



JFK Math Boot Camp – Kick Start Your Brain Power!

Presented by: Mrs. Woerdehoff

JFK's Math Boot Camp will have students review and (in some cases) re-teach main concepts learned in the previous grade. Each day will be an **intensive** review. This review will help to refresh the students' minds since it will have been two months from the last time they were in a math class. This review will also help to cement concepts they have previously learned.

- Incoming 6th graders will review 5th grade material
- Incoming 7th graders will review 6th grade material
- Incoming 8th graders will review 7th grade material

JFK's Math Boot Camp will help to kick start the students' minds before school begins on August 23, 2018. This will be for students of all learning ability levels.

When: August 6-10, 2018

| | |
|-----------------------------|---------------|
| Incoming 6th Grade Students | 8:00-9:30am |
| Incoming 7th Grade Students | 9:30-11:00am |
| Incoming 8th Grade Students | 11:00-12:30pm |

Cost: \$40.00 per student for entire 1 week session

Contact Information: deneen.woerdehoff@olvjfkmail.com

Register now as space is limited. A minimum enrollment is also required.

Please complete the attached enrollment form by **July 1, 2018**



There is a difference in education

1627 West 42nd Street • Davenport, IA 52806 • 563-391-3030

Math Boot Camp Registration Form: Summer 2018

(This information is available to the staff and, in the event of an emergency, may be given to an appropriate emergency care provider)

| | | |
|-----------------------|---------------------|-------------|
| Child's Name _____ | Birthdate _____ | Grade _____ |
| Child's Address _____ | Home Phone _____ | |
| Mother's Name _____ | Daytime Phone _____ | |
| Mother's Email _____ | Mother Cell _____ | |
| Father's Name _____ | Daytime Phone _____ | |
| Father's Email _____ | Father Cell _____ | |

Names of other people authorized to pick up your child

Emergency contact person to assume care of your child if you cannot be reached

| | | |
|-----------------------|--------------------|-------------|
| Name: _____ | Relationship _____ | Phone _____ |
| Child Physician _____ | Phone _____ | |
| Child Dentist _____ | Phone _____ | |

My child has the following medical condition:

| | | | | | |
|--------------------------|------------------------------|--------------------------|----------|--------------------------|-----------|
| <input type="checkbox"/> | Asthma/breathing problem | <input type="checkbox"/> | Seizures | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> | Allergies |
| <input type="checkbox"/> | Other (please explain) _____ | | | | |

| Check One | Course Section | Dates | Price | Total |
|--------------------------|---------------------------------|-----------|---------|-------|
| <input type="checkbox"/> | Incoming 6 th Grader | Aug. 6-10 | \$40.00 | |
| <input type="checkbox"/> | Incoming 7 th Grader | Aug. 6-10 | \$40.00 | |
| <input type="checkbox"/> | Incoming 8 th Grader | Aug. 6-10 | \$40.00 | |

A child must stay home if he/she is sick, including, but not limited to the following: fever, vomiting, diarrhea, cough or runny nose that prevents the child from participating in activities or has any illness determined to be harmful to him/her or other children.

I understand that the school discipline policy and procedures may apply to Math Boot Camp. I understand and agree that the violation of these rules and policies may result in my child not being allowed to attend Math Boot Camp.

Parent Signature: _____ **Date:** _____

- Return this form, along with a check payable to *Our Lady of Victory* to the school office by July 1, 2018