



Mercyhurst University's Summer 2021 Carpe Diem Academy is coming to your child's school!

This extended learning day will be held at Diehl Elementary School for children entering 1st, 2nd, and 3rd grade.

The Academy will be held on Mondays through Fridays 9:00am – 2:00pm. The first day will begin on Tuesday, July 6th with the last day being Friday, July 30th.

Transportation will be the responsibility of the parent/guardian. Busing will not be available.

Daily Program:

9:00-9:30: Breakfast, Attendance, Journaling

9:30-10:00: Math

10:00-10:50: Brain Break, Physical Wellness (large and fine motor skills)

10:50-11:45: Community Partner, Special (Art, Centers)

11:45-12:15: Lunch

12:15-12:45: Literacy

12:45-1:15: Math

1:15-1:45: STEM

1:45-2:00: Read Aloud

2:00: Dismissal

You are strongly encouraged to take advantage of this opportunity to enrich your child's education. Sign up today – spaces are limited! There is no fee for your child to attend.

Please return completed form to the school office by Friday, June 4th.

Should you have further questions, please contact the Carpe Diem Office at 814-824-2373.



Student Participation Form

Student Information

Last Name	First Name	Middle Initial	Grade for 2021-2022
Address	City/State/Zip Code	School	
Gender Male Female	Date of Birth	Student ID	
<p>Participant's ethnic and racial identities (optional)</p> <p>Mark one ethnic identity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Mark one or more racial identities:</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>			

Parent/Guardian Information

Mother/Guardian Name	Home Phone Number	Cell Phone Number
Address	City/State/Zip Code	Email Address
Place of Employment	Work Phone Number & Extension	
Father/Guardian Name	Home Phone Number	Cell Phone Number
Address	City/State/Zip Code	Email Address
Place of Employment	Work Phone Number & Extension	

This institution is an equal opportunity provider.

Emergency Contact Information – The following contacts have permission to pick my child up if I am not available.

Name	Relationship to Child	Home Phone	Work/Cell Phone

Medical/Allergy Information

Please list all of the following:

Food Allergies: _____

Medication Allergies: _____

Medical Restrictions: _____

Legal Parent/Guardian of Child (Print Name)

Relationship to Child

Signature of Legal Parent/Guardian of Child

Date



WAIVER AND RELEASE FROM LIABILITY

In consideration of the minor identified below being allowed to participate in the activities provided by or in conjunction with the CARPE DIEM ACADEMY ("Academy"), and any related events and activities, and further intending to be legally bound, the undersigned:

1. Agrees that, prior to allowing the minor to participate, they have the right to inspect the facilities and equipment to be used, if any, and if they believe anything is unsafe, they will immediately so advise the supervisor in charge of such facilities and equipment and refuse to participate.
2. Acknowledges and fully understands that the minor may engage in activities that involve risk of injury, which might result not only from their own actions or inactions, but also from the actions, inactions or negligence of others, or the condition of the premises or of any equipment used. The undersigned further acknowledges that there may be other risks not known to the Academy or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, in the event it occurs.
4. Releases, waives, discharges and covenants not to sue the Academy, Mercyhurst University, any of their affiliate entities, or any of their respective directors, officers, shareholders, agents, or employees; other participants; or the owners of the premises and/or equipment used to conduct the Academy, to all of whom the benefits of this waiver and release from liability shall inure, from demands, losses or damages on account of injury, including damage to property, caused or alleged to be caused in whole or in part by negligence of the releases or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE FROM LIABILITY, UNDERSTANDS THAT THEY HAVE GIVEN UP RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY. I HEREBY REPRESENT THAT I AM THE PARENT OR GUARDIAN OF THE MINOR, AND I HEREBY ACKNOWLEDGE AND AGREE TO THE ABOVE ON BEHALF OF THE MINOR PARTICIPANT, IN MY INDIVIDUAL CAPACITY, AND IN MY CAPACITY AS PARENT OR GUARDIAN OF THE MINOR PARTICIPANT.

Date: _____ [SEAL]

Printed Name Of Signer: _____

Printed Name of Participant

Minor: _____



*Permission Form
Summer 2021*

Student Name: _____

Grade in Fall: _____

School: _____

I, the undersigned, give my permission for:

- My child to participate in the Carpe Diem Academy.
- My child to participate in Carpe Diem Academy field trips throughout the Summer
- My child to be photographed, videotaped, and have his/her written work showcased in the Carpe Diem Academy Newsletter, reports, and other publicity.
- The Carpe Diem Academy to give and receive information regarding my child to the Pennsylvania Department of Education for program evaluation and statistical purposes.

Legal Parent/Guardian of Child (Print Name)

Relationship to Child

Signature of Legal Parent/Guardian of Child

Date