



**St. John's**  
EPISCOPAL SCHOOL



Valerie Barlous - 301-774-6804-ext. 105

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## **Jump Start Advanced 5-6**

**Don't Stumble, SOAR into Upper School!**

**Strategies and Skills ~ Organization ~ Attitude ~ Readiness**

Gain academic skills for Reading, Writing, Mathematics, and High-Order Thinking  
~ Learn Brain Gym exercises to facilitate language and mathematical processing  
and to increase productivity ~ Explore Study Strategies for textbooks and  
experiment with brain-friendly methods to memorize anything for easy retrieval -  
Practice Locker management strategies that will get you to class before that second  
bell rings – Jump Start your summer brain and get in gear for school.

**Participants:** All rising 5th and 6th graders.  
**Location:** St. John's Episcopal School, Room 511 (Mrs. Barlous)  
**Dates:** Monday, August 21 - Friday, August 25, 2017  
**Time:** 9:00 - 11:00 a.m.

**Instructor:** Mrs. Valerie Barlous, MA Edu., Spec. Ed., Reading Specialist  
**Fee:** \$250.00 per student  
**Deadline:** August 13, 2017  
**Register:** Mail or drop off at:  
St. John's Episcopal School  
3427 Olney Laytonsville Road  
Olney, Maryland 20832  
Attention: Val Barlous - Summer Camp

All supplies are provided. Your child needs to bring a snack and bottled water each day.  
No other drink will hydrate the brain for learning.

OFFICE USE:

Name: \_\_\_\_\_

Check No.: \_\_\_\_\_

PMOP: \_\_\_\_\_

Amt. Pd.: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Jump Start Advanced ~ SOAR Summer Camp Registration Form**

Please attach a check for \$250.00 with this form.

Mail or drop off registration at: St. John's Episcopal School - 3427 Olney Laytonsville  
Road, Olney, MD 20832 Attention: Val Barlous - SOAR Summer Camp

Child's Name: \_\_\_\_\_

Check entering grade level: \_\_\_ 5th Grade \_\_\_ 6th Grade

Parent or Guardian who will be picking up child:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

RELEASE: I authorize officials at St. John's Episcopal School to call 911 for emergency treatment in the event it appears necessary. I further agree to allow my child to be transferred by rescue squad in emergency situations.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

All parents must come to Room 511 to pick up your child(ren) promptly at 11:00 a.m. each day.

Parent Signature: \_\_\_\_\_

Preferred Payment Method: Select One

\_\_\_\_\_FACTS \_\_\_\_\_ Credit Card on File \_\_\_\_\_ Check \_\_\_\_\_ Cash