

**ENL Plus + is an English as a new language camp designed for secondary EL students in grades 6 -12.**

* Teacher lead themed instruction.
* Integrated technology
* Individual and small group instruction
* Guest speakers from within our community
* Field-trips each week where students can apply the language taught in the classroom and make connections to our community through English.

**Dates:** June 10 –14 Week 1

June 17 – 21 Week 2

**Time:**

9:00 – 12:00 on Monday, Tuesday, Wednesday and Friday

9:00 – 1:00 on Thursdays (Field-trips)

**Place**: Carroll High School, Room TBD

**Fees:** There is no cost to attend. $0

**Instructor:**

Kayla Timmons ENL camp director

Kayla.Timmons@nacs.k12.in.us

**To register, please complete the form on the back of this page and return to one of the above. Please return the form on or before April 30, 2019.**







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| Registration Form  Student Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School and Grade:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Age \_\_\_\_\_\_  Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Contact Information  Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home/Cell Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact and Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes/No I give permission for my child to be photographed during camp. (Photos may be used in future brochures.)  Registration forms are due by April 28. | Medical Release Form  (Complete, sign, and return with registration. Must be on file for camp.)  Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_  In the event a parent/guardian cannot be reached, please list an emergency contact:  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I hereby give my consent for physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from participation. I understand this authorization will only be enforced when I cannot be personally contacted to provide immediate treatment.  Parent/Guardian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |