Explore the extraordinary world of the arts this summer at the

OAKLAND FINE ARTS SUMMER SCHOOL

A Collaboration Between the Oakland Unified School District and the City of Oakland

Theme: The Voice of the Arts

2010 Morning Program

Program Location: **ICS/Think College Now / 2825 International Blvd, Oakland, CA 94601/ (510) 532-5500 (office)**

(for students that have completed Grades K-5)

Deitra Atkins, Principal

NOTE: Before 6/25/2010, direct all inquiries to Glenview School, 510-531-6677.

Program dates: June 28 - July 23, 2010

No school July 2nd

Oakland Fine Arts Summer School 2010 (OFASS) is a successful artistic collaboration between the Oakland Unified School District (OUSD) morning arts program, and the City of Oakland's Office of Parks and Recreation (OPR) afternoon art studio sessions. OFASS offers arts programming for **students currently enrolled and attending Kindergarten through 5th grade as of April 2010.** OFASS is a comprehensive and cumulative program, which requires an absolute morning program attendance commitment from students and families. Students will be dropped from the morning program after three days of absence or frequent tardies.

Students attending the program receive free breakfast which is served within the morning hours of the program. (Students with food allergies are asked to make arrangements with OUSD food services in advance of the program start date if eating food provided by the summer food program.)

OUSD OFASS is an intensive four-week program with strong emphasis on the performing arts and complemented by the visual arts. This year's theme is "***The Voice of the Arts.***" It is for beginners to advanced students who are open to exploration, willing to venture out and accept challenges, be focused, disciplined, and have fun at the same time. Students will be grouped by grade level (K/1, 2/3, 3/4, 4/5) and/or experience, and assigned classes that provide opportunities to explore several areas of the arts. They will rotate through assigned classes, from art at one end of the spectrum to modeling at the other end.

Instructors are talented Bay Area artists who will engage each child in a memorable summer artistic experience that will culminate in a professionally staged performance. The performance will take place Thursday, July 22, 2010.

We look forward to your child's participation, as well as parent participation and support throughout the program.

Notice of Acceptance: OFASS acceptance letters will be mailed beginning May 18, 2010. In order to ensure correct US mail delivery and accurate parent contact information for students enrolled in OFASS, it is important that your handwriting and the current mailing address are legible on the application.

Applications are processed on a first come basis by grade level.

Applications will not be accepted after May 1st unless slots are still available.

Program Contacts

Morning: Program/Registration/Questions: Principal Deitra Atkins (Glenview Elementary School), (510) 531-6677
Annie Patton E-mail contact: annie.patton@ousd.k12.ca.us (subject line, indicate "*A.M. OFASS 2010*")

Afternoon: Registration information ONLY (510) 597-5081 www.oaklandnet.com/parks/programs/ofass.asp
Program Information: Renee Tucker, Project Coordinator, Rtucker@oaklandnet.com

OFASS will not be held at Glenview Elementary School

this year due to construction work.

Please read below for location information.

<u>Before 6/25/2010, direct all inquiries to Glenview School, (510)531-6677.</u>

Thank you!

Program dates: June 28 - July 23, 2010
No school July 2nd

OFASS 2010
Morning Program

Theme: The Voice of the Arts

Program Location:

Site of
International Community School
and
Think College Now
2825 International Blvd,
Oakland, CA 94601
(510) 532-5500 (office)

Please check one:
____ Child is in PM OFASS
____ Child is not in PM OFASS

OAKLAND UNIFIED SCHOOL DISTRICT

(Application Due By May 1, 2010)

OFASS Morning Program Application

Please check one: Do you have a sister or brother that is submitting an OFASS 2010 A.M. application?
_____Yes _____No

Oakland Fine Arts Summer School (OFASS) / 8:30 a.m. - 12:45 p.m.
Program Location: ICS-Think College Now / 2825 International Blvd, Oakland, CA 94601/ (510) 532-5500

Return application to Glenview Elementary School Office, 4215 La Cresta Avenue, Oakland, CA 94602.

Note: **There is** NO FEE **for the A.M. OFASS program.**
Enrollment is limited and preference is given to students that are presently enrolled in Oakland Unified schools, but non-OUSD students will be accepted. Completion of application does not guarantee placement. Incomplete applications will not be processed.

PARENTS/GUARDIANS: Please type or print application information clearly.

Section I: **Enrollee Information** Email: _____

Student Name_____
Last First

Address_____ Zip_____
Street City

CURRENT grade as of April 2010: (please check one)

_____K	_____1st	_____2nd	_____3rd	_____4th	_____5th

Grade Level Verification: Kindergarten & 1st grade students – Application must include an attached copy of most current report card.

Sex: *(circle one)* M F **Date of Birth:** _____/_____/_____ **Age:**_____

Present School:_____ **Circle One:** Oakland Unified Sch / Private School / Parochial

Language(s) Spoken at Home: _____ **Ethnicity:**_____
(optional, but helps with grant funding)

Section II: **Emergency Information**

1) Parent/Guardian Name #1:_____ _____
(primary caretaker) Relationship to Student

Phone #: Home (____)_____ Work (____)_____ Other/Cell (____)_____

2) Parent/Guardian Name #2:_____ _____
Relationship to Student

Phone #: Home (____)_____ Work (____)_____ Other/Cell (____)_____

3) Emergency Contact Name _____ _____
(if parent/guardian cannot be reached) Relationship to Student

Phone #: Home (____)_____ Work (____)_____ Other/Cell (____)_____

Section III: **Medical Information** – To ensure the best experience possible for your child at OFASS, please answer the questions in this section completely. *All information received will be kept confidential.*

Doctor _____ Clinic/Office Phones _____
Doctor Clinic

Medical Insurance Carrier _____ Policy # _____

Please attach a letter explaining any medical or special needs: ☐ Allergies ☐ Dietary Restrictions ☐ Medications ☐ Other

This form must be signed by the parent/guardian to indicate that you have read and agree to the summer school policies.

Parent/Guardian Signature:_____

Student's Name:.....Grade:.....

Section IV: Criteria for Acceptance

1. **Parent/Guardian commitment for child to attend the entire 19-day program:** The goal of the program is to provide enrichment in the arts that culminates in a topnotch extravaganza. This can only happen with good attendance.

_____ (Students that are absent 3 days and/or with continued tardies will be dropped from the program.)

2. Number of slots at each grade level.
3. Male/Female ratio
4. Consideration – Number of students from a particular school
5. Receipt date of application on/or before May 1, 2010, unless there are still available slots.

Notice of Acceptance: Acceptance letters will be mailed home beginning May 18, 2010. It is important that application information is legible to ensure correct US mail delivery and accurate parent contact information for students enrolled in OFASS. Information that is not legible and/or non-notification of changed address may result in non-enrollment into the program.

Please note: *Oakland Unified School District/Glenview Elementary School will not be held responsible for delayed or misdirected applications.*

Section V: Participation Guidelines

(On the line after each guideline, please initial that it has been read and is understood by the parent/guardian.)

1. Classes begin and end on time. We cannot be responsible for the care of students after class hours.

   There is no supervision from OFASS morning staff after 1:00 p.m. _____

2. Oakland Unified School District/Glenview Elementary School cannot be responsible for lost or stolen items. Please do not bring valuables or toys/games to the site. _____

3. Cell Phones: A cell phone form must be completed and left in the office if your child will have a phone at school. Cell phones are not to be out during the school day, and are not to be used to play games. Cell phone guidelines: a) cell phone form on file in school office; b) 1st cell phone incident – child will receive a warning if phone is out or rings while on school grounds (phones are available for use in the office, as needed); c) 2nd cell phone incident – cell phone is confiscated and must be picked up in the office by the parent or guardian; d) 3rd cell phone incident – the phone must be signed-in and checked-out at the school

office each day; e) 4th cell phone incident – the cell phone must be picked up by the parent from the Network Executive Officer's office, 2nd Avenue - OUSD's Administration Building. These strict cell phone guidelines are to lessen the chance of a cell phone getting stolen, ward against inappropriate phone calls, and to avoid unnecessary disruptions while at school. _____

4. **We reserve the right to dismiss any participant whose conduct or influence is detrimental to the class, whose behavior is disrespectful, inappropriate, and/or the student refuses to follow school rules.** _____

5. I understand that photos and videos of students participating in the A.M. and/or P.M. OFASS program will be taken throughout the program and may be used in displays, on flyers, newsletters, web sites, CDs/DVDs/Video or promotion of the OFASS program and are the sole property of the program. Signing of this application indicates your consent. _____

6. I give permission for my child to go on walking trips as part of a class activity, if scheduled by the classroom teacher. _____

7. RELEASE WAIVER

   I have read and understand the above guidelines. I hereby release and hold harmless Oakland Unified School District/"ICS-Think College Now", its administrator, teachers, staff, consultants, employees and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise in connection with my participation or the participation of my child in any activity conducted by Oakland Unified School District/"ICS-Think College Now", whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee. _____

8. AUTHORIZATION FOR MEDICAL TREATMENT - Student Name:_____

   I hereby consent and authorize Oakland Unified School District/"ICS-Think College Now", OFASS staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Oakland Unified School District/Glenview Elementary School A.M. OFASS program on or about its premises or on a field trip. I understand that Oakland Unified School District/"ICS-Think College Now", does not provide medical insurance for this program and that I am responsible for all medical expenses that may be incurred.

_____ _____

Signature of Parent/Guardian *Date*

Please supply your e-mail address for additional correspondence (print clearly)

E-mail address: _____

Please submit this completed MORNING OFASS form in person to:
Glenview Elementary School / 4215 La Cresta Avenue, Oakland, CA 94602

Date Received at Glenview: _____.

By: _____.

Not Accepted:
Absolutely No Faxed or Mailed Applications

Oakland Unified School District
OAKLAND FINE ARTS SUMMER SCHOOL
ICS-Think College Now / 2825 International Blvd, Oakland, CA 94601/ (510) 532-5500

Dear Parents and Guardians of OFASS Students,

All parents/guardians are **strongly encouraged** to take the anti-bullying pledge. As part of the Oakland Fine Arts Summer School philosophy, we believe that given the opportunity, encouragement and guidance, everyone has a positive role to contribute. As a community made up of parents, students, artists and other staff, we share a collective responsibility in assuring that no one is left out or behind because of others' actions or lack of action.

PLEDGE MUST BE SIGNED AND RETURNED WITH REGISTRATION FORM

PARENTS ANTI-BULLYING PLEDGE

We the parents/guardians of _____ agree to join together to stamp out bullying at our school.

We believe that everyone should enjoy our school equally, and feel safe, secure and accepted regardless of color, race, ethnic identity, nationality, gender, gender identity, special needs, popularity, economic status, athletic ability, intelligence, and religion.

Bullying can be pushing, shoving, hitting and spitting, as well as name calling, picking on, making fun of, laughing at, making inappropriate gestures, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as "kids being kids," "just teasing" or any other rationalization. The victim is never responsible for being a target of bullying.

By signing this pledge, we the parents/guardians agree to:

1. Keep my child(ren) and ourselves informed and aware of school bullying policies.
2. Work in partnership with the school to <u>encourage positive behavior, valuing differences and promoting sensitivity to others</u>.
3. Discuss this pledge with my child(ren) before the first day of school.
4. Discuss regularly with my child(ren) his/her feelings about school, friendships and relationships.
5. Inform OFASS administration of changes in my child's behavior or circumstances at home that may change his/her behavior at school.
6. Alert OFASS administration if any bullying has occurred.
7. Report all incidents of bullying to OFASS administration.
8. Participate fully and contribute to helping stamp out bullying at school.

By signing this form all parents and/or students clearly understand that OFASS administration has the right and the authority to dismiss any student at the discretion of the administration for any incidents of bullying or other misconduct toward students and/or adults.

Signed by: _____ Relationship: _____

Print Your Name: _____ Date: _____

Print Child's Name: _____ Grade: _____

Information Sheet for Class Assignment

Student Name: _____.

Student grade during 2009-2010 school year: _____.

Assigned school during 2009-2010 school year: _____.

Please circle school type:

Oakland Public School **Parochial/Oakland** **Parochial/Outside of Oakland**

Private School/Oakland **Private School/Outside of Oakland**

Do you have a sister or brother in the Morning OFASS program: Yes No

Do you have a sister or brother in the Afternoon OFASS program: Yes No

Students will be assigned to classes by site administrator. The following information is used to assist in the scheduling of classes and to ensure adequate teaching staff. Every effort will be made to place your child in at least one of the selected classes. There is no guarantee. All students will be artistically challenged and will leave having had an enriching experience.
Reminder: Continued participation in the program is dependent on satisfying the attendance requirement, appropriate behavior and adherence to classroom and program rules.

Group 1 **Select 1 class / Circle**	Group 2 **Select 1 class / Circle**	Group 3 **Select 1 class / Circle**
Circus	Martial Arts	American Sign Language
Dance	Music: Instrumental	Nutrition & Keeping it Green
Drama	Music: Vocal	Video Production
Modeling	Spirit Team	Visual Arts
Group 1 **Circle 1:**	Group 2 **Circle 1:**	Group 3 **Circle 1:**
Beginning	Beginning	Beginning
Intermediate	Intermediate	Intermediate
Advanced	Advanced	Advanced

My child plays a musical instrument: (circle) Yes No

If yes, name the instrument(s): _____.

State level: (circle) Beginning Intermediate Advanced

My child would enjoy singing in a choir: (circle) Yes No

State level of vocal ability: (circle) Beginning Intermediate Advanced

My child feels extremely comfortable performing alone in front of a large audience:

(circle) Yes No If yes, state area or areas: _____.

Oakland Unified School District
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ICS-Think College Now / 2825 International Blvd, Oakland, CA 94601/ (510) 532-5500

Dear Parents/Guardian/Caregiver: Volunteers are needed to support OFASS. Please indicate if you are available in any of the areas mentioned below. I look forward to another fabulous year at OFASS. Thank you, and see you soon!
Sincerely, Deitra Atkins, Principal

VOLUNTEER FORM – Please check all that apply:

Bulletin Boards:

_____ Design (Design and setup designated bulletin boards.)

_____ Assist teachers with initial bulletin board setup

Traffic Assistance:

_____ 8:00 – 8:35 a.m.

_____ 12:45 – 1:05 p.m.

Indicate days of availability: Circle all that apply:

Monday Tuesday Wednesday Thursday Friday

_____ Video Parent Orientation Meeting/Activities

_____ Video Opening for 1st day of OFASS

_____ Video One or More Sharing Assemblies

_____ Video Culminating Performance

_____ Video Editing

_____ Video Duplication

Note: Volunteer needs to have his/her own video and/or editing equipment available.
Tape/DVDs/CDs will be provided by OFASS.
Master is to be given to the principal.

End of Session Student Bar-B-Q:

Friday, July 23, 2010 / 10:00 p.m.-12 noon

Assist with cooking, set-up, serving, and/or clean-up.

_____ Yes I will assist

Circle One:

10:00-12 noon 10-11:00 a.m. 11-12 noon

Fundraisers/Grant Writing:

_____ Develop Database of Resources

_____ Distribute Prepared Information

_____ Write Grants

_____ Mail and follow-up of written grants

Communication

_____ Writing Announcements

_____ Publish Newsletter

_____ Group E-mail Set-up

_____ Sending E-mails

_____ Other(please indicate):

_____.

Parent's First/Last Name: _____.

Child's First/Last Name:_____ Grade: ____ Teacher: _____.

Daytime Phone #1:(_____)_____ Daytime Phone #2:(_____)_____.

Evening Phone #1: (_____)_____. Evening Phone #2:(_____)_____.