknown, arising out of Valley Catholic Summer School classes/activities.

I have read this permission and release waiver, and understand all of its terms as noted. I sign it voluntarily and with full knowledge of its significance.

#### Please Print:

Parent's First Name:

Last Name:

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

**Please be sure to return pages 10-12 as part of the registration packet.**