



OMG Summer Program

For OMS and MGMS Students

June 21-July 29, 2021 (Closed July 5)

Monday–Thursday from 8:30 AM-1:30 PM

Program for students entering 6th, 7th, or 8th grades at Maple Grove or Osseo Middle Schools.

Location for Summer 2021:

Osseo Middle School

10223 93rd Ave N, Maple Grove MN 55369

Program is limited to first 200 registrants.



Summer 2021 Middle Level Program

This program is designed for students who will be entering 6th, 7th, or 8th grade at Maple Grove or Osseo Middle Schools during the 2021-2022 school year. Students will get to participate in activities each day, some of which include: cooking, crafting, STEM, playing sports, playing games, reading, math, being with peers, and much more!

This program is made possible by Targeted Services state and Extended Time funding.

If you have any questions about this program, please email :

Carrie Cabe cabec@district279.org

Please return all pages of this flyer when registering.

To qualify for free, you must complete the following information or work with staff at your scholars school to do so. There is also a fee option available online.

Date: _____ Student ID#: _____

This student is being referred by a staff person:

Staff Person Signature: _____

This student is behind on school work

This student needs social interaction

This students needs support learning English

This student is below grade level in reading or math

Program details: Monday, June 21 through Thursday, July 29, 2021 (Closed July 5). Program runs Monday through Thursday each week from 8:30 AM to 1:30 PM.

Registration forms DUE: May 13.

PLEASE COMPLETE ALL PARTS OF THIS FORM & RETURN IT TO
MAPLE GROVE MIDDLE OR OSSEO MIDDLE SCHOOLS.
FORMS CAN ALSO BE MAILED TO:

OMG SUMMER PROGRAM: 11200 93RD AVE N, MAPLE GROVE MN
55369

FORMS ARE DUE BY MAY 13, 2021

LAST NAME: _____ FIRST NAME: _____

CURRENT GRADE: 5 6 7 (CIRCLE ONE) CURRENT SCHOOL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE 1: _____ PHONE 2: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION (MUST HAVE 2):

NAME 1: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

NAME 2: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

STUDENT HEALTH & SAFETY INFORMATION:

PLEASE CHECK HERE IF YOU WOULD LIKE US TO CONTACT YOU TO LEARN
MORE.

PLEASE CHECK ALL THAT APPLY:

TAKES MEDICATION DIABETIC ASTHMA SEIZURES

DIETARY NEEDS (PLEASE LIST): _____

ALLERGIES (PLEASE LIST): _____

OTHER (PLEASE SHARE ANYTHING ELSE OF IMPORTANCE): _____

REQUIRED: PARENT/GUARDIAN SIGNATURE:

(By signing you agree to the terms and conditions of this registration flyer)

**PLEASE COMPLETE THE TRANSPORTATION INFORMATION BELOW.
HOW WILL YOUR STUDENT GET TO THE PROGRAM:**

MY STUDENT WILL WALK/BIKE EACH DAY

MY STUDENT WILL BE DROPPED OFF/PICK UP

MY STUDENT WILL NEED TO TAKE A BUS

PLEASE KNOW WE WILL HAVE DIFFERENT BUS STOPS ROUTED BASED ON THE
STUDENTS THAT ARE ENROLLED IN THE PROGRAM THAT NEED TRANSPORTATION.
ROUTES WILL NOT BE DETERMINED UNTIL AFTER SCHOOL IS OUT AND WILL BE
EMAILED TO THE EMAIL ADDRESS PUT ON THIS FLYER STARTING THE WEEK OF JUNE
10TH 2020. PLEASE FOLLOW UP IF YOU DO NOT RECEIVE TRANSPORTATION
INFORMATION AFTER JUNE 14.

Program Release Information:

By signing this form you are acknowledging and accepting each of the following statements.

- I agree to abide by all of the terms, policies and procedures of District 279.
- In the event of an emergency involving my child/ren, I understand that staff will call 911 and transport to Maple Grove Hospital or an alternative hospital at the discretion of emergency personnel.
- I agree to permit my child/ren to participate in walking trips, field trips, and other activities related to the program.
- I understand that my and/or my child's photo may be used by the program for promotional purposes in both printed and electronic documents. If I wish to deny this I will follow the School Board Policy and Procedure 515 located at <http://district279.org/who/policies.cfm>.
- I agree to attend conferences regarding my child when required by the program. I also understand that failure to attend could result in the dismissal of my child from the program.
- I certify the information I provided on this form is accurate and true.
- I understand summer employees have access to my child's behavior plan.
- I understand that this program is offered by Community Education and are not a part of the ISD 279 educational programming curriculum.
- I agree to support and hold my child accountable to the expectations of the summer program which will be provided to me during the first week of programming.

Tennessee Notice: The information requested on the program's registration and subsequent forms are useful and important for us to be able to serve your child. Your child's name, address, date of birth, school of attendance, dates of attendance, and grades completed are public information. Third party release is permitted unless you submit a written denial of release. All other data on the forms are private and will be used to identify your child's records, and provide legally required data for state records (District Policy #515). Private data on this form and in school records, including any behavior plan, health/medical information, academic information, learning needs and accommodations will be shared with school district employees who need the information to best serve your child. You are not legally required to provide any of the requested private information; however failure to do so may prevent the program from meeting the needs of your child in our programs. If you do not provide required emergency and/or health information, we will not be able to serve your child.

Parents/Guardians will be asked to collaborate with staff on creating learning plans and goals for students enrolled in our program to ensure we are meeting their academic, social, and emotional needs. There will also be opportunities for engagement with staff and more information will be provided once the program begins.