The Sheard Literacy Center
Spring 2014 Literacy Mentoring Program
Co-Sponsored by Our Friends at Corning Inc. of Canton, New York
CORNING

It’s Registration Time!

Who: Students in Pre-Kindergarten through 8th grade interested in literacy activities. Children of all reading levels and abilities are welcome to attend!

What: Literacy Mentoring Program
➢ Small group literacy enrichment activities planned by education students.
➢ Individually designed programs for each child.
➢ Activities created at appropriate levels to aid in literacy expansion.
➢ Complete use of the Literacy Center, including a library with children’s, adolescent, young adult literature, and a computer lab with assistive technology.
➢ A nutritious snack is provided.
➢ This program is completely FREE!

When: Program runs from the week of February 10th through the week of April 28th. Pre-K – 6th Grade: Monday, Tuesday, Wednesday, & Thursday - 3:30-4:30
5th – 8th Grade: Tuesdays & Thursdays Only - 2:30-3:30
*** Attention parents of students from Colton-Pierrepont Central School: Bus transportation is only available on Mondays.***
*** Attention parents of students from Norwood-Norfolk Central School: Bus transportation is only available on Tuesdays and Thursdays.***
***Attention parents of students from Potsdam Central School: Bus transportation is only available on Tuesdays, Wednesdays, & Thursdays for elementary students & Tuesday & Thursday for middle school students.***
***Attention parents of students in grades 5 and 6: Please select the time option that best fits your child’s school schedule. Middle school students also have the additional option of choosing both Tuesday AND Thursday for mentoring.***

Where: Sheard Literacy Center, SUNY Potsdam, Satterlee Hall 104, Potsdam, New York 13676

Why: Our goal is to instill a love of literacy for a lifetime! Literacy is fun and releases itself to imagination and creativity. We provide this type of environment to ensure literacy success for all children.

**Please return registration form by:
Friday, January 17th, 2014
Fax to: (315) 267-3409 or Mail to:
Tina Wilson Bush
SUNY Potsdam - Sheard Literacy Center
Satterlee Hall 104
44 Pierrepont Avenue
Potsdam, NY 13676
**Please feel free to call (315) 267-2073 for additional information or to ask questions
## Spring 2014 Schedule

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<thead>
<tr>
<th>MONTH</th>
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<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<tbody>
<tr>
<td>February</td>
<td><strong>First Day of Mentoring:</strong> 10(^{th})</td>
<td><strong>First Day of Mentoring:</strong> 11(^{th})</td>
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<td>March</td>
<td><strong>SUNY Potsdam Spring Break</strong></td>
<td><strong>March 24(^{th})-28(^{th})</strong></td>
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<tr>
<td>April</td>
<td><strong>School Spring Break</strong></td>
<td><strong>April 14(^{th}}-18(^{th})</strong></td>
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**Director:** Tina Wilson Bush, bushtm@potsdam.edu  
**Coordinators:** Kayla Grant, grantkm192@potsdam.edu  
Lindsay LaSala, lasalalm@potsdam.edu  

**Graduate Assistants:**  
Olivia Parker, parkeroa@potsdam.edu and Liz Ringer, ringereg@potsdam.edu  
😊 If you have any questions please email or call us at 267-2073  

***Please retain this document for your reference.***  

***Only return the remainder of this packet when registering your child.***
SUNY Potsdam Sheard Literacy Center/Corning Incorporated
Mentoring Program

Spring 2014 Registration Form Due by: Friday, January 17th, 2014

(Please print neatly and complete entire form.)

Child’s Name: _______________________________________ Grade/Age __________________________

Parent(s)/Guardian(s): _______________________________________________________________________

Address: ___________________________ Phone: Home ____________________ Cell __________________
(Street address) ___________________________ Work ____________________ Other _________________
(town) (state) (zip code)

Please select the days that would best suit your schedule
by numbering the square listed in front of the day for your child’s school.

Colton-Pierrepont Students: ☐ Monday Only

Potsdam Central Students (Number option – 1 = first choice, 2 = second choice)
☐ AAK Middle School ☐ Tuesday ☐ Thursday
☐ My child is registering for the Tuesday or Thursday 5th-8th grade program. If there are mentors available,
I would like my child to also attend the PreK-6 Mentoring Program from 3:30-4:30 on Tuesdays or
Thursdays. I understand that my child will have a different mentor for the later program.

☐ Lawrence Avenue Elementary School ☐ Tuesday ☐ Wednesday ☐ Thursday

Norwood-Norfolk Central School (Number option – 1 = first choice, 2 = second choice)
☐ Tuesday ☐ Thursday

All Other School Districts: ☐ Tuesday ☐ Wednesday ☐ Thursday

TRANSPORTATION OPTIONS (Please select one)
☐ My child will ride the bus to the Sheard Literacy Center.

☐ I will provide transportation to and from the program for my child.

☐ Is English your child’s first language? If not, what is their primary language? ________________________

To ensure your child has the best instructional experience it would be helpful to know the following:
Does your child have either an ☐ I.E.P. ☐ 504 Plan or ☐ Any other learning disabilities? Please check all that apply. 
Please feel free to elaborate if you feel it will assist us to better meet the needs of your child.

______________________________________________________________________________________________

** In case of an emergency please indicate someone we can contact, other than those listed above. **

Name: _______________________________________ Relationship to Child: ____________________________
Home Phone: ___________________________ Other Phone: __________________________________________

** To ensure the safety of your child, please be certain to complete the above requested information. **
Sheard Literacy Center/Corning Incorporated Mentoring Program
Child Release Authorization Form
Spring 2014

To ensure the safety of my child, I authorize only those people listed below to pick up my child from the Sheard Literacy Center Mentoring Program. All information is kept confidential.

**NO ONE ELSE WILL BE ALLOWED TO PICK UP MY CHILD WITHOUT PRIOR WRITTEN CONSENT.**

Child’s Name: ___________________________ School Attending: ___________________________

Parent/Guardian: ___________________________ Phone: ___________________________

Who will normally pick up your child/children: __________________________________________

Relationship to child/children: ______________________________________________________

***OTHER PEOPLE WHO ARE AUTHORIZED TO PICK UP MY CHILD***

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<tr>
<th>Name</th>
<th>Relationship</th>
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***PEOPLE NOT AUTHORIZED TO PICK UP MY CHILD***

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<tr>
<th>Name</th>
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***Those authorized to pick up will be required to sign each child out before leaving the Center***

***Safety of the children in our program is our top priority. Please be assured your child will always be closely supervised while at the Sheard Literacy Center.***

Does your child have any medical conditions, medications, or allergies that would help us cater to his/her needs? Please check the appropriate box. If yes, we ask you provide explanation in the provided area.

☐ No.  ☐ Yes, my child has the following: ____________________________________________

In an effort to have students participate in active learning, at times a lesson is implemented outside. We would like to ask you permission to take your child outside and on campus field trips.

☐ Yes, I give permission for my child to go outside and on on-campus field trips.
☐ No, I would prefer my child to stay in the Literacy Center.

Due to the highly interactive nature here at the Sheard Literacy Center we often try to document the fun with photographs and videotaping. We would like to ask your permission to take photographs/video of your child.

☐ Yes, I give permission for the Literacy Center to take and use pictures of my child.
☐ No, I would prefer that the Literacy Center does not take photos of my child.

At times our college students may wish to determine your child’s reading level to better plan their lessons.

☐ Yes, I give permission for my child’s mentor to determine their reading level.
☐ No, I would prefer that my child not have their reading level determined by their mentor.

***By providing your e-mail address in the space provided you are indicating that we may e-mail you special notices.***

E-mail address: ________________________________________________________________

Parent/Guardian Signature: ___________________________________________ Date: ________________
Parent Survey

Child’s Name: ____________________________ Age/Grade: __________________ Date: ____________

** Please complete one survey for each of your children participating in the program. Thank you!

To better meet the needs of your child, please take a moment to answer the following questions, and return with the application.

1. Does your child enjoy **reading**?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely

2. Does your child enjoy **writing**?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely

3. Do you believe your child’s **reading** performance is;
   - [ ] Below grade-level
   - [ ] At grade-level
   - [ ] Above grade-level

4. Do you believe your child’s **writing** performance is;
   - [ ] Below grade-level
   - [ ] At grade-level
   - [ ] Above grade-level

5. What do you think your child’s attitude is toward reading/writing? What do you think has created this attitude?

6. Are there any areas in reading/writing that you feel your child needs to improve in? Please tell us about them.

7. What type of information about reading/writing would you like to receive from the Sheard Literacy Center?