

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: _____



Coming soon to LHS...

SOAR Summer

Cinema



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

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

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.

**For more information, please contact Melanie Beccaccio
859-907-3422 • melanie.beccaccio@ludlow.kyschools.us**

SUMMER CAMP SCHEDULE

Monday-Thursday • 9:00am-2:00pm

Breakfast served from 8:30-9:00am

A League of Your Own

This week will be a home run! Explore the amazing history of the Cincinnati Reds with a tour of the **Reds Hall of Fame** and **Great American Ball Park**. Enjoy a picnic at **Northern Kentucky University** before checking in at the rec center. Meet local fitness and health heroes. **(June 3-6)**

Tomorrowland

Hey Siri, what's new in the tech world? Explore the use of light and science in art at the exciting **Burning Man** exhibit and **American Neon Sign Museum**. Travel to the **Kentucky Science Center** for a hands on exploration of the latest tech gadgets. Hidden treasures in our local park? Search high and low using drones and metal detectors to gain a new view of your community. **(June 10-13)**

The Greatest Showman

Bravo! Bravo! Come with us for a behind the scenes look at **Cincinnati's Music Hall** and **The Carnegie**. Explore sets, learn about lighting and design and build your own play prop. Come give this a spin! End your week by creating your own pottery at **Queen City Clay**. **(June 17-20)**

The Secret Life of Bees

Join us and experts from the Cincinnati Zoo to find out what all the buzz is about. **Bee**come a guardian for your local insects and animals that serve as pollinators. Learn about the important role bees play in our ecosystem, taste honey, make candles and plant flowers to help keep our pollinators happy and healthy. Share your knowledge with the Ludlow community! **(June 24-27)**

Summer Camp Registration Form

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

Student Name: _____

Grade (2019-20): _____ Date of Birth: _____

CHECK 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 3-6: A League of Your Own**
- ☐ **June 10-13: Tomorrowland**
- ☐ **June 17-20: The Greatest Showman**
- ☐ **June 24-27: The Secret Life of Bees**

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 page.