



STILLWATER AREA PUBLIC SCHOOLS

COMMUNITY EDUCATION

651-351-8300 | <http://ce.stillwater.k12.mn.us>

Summer Connections

For students entering grades 8-12

Looking for something fun to do this summer? Summer Connections is a summer club that will give students entering grades 8-12 with developmental disabilities the chance to connect with friends and engage in a typical social life. Meet friends and practice social skills while doing activities and outings such as art, cooking, swimming, bowling, and more! Program participants will share in the planning of activities and field trips once the program begins. Participants who require one-on-one assistance must provide their own chaperone (please indicate this when registering).

Lead teacher Lee Eisenberg is a registered Speech/Language pathologist who has worked with Stillwater Area Public Schools for the last four years.

Questions? Call Community Education at 651-351-8300

There are two separate sections of Summer Connections offered. Sign up for one or both!!

Tuesdays and Thursdays
9:00 am - 12:00 pm
8 sessions • \$99.00
Stillwater Area High School
Room D124

SUCO-001 July 6-29

SUCO-002 August 3-26

Funding for this program is supported by a combination of student fees and a grant from the CCP Foundation of Stillwater. For information on the CCP Foundation, please visit www.ccpfoundation.org.

Registration Form

Mail or deliver to: Stillwater Area Public Schools Community Education Registration, 1875 South Greeley Street, Stillwater, MN 55082
Fax: 651-351-8401 Online: <https://commed.stillwater.k12.mn.us/online> Questions? Call 651-351-8300

Name of Participant	Date of Birth	Grade 2010-11	Gender	Class Title	Class #	Fee
	/ /			Summer Connections		

Special Needs (e.g., allergies) _____

Parent/Guardian _____ Age Group: Adult (19-54) Adult (55-64) Adult (65+)

Email address for Registration Confirmation _____

Address: _____
Street City State Zip Code

Phones (include area code) _____
Home Work Cell

Photographs or videos of classes may be taken and used for district publications, our web page, and/or local news media. If you object to having your child(ren)'s picture used, please check this box .

METHOD OF PAYMENT Cash/Check (payable to ISD 834) MasterCard Visa

Card holder name: _____ Expiration Date: _____ / _____

Account number: _____ - _____ - _____ - _____ Signature: _____