Great Valley Writing Project at California State University Stanislaus presents special programs in Ripon & Manteca:

# 2010 Writing & Technology Workshop

## Two Summer Programs for Students Entering 4th-12th Grade

Our two-week, 30-hour workshops offer unique opportunities for students to develop their writing and publishing talents. Under the guidance of experienced GVWP Teacher Consultants, participants gain new confidence and skill in an atmosphere that is optimal for productivity and learning. Students explore tools and techniques appropriate to their grade level as they polish, present, and publish their work.

Every day, students will learn new skills, collaborate with peers, and utilize computers. With multiple teachers participating, all participants receive personal attention.

**Publishing projects will include:**

- MULTIMEDIA PROJECTS
- DIGITAL STUDENT ANTHOLOGY
- INTERNET PUBLISHING ON WEBSITES

## Two Sites! – Ripon (June 7-18) – Manteca (July 5-16)

**Ripon (Grades 4-12):** Weekdays, Monday-Friday, June 7th-18th • 8:30-11:30 a.m. at Ripon High School, 301 North Acacia Avenue, Ripon.

**Manteca (Grades 4-9):** Weekdays, Monday-Friday, July 5th-16th • 8:10-11:30 a.m., at the Robert E. Goodwin Education Center, 1271 N. Main Street, Manteca.

**Registration Fee:** $100 per student. (Families who enroll two children may enroll a third sibling at no charge.) Scholarships are available for local students needing financial assistance! Download our scholarship form at [http://imeet.sjcoe.net/wwt/Enrollment](http://imeet.sjcoe.net/wwt/Enrollment) or pick up forms at “Give Every Child A Chance” in Manteca (322 Sun West Place #A).

**NOTE:** To maintain the quality of this workshop experience, we will discontinue services to any student who compromises safety concerns or the learning environment of the program.

## For More Information:

Call the Great Valley Writing Project office at CSU Stanislaus: **(209) 667-3490.**

*Generously sponsored by local businesses and private donations.*
SAFETY NOTICE: These programs end at 11:30 each day. It is important that students are picked up on time. Both school campuses will be closed after 11:30 a.m., so students will be instructed to leave the school grounds. (In case you are delayed, choose a walking route to a safe public location where your child can wait for you.)

SELECT A SITE! □ Ripon High Workshop: June 7-18 □ Manteca Workshop: July 5-16

REGISTRATION AND EMERGENCY TREATMENT FORM

Send this completed form (along with a $100 check payable to GVWP) to the following address:
Great Valley Writing Project at CSU Stanislaus • One University Circle #DBH308 • Turlock, CA 95382

Student Name ______________________________________ Date of Birth __________________________
School ___________________________ Current Grade Level (2009-10) ___________
Parent or Guardian’s Name:________________________________________________________________
Mailing Address __________________________________________________________________________
City _______________________________________________ Zip __________________________________
Email Address: ___________________________________________________________________________
Home Phone ___________________________ Emergency Daytime Phone __________________________
Physician __________________________________________ Physician’s Phone __________________________
Dentist ____________________________________________ Dentist’s Phone __________________________
Preferred Hospital ________________________________________________________________________
Special Concerns (medication, allergies, etc.) __________________________________________________
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The following consent for emergency treatment in the absence of the parent/legal guardian is given in accordance to the conditions of Section 25.8 of the Civil Code of California.

I, the undersigned parent/person having legal custody of the aforementioned student, a minor, authorize the Writing & Technology Workshop to act as my representative in giving consent for said minor to receive necessary emergency medical services. Such medical services may include x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care judged advisable by any physician or surgeon licensed under the Medical Practice Act on the medical staff of any hospital or dentist licensed under the Dental Practice Act. Such diagnosis or treatment may be administered at the office of said physician/dentist or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. The following are exclusions to my authorization:

□ No Exclusions □ Exclusions Listed Here: ________________________________ ___________________________

I authorize any hospital that has provided treatment to the above-named minor in accordance to the conditions of Section 25.8 of the Civil Code of California to release the minor to my listed agent(s) when treatment is completed. This authorization is given in accordance to Section 1283 of the Health and Safety Code of California.

Parent/Legal Guardian Signature ________________________________ ___________  Date _____________________