

# SUCCESS 4 SIXTH GRADE

6<sup>th</sup> Grade Day Camp  
Des Moines Public Middle Schools

Are you ready for the 6<sup>th</sup> grade?

- FREE, One day camp at your new middle school
- Build leadership skills
- Get to know other students and the building
- Learn the secret to opening your locker in record time
- Discover everything you need to know about your new school
- Lunch and Busing provided (from selected elementary schools)
- 9:00-2:30 ~ Check in from 8:45-9:00

SCHOOL	DATE	SUCCESS CASE MANAGER	PHONE #	Buses will only stop at these locations. Please pick the one that is closest to your home.
BRODY	July 30 <sup>th</sup>	TIFFANY CAMPBELL tiffany.campbell@dmschools.org	242-8433	Morris, Park Ave, South Union, Wright
CALLANAN	August 1st	DAN ZEPEDA Daniel.zepeda@dmschools.org	242-8386	Edmunds, Hubbell, Greenwood, King, Perkins
GOODRELL	July 17th	KIM EASLEY Kimberly.easley@dmschools.org	242-7502	Garton, Phillips, Stowe, Brubaker
HARDING	July 26th	CARI LONG cari.long@dmschools.org	242-8354	Cattell, Moulton, Madison, Oak Park
HIATT	July 12th	KATIE ISSA Kathleen.issa@dmschools.org	242-8128	Capitol View, Carver, Garton
HOYT	July 31st	CARRIE CRIST carrie.crist@dmschools.org	242-8446	Pleasant Hill, Stowe, Willard
MCCOMBS		No program due to construction		
MEREDITH	July 19th	JENNIFER MURPHY jennifer.murphy@dmschools.org	242-7792	Hillis, King, Monroe, Samuelson, Douglas Woods Apartments, Moore
MERRILL	Aug 3rd	SHAWN KARAIDOS Shawn.Karaidos@dmschools.org	242-8361	Hubbell, Perkins, Windsor, Deer Ridge Apartments
WEEKS	July 23rd	STACY CORNWELL stacy.cornwell@dmschools.org	242-8449	Jackson, McKinley, River Woods

**Pre-Registration is required to attend. Please fill out the attached registration form and return to your 5<sup>th</sup> Grade teacher by May 31<sup>st</sup>.**

This program will be facilitated by the Des Moines Public Schools SUCCESS Program

## SUCCESS 4 SIXTH GRADE 6<sup>th</sup> Grade Day Camp Registration Form

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

Elementary School student attended \_\_\_\_\_ Gender \_\_\_\_\_

Middle School student will attend \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

I will need transportation to attend this program (circle one): YES NO

Bus stop that I live closest to: \_\_\_\_\_

**\*\*See attached flyer for pick up/drop off sites for each middle school. Bus information will be included in the confirmation letter that you will get two weeks prior to the program.\*\***

### EMERGENCY INFORMATION:

**\*All information needs to be included and will be kept confidential\***

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Alternate Contacts in Case of Emergency:

Name	Relationship	Phone #

Name	Relationship	Phone #

Medication (Please list name, dosage & time) \_\_\_\_\_

Health Condition (including allergies) \_\_\_\_\_

- I give full consent to the Des Moines Public Schools to use any photographs, audio, or video tapes taken of me while participating in SUCCESS 4 SIXTH GRADE, with no claim for payment, for any promotional/recognition activities of the program or school district.
- I assume all responsibility for any accidents or injuries that may occur, and release the Des Moines Public Schools staff and other educational consultants that provide services related to the middle school transition program of all liability. I understand that the Des Moines Public Schools and other staff are not responsible for any stolen or lost personal belongings. In case of accident, injury or sudden illness and I cannot be reached; I request that necessary medical care be instituted. Our physician/dentist may be contacted in case of medical treatment or as necessary and is authorized to release requested information as needed. The parent/student is responsible for all medical expenses.
- I also give my consent for the Des Moines Public School staff and other agencies affiliated with the middle school transition program to provide transportation in the course of their participation in SUCCESS 4 SIXTH GRADE.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return all registration forms to your 5<sup>th</sup> grade teacher by May 31<sup>st</sup>**  
**Questions - Please call the SUCCESS Case Manager at the middle school you will be attending.**