

Minisink Valley Central School District  
PO Box 217 Slate Hill, NY 10973  
(845) 355-5200

## **MVMS Project Cooperation 2010**

### **Project Administrator**

Karen DeVora

### **Project Coordinators**

Alycia DeVito

Jen Pagnanella

Dear Newest 6<sup>th</sup> Graders to MVMS,

Please allow us to be the first to welcome you to Minisink Valley Middle School! Now, we have a question for you...How would you like to come to school in the summer? No? Well, if there were no books, no papers, no tests and no homework – just sports, games, music, special presentations, friends, and fun. Sounds interesting, doesn't it, maybe even too good to be true? There's one catch, this fantastic week of fun, sun, and learning is ONLY for incoming sixth grade students currently enrolled at Minisink Valley Middle School.

### **Here are the details for your parents:**

The Summer Program will run from Monday, August 2- Thursday, August 5, 2010. Each morning begins at 9:00 am and dismissal is at 3:00 PM. Rain or shine! You must provide your own transportation and bag lunch for your child.

Each day has a special theme with special activities and games. All activities are designed to be a lot of fun for the kids, but they also have another goal: to teach our sixth graders to work cooperatively, to build their leadership skills, and to increase self-esteem.

Middle School teachers and aides will staff the program with selected high school students helping out as peer leaders.

In order to help us cover the rising costs of materials, supplies, and activities, there is a pre-paid \$20 admission fee per child. Each student will also need to bring in a pre-washed white t-shirt in order to participate in tie dye.

If your child would like to attend, please complete the attached form and have your child return it to the Intermediate School or Otisville Main Office no later than Monday June 7, 2010 with your pre-paid \$20 admission fee. For late applications the admission fee is \$30 per child. Checks can be made payable to: **MVMS Activity Fund**.

Over the summer we will be mailing you your child's group number and more detailed information about camp.

We look forward to seeing you!

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Child's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town \_\_\_\_\_

ZipCode \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

In case of emergency: (names, telephone numbers, and relationships to your child)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

Please list below your child's medical concerns: (allergies, asthma, medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child to participate in Project Cooperation's activities:

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

***Please return this form and your \$20 pre-paid admission fee to the Intermediate School or Otisville Main Office no later than Monday, June 7<sup>th</sup>! The admission fee for late applications is \$30. Checks can be made payable to: MVMS Activity Fund.***

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