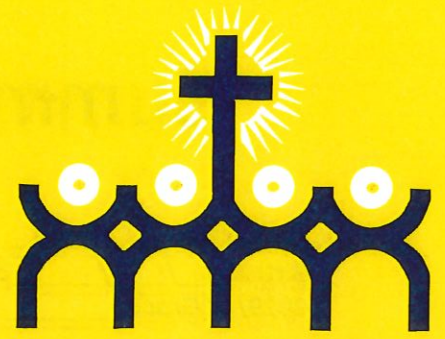


2019 St. Francis School Summer Camps



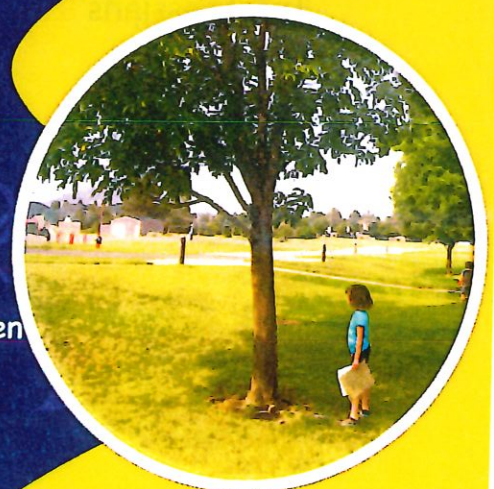
St. Francis of Assisi Catholic School will be hosting a seven week summer program designed to keep your child's brain engaged! Each week focuses on a variety of fun, project-based activities that will motivate and inspire your pre Kindergarten* through 5th grade child.

Operating hours: 7am to 5pm
Cost: \$185/week if registered by May 17, 2019
\$225/week, non refundable.

June 24-28 : Project Olympian
July 8-12 : Project Lego Build
July 15-19 : Project Wild
July 22-26 : Project Learning Tree
July 29-Aug 2 : Project Engineer
Aug 5-9 : Project Create
Aug 12-16 : Project Wet

Families will be required to provide snacks, lunch and a water bottle. In order for adequate staffing, all weeks require a \$50 deposit on the date of registration.

* All 3-5 year olds must have attended Preschool, Pre Kindergarten or Kindergarten at St. Francis of Assisi Catholic School during the 2018-19 school year. To register, please contact school office.



Summer Camp Registration

Child Name _____
 Birthday ___/___/___ Sex ___ Age ___
 2019/20 Grade _____

Child Name _____
 Birthday ___/___/___ Sex ___ Age ___
 2019/20 Grade _____

Child Name _____
 Birthday ___/___/___ Sex ___ Age ___
 2019/20 Grade _____

Child Name _____
 Birthday ___/___/___ Sex ___ Age ___
 2019/20 Grade _____

June 24-28 _____

July 8-12 _____

July 15-19 _____

July 22-26 _____

July 29-Aug 2 _____

Aug 5-9 _____

Aug 12-16 _____

Please legibly write child's name on each week they will be attending

\$185-deposit due by May 17, 2019

\$225- deposit after May 17, 2019

Total Sessions _____ X $\frac{\$50 \text{ deposit}}{\text{per student/per week}}$ = _____
Total

Office use only

Child Care Form on File: _____ Paid: _____ Date: _____ Initial: _____

Child Enrollment and Authorization

Child's Last Name		Date Entered Care	
Child's First Name		Age at Entry to Care	
Child's Nickname		Date of Birth	
ALLERGY ALERT: Does child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies on back side of form			
Parent or Guardian Contact Information			
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
Name (first, last)		Relationship	
Home Address		City	Zip
Home Phone		Work Phone	
Employer and Work Hours		Cell Phone	
Work Address		City	Zip
Required Emergency Contact Information -person other than parent or guardian that is authorized to pick up child			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
Non-Emergency Contact Information -person other than parent or guardian that is authorized to pick up child			
Name (first, last)		Phone	Relationship
Name (first, last)		Phone	Relationship
Medical/Dental Contact Information			
Insurance Provider and Policy Information (if applicable)			
Primary Physician Name		Phone	
Dental Provider (if child is school-age. If none, list dental provider for child care facility)		Phone	
Parent or Guardian Authorization			
Please list any restrictions to permission of the following:			
<input type="checkbox"/> My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).			
<input type="checkbox"/> My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).			
<input type="checkbox"/> My child may be photographed for publicity or news purposes <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			
<input type="checkbox"/> My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.			
In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.			
Parent/Guardian Signature _____			Date _____

Continued on back (additional signature and date)

Child Information

Has your child previously been in child care?	If yes, what type of care and for how long?
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Reason for requesting care

Child General Information- please include all information that will assist us in providing quality care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

Child Medical Information

Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

Other Children in Home

Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:

_____ (Child) attends _____ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): _____ school bus, _____ head start bus, _____ child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify, ie: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc):

Parent/Guardian Signature _____ Date _____