

**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 Education and Career System granting the student permission to participate in the *E. C. Goodwin Tech Summer Academy*, 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 Education and Career 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 Academy* activities.

In addition, I hereby authorize and give my consent to the health authorities of the Connecticut Technical Education and Career 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 *Summer Academy*. (Each student 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



**Amy Tavares  
Summer Academy Supervisor  
CO Kaynor THS  
43 Tompkins Street  
Waterbury, CT 06708**

**Mail Completed Registration form to:**

**E.C. GOODWIN TECH SUMMER ACADEMY**

**SIGN UP FOR THIS FREE  
PROGRAM TODAY!**

**LIMITED SPACE AVAILABLE!**

**2019 Summer  
Academy**

**A program for incoming  
9th grade students.**



**July 1st to July 11th**

**Monday-Friday**

**8:00 am to 12:00 am**



## Program Site and Staff

### Summer Academy

The Summer 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 Summer Academy 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 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.
- transitioning from 8th to 9th grade.

## Daily Schedule

8:00am - 8:45am **Period 1**  
(Math/ Reading/ 21st Century Skills/ P.E./ STEAM/Team)

8:45am - 9:30am **Period 2**  
(Math/ Reading/ 21st Century Skills/ P.E./ STEAM/Team)

9:30am - 10:15am **Period 3**  
(Math/ Reading/ 21st Century Skills/ P.E./ STEAM/Team)  
**Snack Provided**

10:15am - 11:00am **Period 4**  
(Math/ Reading/ 21st Century Skills/ P.E./ STEAM/Team)

11:00am – 11:45am **Period 5**  
(Math/ Reading/ 21st Century Skills/ P.E./ STEAM/Team)

11:45- **Dismissal**

## “SURVEY SAYS!”

Students:

- 100% of students 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 May 31, 2019, or go to:

<https://forms.gle/mqaDgDfaaoYdkHhj8>

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

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:

**Ms. Sheila Williams, Principal**

E.C. Goodwin THS

(860) 827-7736 x307

Sheila.Williams@ct.gov

**Amy Tavares, Summer Academy Supervisor**

C. O. Kaynor THS

(203) 578-8756

Amy.Tavares@ct.gov

[www.cttech.org](http://www.cttech.org)