

Kindergarten CAMP is an introduction to school for our Kindergarten age Registered Starling Students

Pay by cash or check and REGISTER for CAMP at KINDERGARTEN REGISTRATION on April 24th

or drop off forms and fee by June 2nd to Starling Elementary School.

Dear Parents.

We will be offering an exciting camp this summer for our Starling Kindergartners. This camp will give our youngest rams the opportunity to meet new friends who may be in their classrooms in August. The camp will last for four days and will involve many fun activities that will leave your child looking forward to his/her kindergarten experience!

This will be a great chance for your child to become comfortable with the layout of the school, enjoy the playground, eat snacks in the lunchroom, and meet some of the kindergarten teachers. Please keep in mind that your child will not necessarily have the same teacher in August that he/she had for Kindergarten Camp.

Kindergarten Camp will be held at Starling Elementary School under the supervision of our kindergarten teachers. You will receive an email notification confirming your child's registration.

We encourage you to take advantage of this very special time that we have planned for our new kindergartners!

Kindergarten Teachers

## Camp Schedule

Monday Optional Bus Ride / Parent Meeting

and school tour for students

Tuesday Letter Scavenger Hunt

Wednesday Pretzel Geometry

Thursday Cooking in Math

Please bring a small nutritious snack and a bottle of water to camp each day.

Drop your child off and pick him/her up at the main entrance at the front of the building.

Please do not use the side entrance.

## **Kindergarten CAMP Registration Form**

Child's Name:	
Date of Birth:	Home phone #
Mother's Name:	
Mother's Cell#	Mother's wk#:
Father's Name:	
Father's Cell#	Father's wk#:
Home Address:	
EMAIL:	
EMAIL:	
Please list anyone who will	be providing transportation for your child or who
can be contacted in an eme	rgency. Please note: We will only release your
child to the individuals liste	ed below.
Name:	
Daytime Phone:	
Name:	
Daytime Phone:	
Does your child have any	special needs or allergies of which we need to
be aware?	

T-Shirt Size: X-Small Small Medium Large

## MEDIA RELEASE FORM



I hereby give my consent to all photographs, audiorecordings, academic work, and/or videorecordings taken of me or my minor child by Gwinnett County Public School staff or their designee. I understand that any such photographs, audiorecordings, academic work, and/or videorecordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or created in the future.

1 10 1	created at the rate	**************************************
🖱	(Please check one	of the options below.)
GWINNETT COUNTY PUBLIC	( <del></del>	Yes, I give my consent.
SCHOOLS	8.5 - B.S	No, I do not give my consent.
	Date	
	Teacher Name	
		(please print)
	School	
		(please print)
THE MISSION OF	Child's Name	a secondario de la
GWINNETT COUNTY PUBLIC SCHOOLS	Parent /	(please print)
is to pursue excellence in academic knowledge, skills, and behavior	Guardian's Name	(please print)
for each student, resulting in measured improvement against local, national, and		(signature)
world-class standards.	Mailing Address	
437 Old Peachtree Road, NW Suwanee, GA		
30024-2978		( <del>)</del>
678-301-6000 www.gwinnett.k12.ga.us		<u> </u>
	Telephone (home)	
It is the policy of Gerinnet County Public Schools not to absorbinate on the basis of more, color, sex, religion, national origin, aga, or disability in any employment proofes, enhanced only program, or any other program, actify or service.		

## Optional Bus Ride Permission

I agree for my child to participate in the optional bus ride on Monday morning. I understand that I need to accompany my child.

Signature:	
	_