

LAKE HOOD SUMMER LIBRARY CAMP
A little bit of literacy and a whole lot of fun!
Session 1 June 1st-5th
Session 2 June 8th-12th
9:30 a.m.-1:30 p.m.



Our Camp will follow the Anchorage Municipality Summer Reading Program activities. Students will be involved in reader's theatre, reading games, book art, book explorations and much more! Students need to be able to work well in large multi-age group settings. A certified teacher/librarian and certified T.A. will engage students through age appropriate activities. Camp is for students currently in grades K-5.

PRICE: \$125.00 per student per session. 20% off per additional sibling (\$100.). Students will need to provide own snack. Each student will receive a free book! A maximum of 25 students will be admitted to each session. Deadline to register is May 25th.

Contact: McMullen_Trudy@asdk12.org or call Lake Hood Elementary 742-8406

Check which session: Session 1 _____ Session 2 _____

REGISTRATION FORM

NAME: _____

CURRENT GRADE: _____ SCHOOL _____

ADDRESS: _____

EMAIL: _____

PHONE: HM# _____ WORK# _____

Emergency Contact: Name: _____ Phone: _____

Library Camp meets in the Lake Hood Elementary School library. **Please make checks payable to Lake Hood Elementary School PTA. Send Registration form and check to Lake Hood Elementary School c/o Trudy McMullen 3601 W. 40th Anchorage, AK, 99517.** The Anchorage School District does not endorse these materials or the view points expressed in them.

PARENT ACKNOWLEDGEMENT (Must be signed before student may participate)

I am aware and understand and agree to the terms that the Anchorage School District, Lake Hood Elementary School, and the Lake Hood Elementary School PTA does not provide accident medical insurance for my child during any School or PTA sponsored programs. I will not hold ASD, Lake Hood Elementary, the PTA, and any program staff responsible if my child gets injured. This includes this program. I am aware and agree to this and agree it is the responsibility of the parent and/or legal guardian to provide accident medical insurance for this child.

Signature of Parent or Guardian

Printed Name	Date
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Cut off this portion as a reminder of times and dates.

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