



Welcome to Saturday Morning Experience!

SME is an enrichment program for students in grades 1-8. We meet from September through April from 9am to 12 noon. At each session, the students engage in exciting and enriching lessons that help deepen their understanding and broaden their learning experience. The program is overseen by a faculty member in the Department of Education, coordinated by Trinity graduate students in education, and taught by Trinity undergraduates from a variety of majors across campus. We are so excited to invite you to join our program this year! In this packet of information you will find all the application materials necessary for signing up to participate in SME. Below is a checklist of all the information we need sent back to us. Please don't hesitate to call or e-mail with any questions.

We can't wait to have you join our program!
-- Ileana Sherry, Dayton King, Catherine Quigley - SME Coordinators

Please see last page for program dates

An application will only be accepted if it contains all of the following:

- Registration Packet with all sections completed and all signatures
- Internet Permission, Photo Permission, Important Info, T-Shirt size
- Expectations Agreement for Student Attendance and Participation
- Trinity University Release and Waiver of Liability and Assumption of Risk Agreement
- Scholarship Request Form, if applicable

****Payment will be made *after* you have been notified of enrollment.****

- Payment - Please pay online (via the link we will email to you upon your child's official enrollment), or bring a check to the first SME on September 17, 2016.

ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY, September 4, 2016:

Space is limited. Our program is filled on a first come first served basis.

We encourage you to return the Registration Packet as early as possible. Once grade levels are full, families will be notified of inclusion on a waitlist.

Please send all documents in **one** of the following ways:

MAIL TO:

Trinity University Education Department
Saturday Morning Experience
1 Trinity Place

San Antonio, Texas 78212

EMAIL TO: sme@trinity.edu

FAX TO: (210) 999-7592 (attn: SME)

Contact SME by phone: (210) 999-7580, fax: (210) 999-7592 or email: sme@trinity.edu
<http://sme1.wix.com/trinity-sme>

Registration Packet

Saturday Morning Experience 2016-2017

Child's Name _____ Age _____ Date of Birth _____

Grade Student is Entering (2016-2017 school year) _____

Home School _____ Home District _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Name	relationship	Phone number	Email address

Child's Interests _____

Emergency Contact (alternative to parent/guardian) _____

Phone _____ Relationship to student _____

My child has attended SME or TSE in the past. Y or N If yes, what year(s)? _____

The program has limited space, so returning your registration packet before the deadline is recommended. As there is typically a wait list, we will contact you via email or phone to confirm your child's enrollment status as well as inclusion on a waitlist (if applicable).

If your child's enrollment is confirmed and he/she **did not** participate in a **previous SME**, we ask that you join us for a get-to-know-you session on **September 11, 2016 from 3:00-4:00 pm**. The get-to-know-you session's purpose is to meet new students and allow them to become comfortable with the program and the campus. Additionally, we will describe the program goals and structure to the parents. If you are new to SME, please email sme@trinity.edu to RSVP for the get-to-know-you session.

Cost of attendance is \$200.00 for the year. If a single family has multiple children, tuition for each additional sibling will be \$185. This fee covers 8 regular sessions and includes curricular materials, group field trip (transportation, entry fees, snacks, and lunch), t-shirt designed for the year, zoo classroom fees (in some instances), etc. Additionally, our mentors are compensated for the time they dedicate to making this program amazing for your children. Please know that every tuition dollar is carefully considered and used to support a meaningful program for all students. Once your child has been officially enrolled, please pay online with the link you will receive or bring payment (please make checks out to "Trinity University") to the first SME session on September 17, 2016.

Internet Permission

My child, _____, is allowed to use computers at Trinity University to access websites and information on the Internet under the supervision of the SME mentors.

Parent or Guardian signature: _____

The Trinity Market

Saturday Morning Experience will be working side by side with the Trinity Market to foster a sense of environmentalism in the SME students. It is intended to encourage environmentalism, sustainability, healthy living, and fitness.

SME's participation will consist of each grade visiting the Trinity Market (we are planning once per year for each grade) to learn more about environmentalism, inform the public about their learning, and market items made in the SME classrooms to raise funds for a charity that the students collectively select. Students will be under supervision of the mentor, a coordinator, and parent chaperones while at the Trinity Market.

My child, _____, is allowed to visit and participate in the Trinity Market, under supervision of their SME mentor/s and an SME coordinator as well as participate in selling SME items and goods. We understand that funds raised will not be used by SME, but will be donated to a charity determined by SME students.

Parent or Guardian signature: _____

Photo Permission

May we have your permission to use SME photos (without names) in the SME End-of-Year slideshow? **Y / N**

May we have your permission to use SME photos (without names) in SME materials? **Y / N**

We will conduct brief, child friendly surveys to evaluate the effectiveness of the program and your child will produce a variety of work during the year--all as a regular part of SME. May we have your permission to use your child's work (photos) and survey responses for future projects? Names will not be included and choosing not to consent will not impact your child's opportunity to participate fully in all SME activities. Signature indicates that you understand

work may be used for research or educational purposes and you can change your mind at any time by calling Courtney Crim at 210-999-7584.

Parent or Guardian signature: _____

Child's T-shirt size: Youth S M L XL
Adult S M L XL

Please circle one.

Important Information

Does your child have any special needs that the SME coordinators and mentors should be aware of?

Is your child taking any medications or is there additional medical or learning information we should be aware of? Please be aware that the SME staff cannot administer medication.

Does your child have any allergies we should be aware of?

Expectations Agreement for Student Attendance and Participation:

Student Commitment

I, _____
(print student name)

am a member of SME. I know that this is an exciting program to be a part of, and that everyone is here to learn together. Therefore, I promise my friends and classmates at SME, my mentor teacher, my parents, and myself that I will be respectful to everyone, participate responsibly in activities, and treat materials properly so that we can all do our best learning.

Signed _____
(student signature) (date)

Parent Commitment

We want this program to be fun and rewarding for all involved, so every student's complete participation through regular attendance and acceptable behavior is necessary and expected. If a student is disrespectful to a mentor, coordinator, or peer, then he/she minimizes the unique experience and disrupts the learning environment for the rest of his/her small group. If a mentor and/or coordinator feels that a student has violated these behavior expectations, you will be notified promptly. If your child continues to act inappropriately, we may ask you to withdraw your student from the program. Tuition cannot be refunded when a child is withdrawn from the program.

In order to ensure consistent participation in the Saturday Morning Experience program, we want both you and your child to consider the time commitment involved. It is essential for the learning and teamwork of the group that your child attends every session for the full length, if at all possible. The mentors plan each lesson according to the number of students in their group, so when one or more students are absent periodically, it affects the planned program as well as the cohesion of the group. Please consider this in your decision to enroll in the program.

Parent or Guardian Print Name _____

Parent or Guardian signature _____ Date _____

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

TRINITY UNIVERSITY
STUDENT/PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

Printed Name of Student/Participant: _____

Date of Birth: _____

Course/Activity: Saturday Morning Experience Course Number (if applicable): N/A _____

Instructor/Sponsor: _____ Destination (if travel required): _____

Semester/Dates of Participation: _____

Parent and Participant understand and appreciate that there may be dangers, hazards, and risks inherent in, associated with, or arising out of the Course/Activity, the transportation to and from the Course/Activity, acts by third parties unrelated to the Course/Activity, activities not scheduled by Trinity University (collectively referred to as the "Risks"). Parent and Participant recognize that these Risks could result in injury, illness, property loss, or even death.

For and in consideration of being permitted to participate in the Course/Activity above (including related travel, if any), **PARENT AND PARTICIPANT, THE UNDERSIGNED, HEREBY FULLY RELEASE AND FOREVER DISCHARGE** Trinity University and all instructors, sponsors, agents, employees, officers, trustees and affiliates of Trinity University (collectively "TU"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person or my death or any one or more of the foregoing, arising directly or indirectly out of their participation for any purpose in the Course/Activity, but excluding any gross negligence or willful misconduct of TU. **PARENT AND PARTICIPANT FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS TU** for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys fees and costs of investigation), and actions of any kind or description for any damage to or loss of my property or the property of another, any injury or death to Parent or Participant, or the injury to or death of any other person or any one or more of the foregoing, arising out of Parent or Participant's participation for any purpose in the Course/Activity, but excluding any gross negligence or willful misconduct of TU. By execution below Parent and Participant hereby acknowledge that they recognize and assume all of the risks associated with the Course/Activity.

PARENT AND PARTICIPANT ACKNOWLEDGE THAT IT IS IMPORTANT TO VERIFY THAT THEY HAVE INSURANCE COVERAGE WHICH EXTENDS TO THEM WHILE PARTICIPATING IN THE COURSE/ACTIVITY, AND THAT THEY SECURE SUCH COVERAGE IF THEY DO NOT ALREADY HAVE IT. Parent and Participant understand that TU does not provide such coverage, and that no insurance coverage may exist through TU to cover any injuries or damages which may be sustained or claims which may arise as a result of participation in the Course/Activity.

The terms of this Release and Indemnity Agreement are to be governed by and construed under the laws of the State of Texas, and venue with respect to any dispute arising between TU and any other party that involves this Release and Indemnity Agreement or my participation in the Course/Activity shall be exclusively in Bexar County, Texas. Each provision of this Release and Indemnity Agreement is severable and if one portion is invalid or illegal, such invalid or illegal portion shall not apply, but the remaining portions shall nevertheless remain in full force and effect. Parent and Participant understand that the terms of this Release and Indemnity Agreement are contractual and not mere recitals, and that such terms are binding upon them, their heirs, personal representatives and assigns. In making this Release and Indemnity Agreement, I have not relied upon any statement or representation pertaining to this matter made by TU or any other person or entity which is hereby released.

In the event of an accident or serious illness, Parent and Participant hereby authorize TU to obtain medical treatment for and on behalf of the Parent or Participant. Parent and Participant hereby hold harmless and agree to indemnify TU from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment.

If Parent or Participant drives while participating in this Course/Activity, Parent and Participant hereby warrant, represent, and certify that they personally carry Automobile Liability insurance applicable and effective in the location of the Course/Activity, and that this insurance includes medical payment coverage in the event of an accident.

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN THAT YOU READ AND UNDERSTAND THIS RELEASE PRIOR TO SIGNING IT.

I WARRANT THAT I HAVE CAREFULLY READ THIS DOCUMENT AND KNOW ITS CONTENTS, AND THAT I HAVE EXECUTED THIS DOCUMENT VOLUNTARILY AND AS MY OWN FREE ACT.

Dated this _____ day of _____, _____.

Signature of Student/Participant

If the Student/Participant is not eighteen (18) years of age or older, the signature of Student/Participant's parent or legal guardian is required.

Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY TRINITY UNIVERSITY. I agree to the foregoing conditions on behalf of my minor child.

Dated this _____ day of _____, _____.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Scholarship Request

The Department of Education and Trinity's Center for Education Leadership (CEL) make scholarship support available for SME students from San Antonio districts. Unfortunately, while we would like to help every child who desires to participate in SME, our scholarship funding is limited. Additionally, funding is largely tied to school district participation in the Center for Educational Leadership. The following school districts participate in the CEL: *Alamo Heights, Boerne, Comal, East Central, Ft. Sam Houston, Harlandale, Judson, Lackland, North East, Northside, Pleasanton, Randolph, San Antonio, Somerset, South San Antonio, Southside, Southwest, and Winston San Antonio.*

It would help tremendously, when making scholarship decisions, if you would provide the following information. We will keep this information confidential to the program coordinators and advisers. We do ask that you please re-apply every year, even if you received scholarship consideration in the past. Finally, please know that we continue to keep our program enrollment cost as low as possible as we know that special programs like SME place financial burdens on families and we want to make this program as accessible as possible. Additionally, we are able to work with families if payment plans are requested to spread out the payments.

1. Does your child attend a school located in one of the 18 school districts listed? YES NO
2. In the past, has your student qualified for the federal free or reduced lunch program through your school or district? YES NO
3. How many children in your family (siblings) will be attending SME this year? _____
4. What amount of scholarship assistance would your family need in order to help make your child's participation possible? 25% 50% 75% 90%
5. In the space below, please describe any special considerations you would like us to keep in mind as we make the scholarship determinations. This space is an opportunity for you to provide reason to receive scholarship funds and **is heavily considered when we make decisions.**

2016-2017 SME Calendar of Events

** Please keep this copy for your family's records - do not return this with the application **

Sunday, September 11th	3pm-4pm	New SME students/parents info-session - Chapman Graduate Center - Families new to SME only
Saturday, September 17th	9am-12pm	1 st session! - Pay online with link provided after enrollment, or bring payment
Saturday, October 22nd	9am-12pm	2 nd session
Saturday, November 12th	9am-12pm	3 rd session
Saturday, December 3rd	9am-12pm	4 th session
Saturday, January 21st	9am-12pm	5 th session
Saturday, February 11th	9am-12pm	6 th session *return all field trip forms
Saturday, February 25th	9am-12pm	7 th session
Saturday, March 25th	9am-12pm	Last regular session
Saturday, April 8th	8am-5pm	Field Trip!
Saturday, April 22nd	9am-12pm	Commencement

*For regular sessions, please drop off and pick up at the Chapman Graduate Center (see attached map). We appreciate your efforts to drop off and pick up on time. There may be a sign on Rosewood stating that this is not an entrance to the Trinity Market. **However**, this entry can be used to drop off and pick up SME students.

*If your child is unable to make any of the above dates, please notify his/her mentor as soon as possible.

Online Map for more details:

https://new.trinity.edu/sites/default/files/file_attachments/trinitycampus2013.pdf

Please pick up and drop off at the circular drive in front of Chapman Center (Green STAR on map). Chapman Center is at the end of E. Rosewood Ave off of Shook Ave.

