

SPIRIT Educational Program

334 Pleasant Street Pawtucket, RI 02860

What is SPIRIT?

SPIRIT is a fun educational program which runs during the summer and continues through the school year. This year will be SPIRIT's 33rd year. Our goal is to get students excited about learning and their futures. We do this by taking students out of the classroom and exposing them to new and different people, places, and ideas. SPIRIT will give you skills that will help you succeed in middle school, junior high, and high school so that you can go on to higher education. SPIRIT is not a summer school and students attend by choice.

Who attends SPIRIT?

SPIRIT is for students who have completed the 7th, 8th, 9th grades in Pawtucket, Central Falls, and Providence who may be thinking about their future and looking for an interesting and stimulating summer experience. Students must be willing to attend five days per week, for six weeks in the summer. Many of our students are members of the College Crusade of Rhode Island and SPIRIT is endorsed and funded in part by the College Crusade of Rhode Island and the Hasbro Summer Learning Initiative, as well as other funders.

What Happens In the Summer?

SPIRIT's summer program will begin on Wednesday, June 27th and last until Friday, August 3rd. Students attend SPIRIT Monday-Friday from 8:30 a.m. -2:30 p.m. SPIRIT takes place on the independent school campuses of Moses Brown, The Wheeler School, and at Blackstone Academy Charter School. Transportation is provided by school buses and vans for Central Falls and Pawtucket students while most Providence students take public buses (RIPTA) to get to SPIRIT. In the morning, students and teachers work together on projects that stress hands-on learning experiences. No grades are given. Students get out of the classroom often, and among other things, learn to interview people, see new places and things, and meet lots of new friends. Students will be writing every day. Past topics have included "The Arts", "Downtown", "Investigation", "Health and Wellness" and many others. While investigating the topic, students may find themselves conducting surveys, making a video, or meeting with city officials. The idea is to have fun while learning new information and sharpening your skills.

Lunch follows the morning session and in the afternoon students can participate in a range of activities such as basketball, dance, drama, computers, cooking, and bowling. There are special days which focus on personal development, careers and the arts. A train trip and exploration of Boston may occur as well as other field trips. There may also be an optional camping trip. By the end of the summer, students have created many new friendships and learned to have a new perspective about the people and places around them.

What Happens During the School Year?

SPIRIT tries to stay in touch with you as much as possible when you return to school. SPIRIT Saturday Academies, trips to colleges, and other get-togethers are held twice per month. We visit all of our students in their schools to see how they are doing and link them with additional services as needed. If you need help in any areas of your life, we will help you to get the assistance you need.

What Makes SPIRIT Successful?

SPIRIT works because students WANT to be there and because the students/staff ratio is only eight to one. Students get a lot of attention and enjoy it.

What Does It Cost?

Each student that is accepted receives a full scholarship to SPIRIT. In other words, the program is FREE. SPIRIT is a host site for the Rhode Island Summer Food Service which provides free lunch to all students.

How Do I Join? - Attached to this form is an application. Fill it out completely and return it. Space is limited.

SPIRIT APPLICATION FORM

Please fill out clearly and answer all questions.

Student Information

Name: _____

Current Grade: _____

Home address: _____

Date of Birth: _____

City: _____

State: _____

Zip Code: _____

Phone number: _____

Current School/Grade: _____

School you will attend in September: _____

Are you a member of the College Crusade of RI? : _____

Parent/Guardian Information

Name of parent or guardian: _____

Address (if different from student's): _____

Place of Employment: _____

Phone during the day: _____ **Phone during evenings:** _____

Name of other parent/guardian: _____

Address (if different from student's): _____

Place of Employment: _____

Phone during the day: _____ **Phone during evenings:** _____

Any other adult name and number in case of emergency (i.e., aunt, uncle, neighbor):

I give my son/daughter permission to participate in the academic work and extra-curricular activities of the SPIRIT program during the summer and school year 2018-2019. I understand that students will be transported at times in school buses and vans driven by SPIRIT staff.

Signature: _____

Date: _____

Parents! Please also sign attached forms.

Dear SPIRIT Candidate: (to be completed by student)

We would like to get to know you and would appreciate it if you would answer the following questions:

1. What are a few things you would like us to know about you?
2. What do you like most about school and what do you like least? Why?
3. What would you like to be doing when you finish high school?
4. How do you spend your time when you're not in school?

Student Behavior Contract

Everyone at SPIRIT (including staff) expects to have fun, learn something, and be safe. Therefore, SPIRIT has some basic rules for students who attend. If you are chosen to attend SPIRIT, you need to agree to these. We expect you will be well behaved and respect both people and property that you encounter. The buildings, vans, buses and equipment we use are all donated to SPIRIT. Any vandalism or poor behavior could result in our losing use of these. Our rules are:

1. Respect all people and property. Follow the requests of staff members.
2. Possession of weapons, alcohol or other drugs will result in dismissal.
3. Fighting, stealing or vandalism will not be tolerated.
4. Smoking is not permitted.
5. Putting down others, rude and disrespectful behavior will not be tolerated.
6. Students should attend every day.

I have read the above rules and understand what is expected of me. I agree to abide by these rules during all SPIRIT activities including bus rides to and from the program

Student Signature: _____

Date: _____

Liability Waiver

In consideration for acceptance in the SPIRIT Program, we hereby release and forever discharge Blackstone Academy Charter School Inc., Moses Brown School, The Wheeler School, Central Falls School District, Pawtucket Public Schools, Providence Public Schools, UCAP, Brown University, their employees, trustees, directors; representatives, successors and or assignees for any and all damages which my child, _____ (name of participant), may incur while participating , attending, and/or traveling to and from any event, program, or activity sponsored by SPIRIT.

SPIRIT student name: _____

Parent's Signature: _____

Date: _____

School Contact/Records Permission

I hereby grant staff representatives of the SPIRIT Educational Program access to my child's educational records from his or her school from today's date through the 2018-2019 school year. I grant permission for SPIRIT representatives to speak with school personnel (guidance staff, teachers or administrators) about my child and to meet with my child at school.

SPIRIT student name: _____

Parent's Signature: _____

Date: _____

Medical Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I authorize SPIRIT staff to contact emergency services at the nearest hospital and to secure for my child the necessary medical treatment until a parent or guardian can be contacted.

Medical coverage policy type and number: _____

SPIRIT student name: _____

Parent's Signature: _____

Date: _____

Guidance Department

Counselor:

Please attach a copy of the student's report card or list the student's grades in the following subjects.

If we have not made arrangements to pick these applications up at your school, please send them to SPIRIT, c/o Blackstone Academy 334 Pleasant Street Pawtucket, Rhode Island 02860 or call us at 831-0062. Thank you.

English: _____

Math: _____

Social Studies: _____

Science: _____

Other: _____

Other _____

Comments:

*Blackstone Academy
Central Falls School District
Lincoln School
Moses Brown School
The Wheeler School
UCAP*

***SPIRIT
A Program of Blackstone Academy***

401-831-0062

**United Way of Rhode Island
CONSENT FOR SHARING AND RELEASE OF STUDENT INFORMATION**



Who is United Way of Rhode Island?

United Way of Rhode Island administers the Hasbro Summer Learning Initiative. Our summer program, _____, is part of the Hasbro Summer Learning Initiative, which funds 14 programs around Rhode Island.

What is United Way of Rhode Island asking for and why?

We would like your permission to have your child's school help us track changes in your child's math and literacy test scores before and after participating in this year's summer program. We need your permission for the school to release test scores from your child's student record for *Spring 2018* and *Fall 2018*. Having this information will help us better understand whether our summer program helps students succeed in school.

What types of information does United Way of Rhode Island share?

United Way of Rhode Island will let your child's school know she/he/they participated in this summer program. Your child's school will then share with us their *Spring 2018* and *Fall 2018* test scores. We will work with an evaluator who will analyze the information so we can understand whether students' math and literacy skills have improved after participating in our summer program.

Who will see my child's information?

The only people who will see information from your child's student record are United Way of Rhode Island staff. *United Way of Rhode Island places a premium on confidentiality of student data.* The evaluators will not see your child's name, only her/his/their test scores. No evaluation report will reveal information about individual students' test scores, only averages for all students.

How will United Way of Rhode Island protect my child's information?

All United Way of Rhode Island staff members receive training in privacy procedures and follow strict guidelines to protect the confidentiality of records. United Way of Rhode Island staff keeps all child records locked in a secure location. All electronic files containing identifiable information will be password protected. Any computer or server hosting such files will also be encrypted. Only United Way of Rhode Island staff will have access to the passwords. United Way of Rhode Island staff will only use secure methods to transfer information.

If I do not give permission, can we still participate in the summer program?

Assessing the summer program's impact on student learning is important to us. It helps us improve the program, and it helps us maintain funding for the Hasbro Summer Learning Initiative for future years.

However, if you choose not to share this information, you can still participate in the program activities. There are no penalties if you decide that you do not want to share this information.

Who should I contact if I have any questions?

You may contact Joseph Morra at 401-444-0615 / joseph.morra@uwri.org if you have any questions now or in the future about any matter related to the United Way of Rhode Island Hasbro Summer Learning Initiative.

(Parents/Guardians, please fill out and return this portion):

Child's Full Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Address: _____

Parent's Phone Number: _____

School Your Child Attended in **Spring 2018**:

School Your Child Will Be Attending in **Fall 2018**:

School Department releasing information from my child's student record to United Way of Rhode Island

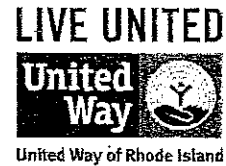
- Yes I understand why United Way of Rhode Island is asking my permission to access my child's test scores from **Spring 2018** and **Fall 2018**, and I grant permission to the School Department to share that information with United Way of Rhode Island.
- No I do not give permission to the School Department to release information from my child's student record.

Signature of Parent or Guardian

Date

I understand that my records are protected under the Federal Confidentiality Regulations (42CFR Part 2), Mental Health Law (40.1-2-26) and Health Care Information Act (RI General Laws 5.37.3-4), and cannot be disclosed without my written consent except as otherwise specifically provided by law. Any information released or received as a result of this consent shall not be relayed in any way to another person, organization or entity, without additional written consent from me unless it is by the Executive Director of United Way of Rhode Island acting in my behalf. I understand that state law mandates reporting of suspected abuse/neglect (to children, elderly and disabled persons) to the appropriate State authorities. I may withdraw this consent by giving written notification to the above party, at any time prior to the disclosure or release of the information. I understand and consent to my case file, and record being reviewed and information being used for administrative case review and program evaluation. I have read (or had it read to me), understand and agree to the conditions as outlined in this release.

***Again, if you have any questions about the Hasbro Summer Learning Initiative (HSLI), please contact Joseph Morra at United Way of Rhode Island: 401-444-0615 or joseph.morra@uwri.org.*



2018 HASBRO SUMMER LEARNING INITIATIVE

PARTICIPANT PHOTO/VIDEO WAIVER AND RELEASE

NOTICE: Parent or legal guardian must sign this document if participant is a minor.

PARTICIPANT NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

THIS WAIVER AND RELEASE is made as of the Date specified above by the participant identified above ("Participant") in connection with the use by United Way of Rhode Island ("UWRI") and/or Hasbro, Inc., on behalf of itself and its subsidiary and affiliated entities (collectively, "Hasbro"), of participant's name, likeness, and image.

Participant understands that he/she may be filmed and/or photographed by UWRI and/or Hasbro or its agents in the course of participating in an event with representatives from Hasbro and UWRI. In consideration for this participation, Participant hereby grants to UWRI and Hasbro and to such other persons or entities which Hasbro and UWRI may from time to time designate, the right to use the Participant's name, likeness and image in videos, photographs and other materials, whether in whole or part, in connection with promotional and marketing communications, including but not limited to video presentations, newsletters, brochures and other printed and digital materials, to be posted on UWRI's and Hasbro's respective websites, internet channels and social media pages, and to be shared with UWRI and Hasbro employees and prospective employees, shareholders, customers and business partners, for any lawful purposes including, but not limited to, promoting UWRI, Hasbro, the Hasbro Summer Learning Initiative and/or Hasbro's philanthropic programs. Participant understands that Participant will not receive any monetary compensation for the grant of these rights.

Participant and Participant's successors and assigns hereby voluntarily irrevocably and unconditionally release and forever discharge UWRI, Hasbro, and their successors, assigns, officers, directors, employees, stockholders, representatives, agents and attorneys and all persons acting by, through, under or in concert with them, from and against any and all claims, losses, damages, liabilities, expenses and causes of action of every kind and nature whatsoever arising out of Hasbro's use of Participant's name, likeness and image in accordance with this Waiver and Release.

Nothing contained herein shall be deemed to state or imply that UWRI and/or Hasbro shall have any obligation to use Participant's name and likeness in any manner whatsoever.

PARTICIPANT (Signature): _____

DATE: _____

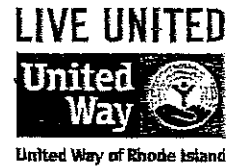
If Participant is under 21 years of age, the parent or legal guardian of Participant should sign below.

I am the parent or legal guardian of Participant and do hereby consent and grant my permission to all the foregoing.

PARENT OR LEGAL GUARDIAN (Signature): _____

DATE: _____

Optional: If you would like to be added to UWRI's mailing list to learn about more education news, research, and opportunities, please check this box.



INICIATIVA DE APRENDIZAJE DE VERANO DE HASBRO 2018

ACUERDO DE EXONERACIÓN DE RESPONSABILIDAD POR EL USO DE FOTOS O VIDEOS DEL PARTICIPANTE

AVISO: Padre/Madre o tutor legal debe firmar este documento si el Participante es menor.

NOMBRE DEL PARTICIPANTE: _____

DIRECCIÓN: _____

TELÉFONO: _____

FECHA: _____

ESTE ACUERDO EXONERACION DE RESPONSABILIDAD está hecho a partir de la Fecha especificada arriba por el participante identificado arriba ("Participante") en conexión con el uso del nombre, retrato e imagen del Participante por United Way of RI ("UWRI") y/o Hasbro, Inc., en representación de sí misma y sus entidades subsidiarias y afiliadas (colectivamente, "Hasbro").

El Participante entiende que el/ella puede ser filmado y/o fotografiado por UWRI y/o Hasbro o sus agentes en el transcurso de su participación en un evento con representantes de Hasbro y UWRI. En consideración por esta participación, por medio de la presente, el Participante le concede a UWRI y a Hasbro y a otras personas y entidades las cuales Hasbro y UWRI pueden designar de vez en cuando, el derecho de usar el nombre, retrato e imagen del Participante en videos, fotografías y otros materiales, ya sea en su totalidad o parcialmente, en relación con comunicaciones promocionales y de mercadeo, que incluyen pero no se limitan a presentaciones de video, boletines informativos, folletos y otros materiales impresos o digitales, a ser publicados en las páginas web de UWRI o Hasbro, canales de internet, redes sociales, y compartidos con empleados, futuros empleados, accionistas, clientes y socios de UWRI y/o Hasbro para fines legales, incluyendo, pero no limitado a, promover a UWRI, Hasbro, la Iniciativa de Aprendizaje de Verano de Hasbro y/o programas filantrópicos de Hasbro. El Participante entiende que el Participante no recibirá ninguna compensación monetaria por la concesión de estos derechos.

El Participante y los sucesores y beneficiarios del Participante por medio de la presente voluntariamente, irrevocablemente e incondicionalmente liberan y por siempre exoneran a UWRI, Hasbro, y a sus sucesores, beneficiarios, oficiales, directores, empleados, accionistas, representantes, agentes y abogados y a todas las personas actuando por, a través, bajo ellos o en acuerdo con ellos, de y en contra de cualquier reclamo, pérdidas, daños, responsabilidades, gastos y causas de acción de cualquier tipo y naturaleza cualquiera que sea que surja por Hasbro usar el nombre, retrato e imagen del Participante según este acuerdo de exoneración de responsabilidad.

Nada de lo contenido aquí debe ser considerado para declarar o implicar que UWRI y/o Hasbro deberán tener ninguna obligación de usar el nombre y retrato del Participante de cualquier manera que sea.

PARTICIPANTE (Firma): _____

FECHA: _____

Si el Participante es menor de 21 años de edad, el padre/madre o tutor legal del Participante debe firmar debajo.

Yo soy el padre/madre o tutor legal del Participante y por la presente doy consentimiento y permiso a todo lo antes mencionado.

PADRE/MADRE O TUTOR LEGAL (Firma): _____

FECHA: _____

Opcional: Si deseas ser agregado(a) a la lista de correo de UWRI para obtener más noticias, oportunidades, e información sobre los estudios de la educación, marque esta casilla.