



**Youngstown
City School District**

'Honoring the Past, Embracing the Future'

Timothy Filipovich, Chief of Accountability and Assessment

474 Bennington - P.O. Box 550 - Youngstown, Ohio 44501-0550 - Phone: (330) 744-6900 – Cell: 330-610-5752

April 15, 2019

**Application for Summer School Intervention and Enrichment Program
(Applications are also available at elementary buildings and on the website!)**

Dear Families of K-8 Students:

Youngstown City Schools and Title 1 are proud to announce that we will be providing a **Summer School Intervention and Enrichment Program** for all students grades K-8 at all K-8 buildings and RECMS. This will be a great opportunity for our elementary students to prevent the “summer slide” by engaging them in creative reading, writing and math instruction, along with quality enrichment activities and field trips. **This program will run from 8:00 am to 3:30 pm, four days a week, from June 10, 2019 to July 12, 2019. Breakfast, lunch, and transportation to and from school will be provided at no cost to families.** We will provide academic intervention and enrichment in reading, writing and math from 8:00 am to 12:00 pm, lunch and then additional enrichment activities from 12:30 pm to 3:30 pm. Transportation will not be provided for those students who chose not to participate in the enrichment after lunch.

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|--------------------------|--|----------------------------------|-----------------------|
| Writing | Math Skills | Fun and Social Activities | Reading Skills |
| Field Trips | Music & Fine Arts | Social Emotional Learning | Family Events |
| Arts & Crafts | YCSD.org | | Sports |

Please complete the enrollment form below and return to your child’s teacher or principal on or before **Friday, May 17, 2019** to register. Call Renita Dodson at 330-744-6973 with questions. **No applications will be accepted after May 17, 2019.**

-----Cut Here and Return-----

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|--|--|-----------------------------|-----------------|
| Student’s Name: | | 2018-19 Grade Level: | |
| School: | | | |
| Home Phone: | | Cell Phone: | |
| Date: | | Red Zone Client: | Yes / No |
| Does your child have a Physician’s Order for Food Restrictions on File with the School? | | | Yes / No |
| Parent/Guardian Name: (Please Print) | | | |
| Parent/Guardian Signature: | | | |