

3030 N.ROLLING RD.



A.B.S ELEMENTARY SUMMER LEARNING PROGRAM

JUNE 16TH-27TH

I am excited to announce our two-week summer learning program for rising 1st, 2nd, and 3rd graders! This program is designed to provide engaging learning activities that will help bridge any gaps in literacy and mathematics.

Students will participate in a variety of activities aimed at reinforcing and expanding their academic skills. By the end of the program, each student will also receive a summer work packet to help them maintain the essential skills they've learned, ensuring they are well-prepared for the upcoming school year.



**Cost: \$600.00 per student
for the entire session.**

(See the Business Office for payment.)

Time: 9:00am-12:30pm

****Limited Availability***

**PLEASE COMPLETE THE REGISTRATION FORM
AND RETURN IT BY APRIL 22ND TO YOUR
CHILD'S CLASSROOM TEACHER.**

Summer Learning Program

Fact Sheet

The Program Days: Monday- Friday

Here are a few important details regarding arrival, dismissal, snacks, and other things to know:

Arrival

- Time: 9:00 am (no before care). Sessions start promptly at 9:10am
- Location: Front door in the Elementary building.

Dismissal

- Time: 12:30 pm promptly (no aftercare).
- Location: Front door in the Elementary building.

Snack

- Students will have a snack time daily. Please provide them with a small snack and water daily. (No juice)

Things to know

- Students should bring a pencil, a composition book, and a folder daily.
- Students do not have to wear their uniform.

We will be using Class Dojo for communication.

For more information Contact:

Ms. Ward (oward@arlingtonbaptistschool.org)





Arlington
BAPTIST SCHOOL

Summer Learning Program Registration Form

Student Name _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____ Student's Current Teacher: _____

Student's Grade _____ Parent's email _____

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

_____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally

Please list any other information you'd like to include Allergies Ect...
