

METROPOLITAN  
STATE UNIVERSITY  
OF DENVER

## 9<sup>th</sup> Grade College Readiness Summer Camp Participation Agreement 2016

The **9<sup>th</sup> Grade College Readiness Summer Camp** is sponsored through a partnership between Denver Public Schools and the Center for Urban Education at Metropolitan State University of Denver for entering 9<sup>th</sup> grade students and their families. The **9<sup>th</sup> Grade College Readiness Summer Camp** is aimed at strengthening student educational interest, motivation and achievement that will lead to the development of a successful vision and plan for high school success, college access and degree completion. We seek participants from DPS 9<sup>th</sup> grade students, including Denver Charter Schools.

### Program Choices:

1= first choice

2= second choice

\_\_\_\_\_ Session I: June 13<sup>th</sup> – July 1<sup>st</sup>, 2016

\_\_\_\_\_ Session II: July 11<sup>th</sup> – 29<sup>th</sup>, 2016

**Deadline to Apply:** **June Camp:** Wednesday, May 4th, 2016  
**July Camp:** Wednesday, May 4th, 2016

**Notification of Acceptance:** Wednesday, May 11th, 2016

### Daily Schedule:

Monday through Friday

- 9:00 to 9:15 am: Check-in/Breakfast
- 9:15 am to 3:15 pm: Programs (including Lunch)
- 3:15 to 3:30 pm: Daily Reflections

**Transportation:** Public transportation passes will be provided daily to camp participants.

**Conduct:** Participation in the **9<sup>th</sup> Grade College Readiness Summer Camp** is an honor and we expect all students to demonstrate positive behavior, a willingness to learn, and active participation. If disciplinary action is needed, 9<sup>th</sup> Grade College Readiness Summer Camp staff and instructors will follow Student Conduct and Discipline Procedures in the Denver Public Schools Parent/Student Policy Handbook (Policy JK-R Disciplinary Offense Consequences).

### 9<sup>th</sup> Grade College Readiness Summer Camp 2016

**Participant Information: (All information is considered confidential and is necessary to provide proper supervision.)**

Name \_\_\_\_\_

Current Middle School \_\_\_\_\_ Grade \_\_\_\_\_

Which high school are you enrolling in? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

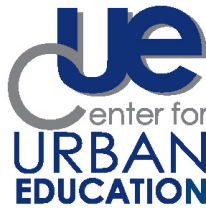
Parent/Guardian Name: \_\_\_\_\_

We must have two (2) contact numbers (including one parent/guardian) in case of emergency:

#1 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Special Needs: \_\_\_\_\_



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**Parent or Guardian** please read the following carefully and sign where indicated.

- I. **I have read and signed the 9<sup>th</sup> Grade College Readiness Summer Camp Participation Agreement.** I understand that the 9<sup>th</sup> Grade College Readiness Summer Camp program reserves the right to refuse applicants or terminate enrollment of any child based upon disciplinary difficulties.
- II. I understand that my son/daughter is expected to attend all required program activities and will be eligible for valuable incentives for attendance, positive conduct and active participation at the end of the camp.
- III. In the event of illness or injury, staff and instructors on the 9<sup>th</sup> Grade College Readiness Summer Camp will follow guidelines and procedures in the Denver Public Schools Parent/Student Policy Handbook (Policy JLCE First Aid and Emergency Medical Care). No medications can be administered during program hours.

**My signature indicates understanding and acceptance for items above.**

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participating Students** please read the following carefully and sign where indicated.

- I. **I have read and signed the 9<sup>th</sup> Grade College Readiness Summer Camp Participation Agreement.** I understand that the 9<sup>th</sup> Grade College Readiness Summer Camp program reserves the right to refuse applicants or terminate enrollment of any child based upon disciplinary difficulties.
- II. I understand that I am expected to attend all required program activities and will be eligible for valuable incentives for attendance, positive conduct and active participation at the end of the camp.

**My signature indicates understanding and acceptance for items above.**

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To submit your completed application:**

1. Drop it off to your school counselor OR
2. Send completed application:
  - a. Mail:  
Center for Urban Education  
PO Box 173362  
Campus Box 91  
Denver, CO 80217
  - b. Email: if you can scan, email it to: erodri25@msudenver.edu
  - c. Fax: 303.352.4412

Once we receive your application, your participation in the camp will be confirmed.

**For questions, please contact Esther Rodriguez, Director, Center for Urban Education: 303.352.4996**

