

List any medications or allergies/health/medical issues affecting your child:

Physician

Phone

Preferred Hospital

I hereby give my permission for the student listed on this form to participate in Ludlow's SOAR Program. I understand that Ludlow's Student Code of Conduct applies to these activities. I agree that the school district shall not be held responsible for any personal injuries or losses sustained during participation in this program. If necessary, I hereby authorize staff to obtain emergency medical care for the student listed. I understand and give permission for the student listed to participate in activities on the school campus as well as surrounding areas including Ludlow's Stadium and Ludlow Park & Ball Fields.

I give my consent to the School District and the 21st CCLC programs to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21st Century Community Learning Center will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

I hereby certify that I have read and understand the above information:

Signed: _____

Print name: _____

Date: _____

FREE SUMMER CAMPS

**Ludlow's SOAR Program is
offering 4 weeks of
FREE summer camps for
7th, 8th and 9th graders!**



The SOAR Program is a partnership between Ludlow High School and NaviGo College and Career Prep Services. LHS students who SOAR will find

Self-discovery,

Opportunities and possibilities,

Academic support & enrichment and

Readiness for the future.

As a 21st Century enrichment program, SOAR summer camps will provide social, recreational and educational opportunities for students.

SUMMER CAMP SCHEDULE

Monday-Thursday • 9:00am-2:00pm
Breakfast served from 8:30-9:00am

Make a Splash (June 5-8)

Cool off and join us for a week of all things water! We'll play games, tie dye t-shirts, do science experiments, and make popsicles! Check your swim safety skills at the Ludlow-Bromley Swim Club. Top off the week with a backstage animal experience at the Newport Aquarium!

Bridge Building (June 12-15)

What does it take to build a bridge? Come to this camp and find out! We'll design and build bridges, then pack a picnic and take a tour of Cincinnati's architecture. On Thursday, you'll show your families the bridges you created (mark your calendars for June 15th!).

Beauty & the BEATS (June 19-22)

Nature and music – two of our favorite things! Let's take in the beauty of the outdoors and the sounds of great music. We'll hike the trails at Devou Park, explore wildlife and local history at Big Bone Lick State Park and make some noise with awesome musical instruments!

Master Chef (June 26-29)

This is going to be food-tastic! We'll take on the heat with homemade smoothies, plan and prepare a cookout with our friends at the Ludlow Senior Center, and take a cooking class. Let's get chopping!!

Summer Registration Form

Complete one form (BOTH sides) for each student participating in the program. Please submit registration forms to Mrs. Beccaccio in the LHS office as soon as possible in order to secure your spot.

Student Name: _____

Grade (2016-17): _____ Date of Birth: _____

CIRCLE BELOW the week(s) the student will participate. You are responsible for ensuring your child attends those dates; otherwise, they may forfeit their spot in the program.

June 5-8: Make a Splash

June 12-15: Bridge Building

June 19-22: Beauty & the BEATS

June 26-29: Master Chef

Primary Parent/Guardian Name(s): _____

During program times, please provide phone numbers where you can be reached in case of an emergency:

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Please list two additional emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation (check one) Picked up _____ Walk home _____

List those authorized to pick up your child:

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Complete BOTH sides, cut at the dotted line and submit this portion.