Explore. imagine. CREATE

LEARNING ACADEMY

Give your child an edge on learning this summer.

High quality instruction for students going into grades 1-8 with a focus on reading and math designed to prepare them for the next grade.

PROGRAM **ADVANTAGES:**

- Small groups
- Individualized interventions specific to each student's needs
- Increase grade level reading skills, fluency, and comprehension
- Build grade level skills and fluency in math
- Encourage reading for enjoyment
- Enhance skills in science and other academic areas
- Hands-on projectbased activities inside and outside

4-H **PROGRAMMING**

Students will engage in hands-on projectbased activities inside and outside. Explore, imagine, and create with weekly camp themes, new friends, and creativity! Don't miss the fun!

ISD 318 Bigfork

Summer Session:

Tuesday - Thursday

June 4-26, 2024 (No program June 19)

Time: 8:00am - 3:30pm

8:30am - 11:40am | Learning Academy

11:40am - 12:00pm | Lunch 12:00pm - 3:00pm | 4H Camp

Location: Bigfork School

100 Huskie Blvd.

Fee: No cost, must pre-register

Instructors: Licensed Teachers

Transportation: Provided

Questions contact

Mrs. Rahier (arahier@isd318.org) or Ms. Newman (pnewman@isd318.org)

at 218-743-3444, ext. 42507

CHOOSE ONE OF TWO OPTIONS:

Half Day: 8:30am - 12:00pm

Learning Academy Only

Lunch & AM transportation provided.

Full Day: 8:30am - 3:00pm

Learning Academy & 4-H Programming Lunch, snack, & transportation.

REGISTRATION DEADLINE: May 1, 2024

Complete registration form attached or online at getlearning.org. Late registrations accepted if space is available.

*Teacher referral academic intervention program,



Community Education ITASCA AREA SCHOOLS COLLABORATIVE

Questions Contact Community Education 218-327-5730 getlearning.org

Bigfork Summer Learning Academy **REGISTRATION FORM 2024**

Or register online at GetLearning.org

Student's Full Legal Name and Middle Initial Referring Classroom Teacher School of Attendance Current Grade _____ Birthdate ____/___ Age _____ Gender _____ Ethnicity ____ Address _____ State Zip Code Email Address _____ Parent/Guardian Name _____ Home Phone/Cell # Work # Parent/Guardian Name _ Home Phone/Cell # Work # **Emergency Contact** Name_____Phone ____ Please check ($\sqrt{}$) the following option: Yes, my child will attend **FULL DAY** Yes, my child will only attend **HALF DAY** Learning Academy My child will: Ride the Bus (complete request below) No Busing Needed Parent/Guardian Signature Date Return registration form to student's classroom teacher. Summer Busing Request Form List one AM pick-up location & one PM drop-off location. * This is required for Summer transportation. AM Bus Pick-Up Location: Address: No AM Bus Needed. (Only Available for Full Day Program, leaving Bigfork School at 3:00pm.) PM Bus Drop-Off Location:

Address:

No PM Bus Needed.