**Kindergarten Challenge**

Session #1 10:00 – 12:00

Session #2 12:00 – 2:00

Starting on Saturday, January 20, 2018, kindergarteners in the Winton Woods School District (WWSD) will be able to participate in a new program offered by Envision Children called the Kindergarten Challenge.  It will be offered at our classroom in the Green Hills Community Building.  The program is FREE to all kindergarten students in the WWSD.  Transportation is **NOT** provided to and from the sessions. Envision Children will offer two sessions of the Kindergarten Challenge program every Saturday from January 20th through May 19th. 20 students will be enrolled in each session. Instructors will work with students in small groups on the skills they need to move on and be successful in first grade.  The activities will be fun and interactive.  A snack will be provided during each session.

***Oh yeah, and Kindergarten Challenge is FUN TOO!***

**Date and Location**

* Spring 2018 Every Saturday starting January 20, 2018
* Kindergarten Challenge will take place from 10:00 AM – 12:00 PM and 12:00 PM – 2:00 PM at the Greenhills Community Building (8 Enfield Street, 45218)

**Some of the core concepts we will be working on include:**

* Understand time concepts like yesterday, today, and tomorrow
* Hold a crayon and pencil correctly
* Know the eight basic colors: red, yellow, blue, green, orange, black, white, and pink
* Recognize and write the letters of the alphabet in upper- and lowercase forms
* Know the relationship between letters and the sounds they make
* Recognize sight words such as *the* and read simple sentences
* Spell his/her first and last name
* Write consonant-vowel-consonant words such as *bat* and *fan*
* Retell a story that has been read aloud
* Show an opinion through drawing, writing, or speaking (e.g. “My favorite book is…”)
* Identify and be able to write numbers from 0 to 20
* Count by ones and tens to 100
* Do addition problems with sums up to 10
* Do subtraction problems with numbers 0 to 10
* Know basic shapes such as square, triangle, rectangle, and circle
* Know his/her address and phone number
* Classes are **fun**! Classes are interesting and interactive with a focus on transdisciplinary learning and technology integration.

## Registration .

* Registration is limited and is first-come, first-served. Only 20 students will be enrolled in each session.
* **Program is free to all Winton Woods School District Kindergartners… Just register today!**
* For more information and questions contact Envision Children at 513-772-KIDS (5437) option #3 or jeff.jordan@envisionchildren.org.

## Emergency Closings

* In case of inclement weather or any unforeseen emergency, Envision Children reserves the right to cancel.
* In the event of inclement weather, Envision Children will send an email to all participants. Refer to <http://www.envisionchildren.org> for weather-related announcements.

### Publicity and Media Waiver:

### All students enrolled in Envision Children Kindergarten Challenge Program and their parents/guardians grant permission to capture and/or record the participant’s name, image, likeness, persona, photograph, or voice, in any media and/or technology now known or later developed. Such use of name, image, likeness, persona, photograph, or voice can be used throughout the world for educational, commercial, trade, or any other lawful purpose.

**Power Saturday Schedule:**

Drop off no later than 10:05

Drop off no later than 12:05

Pick up no later than 12:05

Pick up no later than 2:05

**Follow Us:**

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**Spring 2018 Kindergarten Challenge Registration**

* Only one child per registration form. This form may be photocopied. Please print clearly.
* Mail registration and liability forms to Envision Children, 8 Enfield Street, Cincinnati, Ohio 45218
* Registration forms must be received before student begins class.

**Student Information**

Name: Birth Date:

Address:

City: State: Zip:

Gender (optional): 🞏 Male 🞏 Female Age: Grade in School (2017-18):

School: District:

Parent/Legal Guardian Name:

Home Phone: Work Phone: Cell Phone:

E-mail Address:

Parent (s) Occupation:

My child’s chooses to attend session: 🞏 #1 🞏 #2

**Emergency Contact (if parent/guardian cannot be reached):**

Name: Phone:

🞏 My child requires auxiliary aids and services due to a disability. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:** List any information regarding your child’s health, allergies, physical, and/or emotional status in order for us to best serve your child’s needs. Attach additional sheets if necessary.

**Snack:** A snack will be provided for all participants. Please share any dietary or allergy information.

## CONSENT

As the parent/guardian of this student, I give permission for participation in the Kindergarten Challenge Program. I have read, understand and agree to the Kindergarten Challenge Program policies. In the event of an emergency and reasonable attempts to contact me are unsuccessful, I give my consent for medical treatment and or admittance to the nearest hospital or emergency facility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Mail this form and the Waiver of Liability and Release Form with payment to:**

**Kindergarten Challenge Program**

**Envision Children**

**8 Enfield Street**

**Cincinnati, Ohio 45218**

|  |  |
| --- | --- |
|  | **Waiver of Liability & Release Form****Kindergarten Challenge Program**All Participants must have this form completed toparticipate in the Kindergarten Challenge Program held at the Greenhills Community Building  |

In consideration for the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter, the “Participant”), at the Kindergarten Challenge Program,I, the undersigned, the parent and/or legal guardian of the above named Participant, together with my heirs, executors, administrators, and assigns, hereby release, waive, and forever discharge Envision Children and/or their respective past and present employees, representatives, agents, officers, directors, affiliates, members, successors, assigns, and volunteers, as well as the program’s volunteers and sponsors (the “Released Parties”), from and against any and all liability, claims, demands, actions, or causes of action of any and every kind and character which they had, have, or may have in the future, including but not limited to all injuries, damages, or losses, which arise from or as a result of the Participant’s attendance at the program or participation in any associated activities.

The undersigned hereby further agrees to indemnify and to hold harmless the said Released Parties, of and from any and all liability, claims, demands, actions, rights of action, loss, damage, including attorney’s fees and costs, which arise from or as a result of the Participant’s attendance at the Conference or participation in any associated activities.

#### **Photo and Written Material Release**

In further consideration for allowing the above-named Participant to attend and participate in the Kindergarten Challenge Program, the undersigned does hereby give the Released Parties permission to capture and/or record the Participant’s name, image, likeness, persona, photograph, or voice, in any media and/or technology now known or later developed. Such use of her name, image, likeness, persona, photograph, or voice can be used throughout the world for educational, commercial, trade, or any other lawful purpose.

**ACCEPTED AND AGREED:**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant (if 18 or over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_Zip: \_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_