



CAREER AND TECHNICAL
INSTITUTE

5 BOCES ROAD
Poughkeepsie, NY 12601
(845) 486-8001
www.dcboces.org

**MIDDLE SCHOOL CTE ENRICHMENT PROGRAM APPLICATION
SUMMER - 2015**

(Students entering Grades 7, 8 and 9 in September 2015 are eligible)

July 13 – July 17, 2015
(9:00 a.m. to 11:45 a.m.)

PLEASE PRINT:

Student's Last Name: _____ First Name: _____

Date of Birth: _____ Name of School: _____

Grade: _____ District: _____

Home Address: _____

Mailing Address (If different from Home Address): _____

Home and/or Work Phone Numbers: _____

Parent email address: _____

Father's/Guardian's Name: _____ Cell Phone: _____

Mother's/Guardian's Name: _____ Cell Phone: _____

Emergency Contact & Number: _____

Has your child previously attended our Middle School CTE Enrichment Program? ___ Yes ___ No

Please indicate 1st, 2nd, 3rd and 4th choice:

_____ Graphic Arts

_____ Film Arts

_____ Video Game Design

_____ Computer Repair

* *Some classes may require appropriate footwear. No flip-flops or open toe shoes.*

TRANSPORTATION SECTION

Parents/guardians must be able to provide their own transportation to our Salt Point Campus. Please provide below the name/s of individuals (including parents) who may be picking up your child. Students will be released ONLY to individuals whose names appear below. **Everyone (including parents) picking up a child will be asked to present photo ID and all names must also appear on the list below:**

(Please print exactly as the name appears on photo I.D. Attach a separate sheet if necessary)

Individuals Authorized to Transport my Child:

- 1) _____ 2) _____
3) _____ 4) _____

Drivers are welcome to wait at CTI in a designated waiting area.

HEALTH SECTION

Is there a medical condition present that requires special care? ___Yes ___No Special needs: _____

List any acute or chronic illnesses or medical conditions: _____

Allergies: _____

_____ Date of last Tetanus injection: _____

Medications: _____

Reason: _____

Does your child self-administer or self-carry any emergency medication, such as an Epi-Pen or an Inhaler?

___Yes ___No.

If your child self-administers or self carries, a copy of written documentation from his/her doctor must be attached to this application.

If your child does NOT carry an Epi-Pen and/or inhaler for his/her allergy and/or asthma and in the event of any issues or complications, I understand that emergency medical personnel will be contacted and BOCES protocol will be followed.

Parent/Guardian Signature: _____ Date: _____

ORIENTATION

On the first day of the program there will be a brief orientation in Room 301 at CTI at 9:00 a.m. for the parents/guardians. It is strongly encouraged that you attend to learn about career and technical education.

FOOD/SNACKS

NO food is permitted in the classroom.

EMERGENCY CLOSINGS

School closings due to weather or other emergencies will be posted on the Dutchess BOCES website, www.dcboces.org. The REMIND message system will also be made available to parents who wish to be notified by text message.

PERMISSION FORM

I approve my son's/daughter's request to attend the Career and Technical Institute (CTI) Middle School CTE Summer Enrichment Program. No transportation to and from CTI will be provided. Permission is granted for him/her to participate in any laboratory-shop activity in the program. I agree to allow my son's/daughter's image, photograph or the products of their work to be used by CTI for educational or public relations purposes.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Enrollment is limited. Please return this completed application to your child's Guidance Counselor. Your child's Guidance Counselor should sign off on the application and return it Dutchess BOCES.

Applications must be received by Friday, May 29, 2015. They can be sent inter-office mail via the BOCES Courier or mailed to: Dutchess BOCES, Career and Technical Institute, Middle School Enrichment Program, 5 BOCES Road, Poughkeepsie, NY 12601. Faxed applications should be faxed to (845) 486-8171.

Parents/guardians will receive a letter from BOCES regarding their child's acceptance into the program.

If you have any questions, please call Joanne Gorman at (845) 486-8001 Ext. 4501.

Guidance Counselor's Signature: _____ Date: _____

Dutchess BOCES offers employment and educational opportunities without regard to race, color, national origin, sex, disability, or age and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding this nondiscrimination policy may be directed to the following individuals. These officials will provide information, including complaint procedures to any citizen, student or employee who feels that his or her rights may have been violated by the BOCES or its officials.

Title IX/ Sexual Harassment – Employees

Linda A. Heitmann
Deputy Superintendent
Dutchess BOCES
5 BOCES Road
Poughkeepsie, NY 12601
v: 845.486.4800, ext. 2202
linda.heitmann@dcboces.org

Section 504 & DASA Coordinator

Norah Merritt
Executive Director of Human Resources
Dutchess BOCES
5 BOCES Road
Poughkeepsie, NY 12601
v: 845.486.4800, ext.2278
norah.merritt@dcboces.org

Sexual Harassment - Students

William Ball
Director for Educational Programs
Dutchess BOCES
5 BOCES Road
Poughkeepsie, NY 12601
v: 845.486.8004, ext.2222
william.ball@dcboces.org

Inquiries regarding discrimination on the bases listed above may also be made to the United States Department of Education, Office of Civil Rights, 32 Old Slip, 26th Floor, New York, NY 10005, (646) 428-3800, ocr.newyork@ed.gov.