**The BEARS LITERACY CLUB**  
*Building Education and Academic Reading Success*

**Co-Sponsored by Our Friends at**  
*CORNING INCORPORATED FOUNDATION*

**It’s Registration Time!**

**Who:** Students in kindergarten through 8th grade interested in literacy activities. (Pre-Kindergarten students will be welcome to join us in the spring semester.)  
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, young adult literature, and a computer lab with assistive technology.  
- A nutritious snack is provided.  
- This program is completely FREE!

**When:** Program runs from the week of September 24th through the week of November 19th.  
K – 6th Grade: Monday, Tuesday, Wednesday, & Thursday - 3:30-4:30pm  
5th – 8th Grade: Tuesdays & Thursdays Only - 2:20-3:15pm  

***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.***

**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 leads to imagination and creativity. We provide this type of environment to ensure literacy success for all children.

**Please return registration form by:**  
**Friday, September 7th, 2018**  
Fax to: (315) 267-3409 or (Please call/email to confirm that we received your fax.)  
Mail to: Amy Cutler or Lindsay LaSala  
SUNY Potsdam - Sheard Literacy Center  
Satterlee Hall 104, 44 Pierrepont Avenue  
Potsdam, NY 13676  

**Please feel free to call (315) 267-2527 or email**  
lasalalm@potsdam.edu or cutleram@potsdam.edu  
for additional information or to ask questions
# Fall 2018 BEARS Literacy Club Calendar

**Building Education and Academic Success**

**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 😊

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Please keep for future reference!
The BEARS Literacy Club Program (Building Education and Academic Success)
SUNY Potsdam Sheard Literacy Center/Corning Incorporate Mentoring Program
Fall 2018 Registration Form Due by: Friday, September 7th, 2018
(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 __________

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.

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: □ Monday □ 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 their primary language? ____________________________

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 feel free to 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.
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 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 does 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.

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

**Parent Survey**

Date: __________

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?