



## Wallenpaupack Middle School 2024-25

### Our Mission:

Through facilitating collaboration between middle school students and members of the community, we envision building a long-term network of relationships, mutual learning and service between generations and across the region. By providing a format for students to explore a wide variety of topics in real-world fashion, we aim to empower and inspire students to dream of what they can do and be, and give them a chance to answer the question: *What would you like to learn?*

### Who can come?

Any student in 6th, 7th, or 8th grade -- Signups are on a first-come-first-served basis. *Space is limited.*

### When and where does it happen?

Every Wednesday beginning September 18, 2024.

Students will meet after school and take a bus to our "home base":

Sept-Dec and April-May: Hawley Public Library

Feb-March: Lackawanna Community College (in the Silk Mill)

On special occasions Pop-Up Club will travel by bus to other destinations or take walking field trips. Such information will be provided in Pop-Up Club's monthly calendar card and sign-up sheet.

### How do I find out about schedules/topics?

*The schedule of Pop-Up Club activities will be posted and available each month.*

SEE **Ms. Schmidt in Room 318** for permission slips, seasonal calendar cards and to sign up.

CHECK OUT The Cooperage Project's Facebook page or website: [thecooperageproject.org](http://thecooperageproject.org).

LISTEN to the Announcements!

\*Have your ADULTS SIGN UP for Remind app to communicate with club leaders: [remind.com/join/7kkg4g2](https://remind.com/join/7kkg4g2)

**\*\*PLEASE COMPLETE THE PERMISSION SLIP ON SECOND PAGE AND RETURN TO MS. SCHMIDT IN 318\*\***

This after school program is a collaboration between:

The Cooperage Project, Wallenpaupack Area School District, Lackawanna College, and The Hawley Public Library.

The Cooperage Project | 1030 Main Street Honesdale, PA | [thecooperageproject.org](http://thecooperageproject.org) | 570.253.2020

For information or questions email Maggie Lehrian, Club Coordinator: [maggie@thecooperageproject.org](mailto:maggie@thecooperageproject.org)

## POP-UP CLUB PERMISSION SLIP

This permission slip provides Pop-Up Club's staff information regarding your child and will be stored throughout the school year. If changes occur to this information, please notify Ms. Schmidt and Maggie (Club Coordinator).

Child's Name \_\_\_\_\_ Grade \_\_\_\_ Homeroom \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Emergency Contact (other than parent) – Name + Phone Number(s) + relation to child

Please indicate how your child will be departing from Pop-Up Club: *\*NOTE: NO PICK-UPS FROM THE SCHOOL*

\_\_\_\_\_ My child will be picked up at 5:00pm at The Hawley Public Library (103 Main Ave Hawley PA 18428).

*\*In February and March pick-up is from Lackawanna Community College (8 Silk Mill Drive, Hawley, PA 18428).*

*The following people are authorized to pick up my child:*

**OR**

\_\_\_\_\_ My Child will ride the late bus home from Pop-Up Club - **BUS ROUTE** \_\_\_\_\_ (See routes on back)

*PLEASE NOTE THE SCHEDULED STOPS FOR THE LATE BUS DIFFER FROM THE REGULAR BUS. CALL 570-226-4557, SELECT DISTRICT OFFICE AND ASK FOR TRANSPORTATION.*

Child's Doctor - Name and Phone # \_\_\_\_\_

*In the event of an emergency and the parent(s)/guardian(s) or emergency contacts cannot be reached, do you authorize program staff to take your child to the emergency room? Initial: YES \_\_\_\_\_ NO \_\_\_\_\_*

Does your child have allergies? Please list. \_\_\_\_\_

Does your child have any type of medical condition or need special accommodations? If yes, please explain.

Tell us a little about your kid! \_\_\_\_\_

→Please sign up for the Remind app to message club leaders and stay updated: [remind.com/join/7kkg4g2](https://remind.com/join/7kkg4g2)

*\*You **must** have the app to send messages to club leaders via Remind\**

**PHOTO RELEASE: AS THE ABOVE NAMED CHILD'S LEGAL GUARDIAN, (circle one:) I DO / DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED FOR THE PURPOSE OF DOCUMENTATION AND PROMOTION OF POP-UP CLUB. IN GRANTING THIS REQUEST, IT IS UNDERSTOOD THAT NO PERTINENT INFORMATION ABOUT THE CHILD WILL BE DISCLOSED.**

GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_