The Sheard Literacy Center
Spring 2017 Literacy Mentoring Program
Co-Sponsored by Our Friends at The
CORNING INCORPORATED FOUNDATION

It’s Registration Time!

Who:  Students in Pre-Kindergarten through 8th grade interested in literacy activities.
Children of all reading levels and abilities are welcome to attend!

What:  Literacy Mentoring Program
- Small group literacy enrichment activities planned by education students.
- Individually designed programs for each child.
- Activities created at appropriate levels to aid in literacy expansion.
- Complete use of the Literacy Center, including a library with children’s, adolescent, and young adult literature, along with a computer lab equipped with assistive technology.
- A nutritious snack is provided.
- This program is completely FREE!

When:  Program runs from the week of February 6th through the week of May 4th.
Pre-K – 6th Grade: Monday, Tuesday, Wednesday, & Thursday - 3:30-4:30
5th – 8th Grade: Tuesdays & Thursdays Only - 2:30-3:15

***Attention parents of students from Colton-Pierrepont Central School: Bus transportation is available only on Mondays.***
***Attention parents of students from Norwood-Norfolk Central School: Bus transportation is available only on Tuesdays and Thursdays.***
***Attention parents of students from Lawrence Avenue Elementary School @ PCS: Bus transportation is available only on Tuesdays, Wednesdays, & Thursdays.***
***Attention parents of students from AA Kingston Middle School @ PCS: Bus transportation is available only on Tuesdays & Thursdays. Therefore, please select the time option that best fits your child’s school schedule.***

Where:  Sheard Literacy Center, SUNY Potsdam, Satterlee Hall 104, Potsdam, New York 13676

Why:  Our goal is to instill a love of literacy for a lifetime! Literacy is fun and releases itself to imagination and creativity. We provide this type of environment to ensure literacy success for all children.

**Please return registration form by:**
Friday, December 16, 2016
Fax to:  (315) 267-3409
(Please call/email to confirm that we received your fax.)

or Mail to: Lindsay LaSala / Amy Cutler
SUNY Potsdam - Sheard Literacy Center
Satterlee Hall 104, 44 Pierrepont Avenue
Potsdam, NY 13676

*Please feel free to call (315) 267-2527 for more information.*
Coordinators: Amy Cutler, cutleram@potsdam.edu & Lindsay LaSala, lasalalm@potsdam.edu

If you have any questions please email or call us at 267-2527 or 267-2073

## SPRING SCHEDULE

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If you have any questions please email or call us at 267-2527 or 267-2073.
SUNY Potsdam Sheard Literacy Center/Corning Incorporate Mentoring Program
Spring 2017 Registration Form
Due by: Friday, December 16, 2016
(Please print neatly and complete entire form.)

Child’s Name: ___________________________ Grade/Age ___________________________

Parent(s)/Guardian(s): __________________________________________________________

Address: __________________________________________________________ Phone: Home ___________________ Cell ___________________

(Street address) (town) (state) (zip code)

Work ______________ Other ______________

**NOTE: Enrollment is limited, please return completed application as soon as possible.**

Please select the days that would best suit your schedule by numbering the square listed in front of the day for your child’s school.

Colton-Pierrepont Students: □ Monday Only

Potsdam Central Students (Number option – 1 = first choice, 2 = second choice)

AAK Middle School □ Tuesday □ Thursday

☐ My child is registering for the Tuesday or Thursday 5th-8th grade program. If there are mentors available, I would like my child to also attend the PreK-6 Mentoring Program from 3:30-4:30 on Tuesdays or Thursdays. I understand that my child will have a different mentor for the later program.

Lawrence Avenue Elementary School □ Tuesday □ Wednesday □ Thursday

Norwood-Norfolk Central School (Number option – 1 = first choice, 2 = second choice)

☐ Tuesday □ Thursday

All Other School Districts: □ Tuesday □ Wednesday □ Thursday

TRANSPORTATION OPTIONS (Please select one)

☐ My child will ride the bus to the Sheard Literacy Center.

☐ I will provide transportation to and from the program for my child.

☐ Is English your child’s first language? If not, what is his/her primary language? ________________________________

Optional:

To ensure your child has the best instructional experience it would be helpful to know the following:

Does your child have either an ☐ I.E.P. ☐ 504 Plan or ☐ Any other learning disabilities? Please check all that apply.

Please elaborate if you feel it will assist us to better meet the needs of your child.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

** In case of an emergency please indicate someone we can contact, other than those listed above. **

Name: ___________________________ Relationship to Child: ___________________________

Home Phone: ___________________________ Other Phone: ___________________________

** To ensure the safety of your child, please be certain to complete the above requested information.
Sheard Literacy Center/Corning Incorporated Mentoring Program
Child Release Authorization Form
Spring 2017
To ensure the safety of my child, I authorize only those people listed below to pick up my child from the Sheard Literacy Center Mentoring Program. All information is kept confidential.

**NO ONE ELSE WILL BE ALLOWED TO PICK UP MY CHILD WITHOUT PRIOR WRITTEN CONSENT.**

Child’s Name: ___________________________ School Attending: ___________________________

Parent/Guardian: ___________________________ Phone: ___________________________

Who will normally pick up your child/children: ____________________________________________

Relationship to child/children:

***OTHER PEOPLE WHO ARE AUTHORIZED TO PICK UP MY CHILD***

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***PEOPLE NOT AUTHORIZED TO PICK UP MY CHILD***

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***Those authorized to pick up will be required to sign each child out before leaving the Center***

***Safety of the children in our program is our top priority. Please be assured your child will always be closely supervised while at the Sheard Literacy Center.***

Does your child have any **medical conditions, medications, or allergies** that would help us meet his/her needs? Please check the appropriate box. If yes, we ask you provide explanation in the provided area.

☐ No.  ☐ Yes, my child has the following: ____________________________________________

In an effort to have students participate in active learning, at times a lesson is implemented outside. Do we have your permission to take your child outside and on campus field trips?

☐ Yes, I give permission for my child to go outside and on on-campus field trips.

☐ No, I would prefer my child to stay in the Literacy Center.

Due to the highly interactive nature here at the Sheard Literacy Center we often try to document the fun with photographs and videotaping. Do we have your permission to take photographs/video of your child?

☐ Yes, I give permission for the Literacy Center to take and use pictures of my child.

☐ No, I would prefer that the Literacy Center not take photos of my child.

At times our college students may wish to determine your child’s reading level to better plan their lessons.

☐ Yes, I give permission for my child’s mentor to determine their reading level.

☐ No, I would prefer that my child not have their reading level determined by their mentor.

***NEW – Spring 2017 – we will be emailing parents upon receipt of your child’s application and announcements from the Mentoring Program. Please be sure to fill the email you wish to receive correspondence from the Sheard Literacy Center. Thank you!***

E-mail address: ____________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________
Our mentors (college students) in literacy class use the information given in this survey, not only to learn more about your child, to individualize lesson plans for them, but also to complete various assignments in their class. Thank you in advance for taking the time to fill out this survey and assisting our college students in their learning.

Parent Survey

Child’s Name:__________________ Age/Grade: _______________

1. What are three words that you would use to describe your child?

_________________________________  __________________________________

2. What is your child’s attitude toward reading/writing?

3. What motivates your child?

4. What are your child’s reading/writing strengths?

5. Are there any areas of reading/writing in which you have concerns for your child?

6. What goals do you have for your child from this program?

7. What information about reading/writing would you like to receive from the Sheard Literacy Center?