

Preventing the Summer Slide

Kindergarten - 4th Grade Students Welcome

HOWELL TOWNSHIP
POLICE ATHLETIC LEAGUE

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www.howellpal.org



Did you know that statistics tell us children often regress over 2 months in both reading and math during the summer months? These losses can accumulate during the elementary school years so that by the time a child enters middle school he/she could fall 2 ½ years behind!

PREVENT THE SUMMER SLIDE NOW! This course is perfect for students entering Kindergarten through 4th grade. Students will be grouped by grade level and instruction will be differentiated depending on your child's individual needs.

Students will receive additional material that can be worked on at home since research does state, "children should be exposed to reading and math opportunities 2-3 hours a week during the summer months to prevent regressions." Our goal is to help your child continue to build and maintain skills and strategies throughout the summer months to help create a smooth transition to the next grade level.

Southard School

Mondays: July 9, 16, 23, 30, August 6

4:30-5:30 pm

Parents are responsible for drop off and pick up!

Limited space available.

Additional course may be opened at the 3:30-4:30 time slot, depending.

Certified Teachers: Kelly Puryear and Jill Bohm

For more information, contact us at: GrowingMinds27@gmail.com

\$185.00/Includes supplies and take home manipulatives!

Make checks payable to Howell PAL

All registrations can be mailed to Howell PAL at P.O. Box 713, Howell, NJ 07731

Student's Name: _____ Student's Grade as of September 2018: _____

Parent/Guardian: _____

Parent Email: _____

Primary Phone: _____ Secondary Phone: _____

Student's Home School: _____

Student Allergies: _____

Student Medications: _____

(PAL Office Use Only)

CHECK _____ CASH _____ AMT _____ RECEIVED BY _____

Howell PAL Participant Waiver

NOTE: This form must be read and signed before the member is allowed to take part in any Howell PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone: _____ DOB: _____

In consideration of my involvement in any Howell PAL program under the auspices of the Howell PAL, their officers, volunteers, staff, sponsors, and or agents acknowledge, appreciate and agree that:

- 1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT AND DEATH, while the particular rules of the sport, equipment, and personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.
- 2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.
- 3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest PAL Staff/Chaperone.
- 4. For myself, and on behalf of my heirs, those assigned as a personal representative and next of kin, hereby: release, hold harmless and promise not to sue Howell PAL, their officers, volunteers, staff, or sponsors. Further I and or my parent/guardian releases liability of any of the fore mentioned to any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct.
- 5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Howell PAL may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read this Release of Liability and Waiver of Agreement and fully understand its terms and sign it freely and voluntarily.

This signature is to certify that I, as a parent/guardian with legal responsibility for this participant, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and identify from all liability, incidents to my /our child's involvement as stated above.

X _____
Parent/Guardian Signature

Date Signed

X _____
Member Signature

Date Signed