

Saint Paul Public Schools and the East Metro Integration District

CONCORDIA UNIVERSITY, St. Paul  
DUAL LANGUAGE LEARNER ACADEMY

275 Syndicate Street N, St. Paul

Grades K-8



For all students from Kindergarten to 8th grade.



Monday, July 27 through Friday, August 7, 2009

9 am through 3 pm weekdays, on the Concordia University campus

*Are you looking for something to do this summer? Come meet new friends while participating in fun and engaging academic activities that will include the study of literacy, languages, craft making, guitar playing, dance, writing, cultural activities, gardening, tennis, nutrition, science, and more.*

*You will participate in sports and games played around the world.*

The deadline is May 16<sup>th</sup> for participation.



Bus transportation, with stops similar to school bus routes, will be provided for Saint Paul and East-suburban residents.



Both breakfast and lunch are provided free to all participants.

**\$ FREE!!!**

Funding for this program is provided by Saint Paul Public Schools and the East Metro Integration District.

**For additional information or for applications, contact:**

**Concordia University:** Professor Sally A. Baas, Ed.S., Co-Director, Hmong Culture and Language Prog.

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Nao Thao, B.S., Co-Director, Hmong Culture and Language Prog. (P) 651-603-6188 (Cell) 651-675-9763

**Saint Paul Public Schools Contact:** Stephen Severance, 651-487-7363, [Stephen.severance@spps.org](mailto:Stephen.severance@spps.org)  
Steffanie Christofore, 651-487-7365, [Steffanie.christofore@spps.org](mailto:Steffanie.christofore@spps.org)

**Registration form for the Dual Language Learner Academy for grades K-8**

**This program will run from July 27- August 7, 2009**

Today's Date: \_\_\_\_\_/2009

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female

Street Address: \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Cellular/Other

**How will participant be transported to and from the program?**

Select the appropriate: \_\_\_\_\_ Walker \_\_\_\_\_ Participant will drive \_\_\_\_\_ Other  
\_\_\_\_\_ Pick up/Drop off \_\_\_\_\_ School/District Bus (Confirm availability with District)

I authorize the following individuals to pick up my child \_\_\_\_\_ from camp.

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_  
Child's Name

(For 2008-2009 School Year)

Participant's Grade Level: \_\_\_\_\_ / District & School Attended (See below.)

A) St. Paul Public School Dist. #625- (School attended 08-09) \_\_\_\_\_

B) EMID Member Dist.: \_\_\_\_\_ (School attended 08-09) \_\_\_\_\_

C) Other Dist: \_\_\_\_\_ (School attended 08-09) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Last First MI

Is Parent Address & Home Telephone the same as the student's? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If different) Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

