KEEP THIS FLYER FOR YOUR RECORDS

CAMPBELL'S NIGHT ALIVE
2026
SUMMER PROGRAM

Program Dates:
JUNE 8, 2026 thru JULY 17, 2026

Summer Program Days-
Monday, Tuesday, Wednesday, Thursday (NO FRIDAYS)

Program Times:
8:30am-4:30pm
MEET IN THE CAFETERIA

Program Grade Levels(STUDENTS MUST ATTEND CAMPBELL):
5th, 6th, 7th and 8th Grades

Questions Please Call
Mrs. Burnam 386-882-2692

PLEASE PICK UP YOUR CHILD(REN) BETWEEN 4:15-4:30 AT THE BUS LOOP

TURN THIS FORM IN TO THE MAIN OFFICE OF CAMPBELL MIDDLE SCHOOL WITH ALL AREAS FILLED OUT COMPLETELY

Campbell's Night Alive (CNA)
21st Century Community Learning Center (CCLC)
Student Registration Summer Application 2026

Student's Last Name:	**Student's First Name:**	
Race: Black □ White □ Hispanic □ Pacific Islander □ Other □ _____		
Student's Grade Level This Year 2025-2026:	**Alpha Code: Today's Date:**	
Student's Address:	**City:**	**Zip:**
Student's Date of Birth:	**Age:**	**Male □ Female □**
Primary Language: English□ Spanish□ Other□	**Free lunch □ Reduced Lunch □ Regular Payment □**	
Exceptional Education: ESE □ ESOL □		
Mother's Name	**Mother's Cell Phone:**	
Mother's Address:	**Mother's Home Phone:**	
Mother's E-mail:	**Mother's Work Phone:**	
Father's Name	**Father's Cell Phone:**	
Father's Address:	**Father's Home Phone:**	
Father's E-mail:	**Father's Work Phone:**	
Siblings that currently attend <u>THIS</u> school:		

Student Medical Concerns

Does your child have any special medical concerns that we need to be aware of? Allergies? Medication? Other? Please explain:

Authorized persons (must be 18 or older) to pick up my child: The following are individuals that have my permission to pick up my child upon providing proper identification to the CNA staff.

Name	Phone One	Phone Two	Relationship to student

PROGRAM OPERATES IN THE CAFETERIA
SUMMER SESSIONS- Monday, Tuesday, Wednesday and Thursday
8:30am-4:30pm

Breakfast and Lunch Included

Please check:
My child will be picked up by an adult □ **My child will walk home □**

<u>Reminder</u>: The CNA program is an extension of the academic year. Therefore, all school rules are in effect. Failure to follow the rules could result in disciplinary action, up to and including removal from the program.

Parent Signature: Date:

School District of Volusia County

Media Production Release Authorization

I, _____, hereby assign all rights to the photographs, video and / or
Print Name of Participant

sound recording made of me to the SCHOOL BOARD OF VOLUSIA COUNTY, FLORIDA, for the school year _____. I hereby authorize the performance, display and reproduction of pictures and sound contained in any production, without limitation as an educational resource. I hereby waive any right to inspect or approve the finished photographs, sound track/video, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that might be applied.

I agree that the producers, the SCHOOL BOARD OF VOLUSIA COUNTY, representatives, and assigns are released from any liability for claims arising out of the use of photographs and/or sound/video recording in any production.

I certify that I am over 18 years of age, or have the expressed consent/permission of parent or guardian.

_____
Participant Signature

_____
Parent or Guardian Signature

_____
Parent or Guardian -- PRINT Name

_____
Date

School_____

CAMPBELL'S NIGHT ALIVE

STUDENT BEHAVIOR CONTRACT

CNA Parents/Guardians:

CNA has a high standard of success and we want to make sure that all parents and students are aware of our policies. Please read over the Student Behavior Contract with your students so they are clear on our expectations. Please sign that both you and your student understand all of the expectations. If you have any questions please feel free to contact **Mrs. Burnam-Hoyt, 386-882-2692, enburnam@volusia.k12.fl.us.**

ALL CNA students MUST follow the Campbell Codes:

BE RESPECTFUL

BE RESPONSIBLE

BE COOPERATVE

BE SAFE

Any students that break the Campbell Codes and/or Volusia County Code of Conduct will be given consequences that are include but are not limited to the following:

ANY FORM OF PHYSICAL VIOLENCE OR AGGRESSION WILL RESULT IN IMMEDIATE EXPULSION

1st Infraction- Conference with Student/Verbal Warning/Behavior Letter Sent Home

2nd Infraction-Loss of privilege and/or activity Student and Parent Conference/Behavior Letter Sent Home

3rd Infraction:

- **Suspension from CNA**
  - 1 day suspension for not following directions given, improper use of equipment
  - 2 days suspension for any profanity used in any area
  - 3 days suspension for disrespecting others
  - 4 days suspension for being out of area without permission/not keeping hands and feet to him/herself
- **Expulsion from CNA-**
  - Students that instigate, start or participate in any form of fighting will result in expulsion from CNA, even if it the first offense. This includes "play fighting" and "slap boxing".
  - Students that have 3 behavioral notes home will be expelled from CNA upon their 4th infraction

The following will not be allowed during CNA:

- Difficulty Listening & Following Direction
- Not keep hands, feet or objects to him/herself
- Profanity used
- Talk during instruction time; interrupting the learning process
- Misbehaved while walking in line and/or Transitioning
- Talked back to an adult; Being disrespectful to teachers and/or others
- Improper use of Equipment
- Out of area without permission

Parent's Signature: _____

Student's Name: _____

Student's Signature: _____

CNA Staff Signature:_____