



Crazy 8^s

SUMMER 2023 club

Crazy 8's Math Club Summer Session is a Saturday afternoon recreational math club for rising 4th – 6th grade students facilitated by Yellow House staff and teen volunteers. The program's mission is nothing short of a massive culture change: enabling kids to enjoy math as much as (or more than!) they would enjoy sports, music and all their other extracurricular recreation all while helping to overcome their anxiety around math and build confidence making new friends and having fun.

The 7 week schedule for the program is as follows:

The program will be held on Saturday afternoons from 12:15 p.m. – 1:45 p.m. at the Yellow House (554 South Main Street) across the street from Cheshire High School.

WEEK #1:	Saturday, July 8 th	Neon Geometry
WEEK #2:	Saturday, July 15 th	Bouncy Dice Explosion
WEEK #3:	Saturday, July 22 nd	Spy Training
	No Class Saturday, July 29 th	
WEEK #4:	Saturday, August 5 th	Crazy Card Club
WEEK #5:	Saturday, August 12 th	Daring Darts
WEEK #6:	Saturday, August 19 th	Funny Money
WEEK #7:	Saturday, August 26 th	Toilet Paper Olympics



FREE PROGRAM! for Cheshire residents

Crazy 8's Club is open to rising 4th-6th grade Cheshire students, including non-residents who currently attend school in Cheshire

What is Crazy 8's?

It's a get-up and move math club that's purpose is to show that math is fun and recreational, not compulsory, in order to change our culture and get kids to think of math as fun. We welcome all kids, those who enjoy math as well as those that may need a little extra math motivation. The club is designed to help kids appreciate the math that's all around them.

Positive aspects of program:

- Reduce anxiety around math
- Builds confidence
- Turn math into a social bonding activity

Registration deadline is **Friday, June 16, 2023**

Forms can be dropped off at the Yellow House OR mailed to:

Cheshire Youth Services
Attention: Crazy 8's Math Club
84 South Main Street
Cheshire, CT 06410

For more information please contact Lauren or Alex at Cheshire Youth Services at (203) 271-6691
or send an email to yellowhouse@cheshirect.org



TOWN OF CHESHIRE
DEPARTMENT OF HUMAN SERVICES
YOUTH SERVICES DIVISION



84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
Telephone (203) 271-6690 FAX (203) 271-6626
Website: <http://www.cheshirect.org/youth-services>



REGISTRATION/PERMISSION FORM

Please complete this form and return it by Friday, June 16, 2023 to: Cheshire Youth Services, 84 South Main Street, Cheshire, CT 06410.

Note: There is very limited space (min./max) of 8/15 students available for this program so send your registration form and payment in early.
Forms received after space has been filled will be put on a waiting list and will have the opportunity to participate in the next session of CRAZY 8's.

Student's Name: _____ **Grade:** _____ **Gender:** _____

→ Please select your child's school:

____ Chapman ____ Doolittle ____ Highland ____ Norton ____ St. Bridget's ____ Other: _____

Parent/Guardian Name(s): _____ **Primary Cell ph.:** _____

Home Address: _____ **Home Ph.:** _____

Parent/Guardian E-Mail: _____ **Secondary Cell ph.:** _____

Emergency Contact Name: _____ **Home Ph.:** _____

Contact's Relationship to Child: _____ **Cell ph.:** _____

Please list any medical problems or allergies that our staff should be aware of. _____

I/WE, _____ give permission for _____ to participate in the Cheshire Youth Services CRAZY 8'S Math Club. I/WE are aware of the purpose and scope of this activity and accept responsibility for the normal and general risks involved in this activity. If it is necessary for my child's health to have emergency transportation and medical care administered, I give permission for the Program Supervisor to authorize this care for my son/daughter if I am unable to do so.

Please list any insurance and medical practitioner information that will assist the Program Supervisor/Coordinator in obtaining prompt medical treatment for your child below.

(Parent or Guardian Name - Printed)

(Parent or Guardian Signature)

(Date)



TOWN OF CHESHIRE
DEPARTMENT OF YOUTH & SOCIAL SERVICES
84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
Telephone (203) 271-6690 FAX (203) 271-6626

CRAZY 8's Math Club - SUMMER 2023

DEMOGRAPHICS (Please check one in each category):

Note: We provide certain demographic information from this form to the State of CT Department of Education, Department of Children, Youth & Family Services and Court Support Services Division for statistical data and research purposes. All names and personal information is kept confidential.

Student's Name: _____ **Gender:** _____ **Age:** _____

School: _____ **Grade:** _____

Race:

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/ Pacific Islander
- _____ Multi Racial
- _____ White/Caucasian
- _____ Prefer Not to Answer

Ethnicity:

- _____ Hispanic/Latino
- _____ Non-Hispanic/Non-Latino
- _____ Prefer Not to Answer

Family:

- _____ 2 Birth Parents
- _____ Adoptive Parents
- _____ Step & Birth Parent
- _____ Single Parent Female
- _____ Single Parent Male
- _____ Grandparent
- _____ Relative/Guardian
- _____ DCF (Dept. of Children & Family)
- _____ Foster Parent
- _____ Joint Custody
- _____ Other

Student Photo Release

Occasionally, pictures and/or video are taken during Cheshire Youth Services programs and events. Some of these pictures may be used in newsletters, flyers and advertisements, put on the official Cheshire Youth Services/Yellow House and Town websites, Official CYS/Yellow House Facebook or Shutterfly Website, or used in local newspapers. This portion is to be completed by a parent/legal guardian, unless the student is over 18 years of age; and returned to Cheshire Youth and Social Services.

If you have any questions or concerns, please contact us at 203-271-6690,
or cheshireyouthservices@cheshirect.org. Thank you.

_____ I **DO** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

_____ I **DO NOT** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

_____ Child's Name	_____ Age	_____/_____/_____ Birthdate	_____ Parent/Legal Guardian Name (print)
_____ Parent/Legal Guardian Name (signature)			_____ Date