

PLEASE READ AND SIGN THE PROGRAM RELEASE FORM BELOW

Release and Medical Authorization

This release and treatment authorization must be signed by a parent or guardian if the student is under 18 years old. In order for students to participate in the program activities, we must have this form prior to the program's start date. Otherwise, parent or guardian must be contacted prior to release to participate.

Release of Liability, Medical and Surgical Authorization

In consideration to the Connecticut Technical High School System granting the student permission to participate in the *E. C. Goodwin Tech Summer Enrichment Program*, I hereby assume all risks of his or her personal injury (including death) that may result from any program activity. As guardian I do hereby release the State of Connecticut, Connecticut State Board of Education, Connecticut State Department of Education, the Connecticut Technical High School System and their officers, employees, agents, all instructors, and all participants from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the student taking part in the *E. C. Goodwin Tech Summer Enrichment Program* activities.

In addition, I hereby authorize and give my consent to the health authorities of the Connecticut Technical High School System or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. In the case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment.

Parent's/Guardian Signature _____ Date _____

Student's Signature _____ Date _____

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with the student's attendance at this camp. (Each camper must provide his/her own medical insurance.)

Insurance Information (please print)

Name _____

Insurance Company _____

Insurance Company Address _____

Policy No. _____

Policy Holder _____

Does your insurance require prior authorization or referral for emergency services? Yes No

**Dori Kowar
Summer Program Supervisor
735 Slater Road
New Britain, CT 06053**

Mail Completed Registration form to:



E.C. GOODWIN SUMMER ENRICHMENT ACADEMY

SIGN UP FOR THIS FREE PROGRAM TODAY!

LIMITED SPACE AVAILABLE!

2017 Summer Enrichment Academy

A program for incoming 9th grade students.



**July 5th to July 14th
Monday-Friday
8:00 am to 11:45 pm**



Program Site and Staff

Academic Enrichment Academy

July 5th through July 14th,
8:00 am to 11:45 pm

The Academic Enrichment Academy is designed to provide incoming students with an academic “head start.” The program helps students as they transition from middle school to high school academically and socially.

The Academic Enrichment Program focuses on the essential 21st century literacy & mathematical skills to be successful in any high school setting. Instruction, from certified teachers, is designed to meet individual student needs as assessed at the beginning of the program .

The program also provides many opportunities for students to:

- complete their summer reading and math requirements
- get to know their peers, the staff, and instructors at Goodwin.
- engage in team-building, STEAM and conflict resolution activities.
- survey the courses offered at Goodwin.
- reduce the anxiety associated with middle school transition.

Daily Schedule

8:00am - 8:40am **Period 1**
(Math/ Reading/ 21st Century Skills/P.E. / STEAM/Comp.)

8:40am - 9:20am **Period 2**
(Math/ Reading/ 21st Century Skills/P.E. / STEAM/Comp.)

9:20am - 10:00am **Period 3**
(Math/ Reading/ 21st Century Skills/P.E. / STEAM/Compu.
Snack Provided

10:00am - 10:40am **Period 4**
(Math/ Reading/ 21st Century Skills/P.E. / STEAM/
Compu.)

10:40am – 11:20am **Period 5**
(Math/ Reading/ 21st Century Skills/P.E. / STEAM/Comp.)

11:20am – 11:45am **Lunch**

“SURVEY SAYS!”

Students:

- 100% of students and felt that the program gave them an academic head start.
- 100% of students and parents agree that the summer academy prepared them for a successful transition from middle to high school.
- 99% of students felt that the summer academy was an enjoyable one.

Testimonials

“I wish the day was longer!”

“I liked getting used to the school.”

“I learned how things at E.C. work!”

“The teachers were nice and helpful!”

“I was glad to meet other new students!”

Incoming 9th Grade Student Registration Form

Please complete the following registration form and mail by: **JUNE 1, 2017**
E.C. Goodwin Technical High School
Academic Enrichment Program
735 Slater Rd.

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

TOWN/CITY: _____

ZIP: _____ T-SHIRT SIZE S M L XL 2XL

PARENT/GUARDIAN: _____

PHONE: _____

E-MAIL: _____

GENDER (circle one): Male Female

RACE (circle one):
White Hispanic Black Asian Other: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

A follow-up letter will be mailed to all participants prior to the beginning of the program .

For further information about the program or questions please contact:

Mr. Daniel Mello, Principal

E.C. Goodwin THS
(860) 827-7736 x307
Daniel.mello@ct.gov

Dori Kowar, Summer Program Supervisor

E.C. Goodwin THS
(860) 827-7736 x345
dorothy.kowar@ct.gov

www.cttech.org