



Wareham SAIL Summer Camp
7 Viking Drive
Wareham, MA 02571

May 15, 2017

Dear Parent/Guardian:

This letter is to inform you of an exciting opportunity this summer for students at Wareham High School (including incoming freshmen)! SAIL Summer Camp is a **free** program that offers both academic and hands-on, fun enrichment classes such as Culinary Arts, Strength and Conditioning, Fishing, Chess, Career Skills, Film Studies, and more.

SAIL meets Monday through Thursday from 8:30AM-2:30PM for six weeks: July 10th-August 17th. Transportation, breakfast, and lunch are provided at no cost.

This program is a great opportunity to recover credits for NCs during the school year, earn elective credits, make up for a failed course (using guidelines from the 5th Quarter Summer Session), or even just try something new and fun with friends.

As stated above, this summer camp is also working in conjunction with the 5th Quarter Summer School Program to offer a unique opportunity. Any students enrolled in two summer school classes (with tuition paid in full) can take a third 5th Quarter class online in the afternoon through SAIL Summer Camp for free. In other words, students who need to take courses that they did not pass during the school year **MUST** pay for two 5th Quarter Summer School classes in the morning before they are eligible to take a third free 5th Quarter course through SAIL Summer Camp.

Registration dates for the SAIL Summer School program are on 6/29 and 7/6 from 8:00AM-12:00PM at Wareham High School in room 115. For more information about the program or if you have any questions about registration, please email me at ssantos@wareham.k12.ma.us or call 508-291-3510 ext. 214.

Sincerely,
Stephanie Santos
SAIL Coordinator



SAIL Summer Camp Registration

Student's Name: _____
Last First Middle

School ID #: _____ School: **WHS** Grade: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____ Cell Number: _____

Emergency Contact Person and Phone Number:

Relationship to Child: _____

Does your child need bus transportation? Morning: NO YES

If yes, fill in address below: Afternoon: NO YES
Transportation Drop:

Street Address: _____ City: _____

I understand that the S.A.I.L. program is of no cost to my family, and that transportation will be provided for my child. I also understand that the program is filled on a first-come, first-served basis for all enrichment classes. I realize that my child needs to attend classes at least 85% of the time. If my child does not meet the attendance requirement, he/she may be removed from the program.

Parent/Guardian Signature: _____

Student Signature: _____

Today's Date:

Please check off a course which you would prefer **NOT** to take. I will do my best to accommodate within scheduling constraints.

_____ Culinary	_____ English Skills	_____ Strength & Conditioning
_____ Career Skills	_____ Film Studies	_____ Chess
_____ Fishing: The Basics	_____ Outdoor Games	_____ Table Top Games