

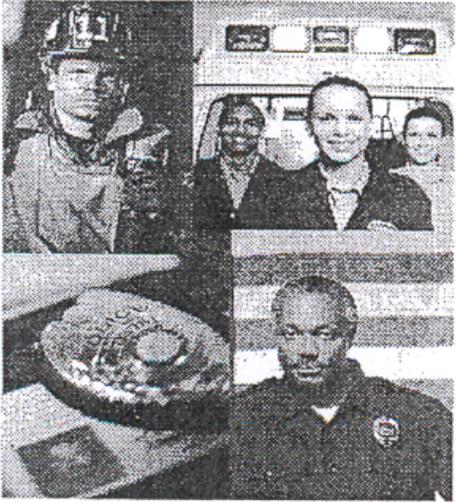
The Greater Hartford Public Safety Academy



Summer Academy Application Packet



Contact CREC Magnet School Office
(860) 524-4096



CREC to Offer Summer Public Safety Academy

The Capitol Region Education Council in July will offer a free public safety summer academy at the CREC Metropolitan Learning Center, located in Bloomfield, CT. for middle school students from Greater Hartford.

The Public Safety Interdistrict Academy is a four-week full-day program designed for students, who will be entering grades 6, 7 and 9 in the fall and who have an interest in pursuing a career in firefighting, state and local police work, homeland security, and emergency medical services.

The curriculum of the Summer Academy will closely mirror elements of the Greater Hartford Public Safety Academy that CREC will open in the fall of 2008. The Public Safety Academy is currently enrolling students for grades 6, 7, and 9.

Participants of the Summer Academy will be involved in class and field activities that have been planned by CREC and its public safety partners. Students will take field trips to a variety of public safety academies and training facilities to see public safety, law enforcement, and emergency medical professionals in action.

All public safety agencies throughout the state have a severe shortage of qualified candidates. Often, applicants lack the academic skills, communication skills, leadership skills, interpersonal skills, and specific science and mathematics skills needed for jobs in public safety agencies.

Students, working with professionals in public safety agencies through this program, will have both classroom instruction and field experiences that will help them develop academic skills that are required for work in the public safety sector. Students will also come to appreciate the racial, ethnic, and socioeconomic diversity that exists in Greater Hartford. It is critical that public safety professionals are able to relate and communicate successfully with individuals from a wide variety of demographic backgrounds.

PLEASE COMPLETE THE ENCLOSED APPLICATION PACKET AND MEDICAL FORMS

The program is operated in partnership with Hartford Police Department, Hartford Fire Department, East Hartford Police Department, East Hartford Fire Department, Manchester Police Department, Manchester Fire Department, West Hartford Police Department, West Hartford Fire Department, Connecticut State Police, Connecticut's Department of Emergency Planning, and Homeland Security, St. Francis Hospital's Department of Emergency Medicine

The Greater Hartford Public Safety Academy Summer Academy

July 7- August 1, 2008
8:30 a.m.-3:00 p.m.

For students entering grades 6, 7, & 9

Registration is due by June 13, 2008.

This is a FREE program for students

**In most cases transportation will be provided

Student Name (*print clearly*)

Incoming Grade as of September 2008

Street Address

Town

Zip Code

Gender

Parent Name (*print clearly*)

Home Phone Number

Student Date of Birth

Parent Work Phone Number

Name of school currently attending

Parent Cell Phone

City of school currently attending

Please return the completed application to:
Capitol Region Education Council
c/o Magnet School Office
111 Charter Oak Avenue
Hartford, CT 06106

- Please check here for more information regarding our new Public Safety Academy opening in the Fall, 2008.

*If you have any questions, you may contact the Magnet School Office at (860)524-4096

Greater Hartford Public Safety Academy Summer Academy Medical Information Form

Student Name _____ Date of Birth _____
 Address _____ Telephone _____ Cell _____
 ID No _____ School _____ Grade _____ Work Tel _____

Please complete the following questionnaire, providing information that will help to safeguard your child. The school health staff will review the information and be in touch with you if there are any questions or further information is needed.

Has your child had any of the following? (All items must be checked "yes" or "no")

		YES	NO
1.	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
	Food(s) _____	<input type="checkbox"/>	<input type="checkbox"/>
	Bee Stings/Insect Bites _____	<input type="checkbox"/>	<input type="checkbox"/>
	Medications _____	<input type="checkbox"/>	<input type="checkbox"/>
1a.	Does your child have an EpiPen?	<input type="checkbox"/>	<input type="checkbox"/>
1b.	Does your child need Benadryl?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Asthma/Wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
2a.	Is your child using an asthma inhaler/pump?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	Frequent nose bleeds?	<input type="checkbox"/>	<input type="checkbox"/>
	Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>
	Hemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Heart Problems?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Chest Pain?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your child take any daily medications? If yes, please list medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions or if your child has any other medical conditions, please explain below

Child's Doctor/Clinic _____ Telephone _____
 Hospital of Choice: CCMC St. Francis UConn Medical Center Other _____

To the best of my knowledge the above information is complete and accurate.

Date _____ Name of Parent/Guardian _____
 Parent/Guardian Signature _____
 Emergency Contact Name _____ Telephone _____