



St. Anthony School

TO: Parents

**RE: Summer Program
June 4 – 29, 2018**

7:30am. – 5:00pm.

The summer vacation will be here soon. We will be providing Summer Care from June 4 – 29 , 2018. We will be closed on Monday, June 11. Students must be signed **in** and signed **out** by an authorized adult.

Payments must be made on Mondays for the week with checks payable to St. Anthony School. If your child does not attend a day(s) of their selected week, credit will not be transferred to another week and refunds will not be made.

We do not have cafeteria service during the summer so you must pack a lunch, snacks and drinks for your child for the day. Please keep in mind they do not have access to a microwave or refrigerator.

If your child will be attending the Summer Care Program please complete the attached form and attach your registration fee to hold a space.

In order to plan ahead, we ask that families complete the registration form and return it as soon as possible.

Sample day of Summer Program

7:30 – 8:00	Check in	11:00 – 12:00	Lunch
8:00 – 8:30	Exercises	12:00 – 1:00	Recess
8:30 – 9:30	Academic Review	1:00 – 3:00	Outside Games
9:30 – 10:00	Recess	3:00 – 3:30	Snack & Clean up
10:00 – 11:00	Craft Projects	3:30 – 5:00	Free Play



St. Anthony School

Summer Program Registration Agreement

Child Name: _____

Child Name: _____

Entering Grade: K 1 2 3 4 5

Entering Grade: K 1 2 3 4 5

School Attending: _____

School Attending: _____

Mailing Address: _____

Home Phone: _____

Parent/Legal Guardian (Authorized to Pick up Child)

Father's Name: _____

Mother's Name: _____

Work #: _____ Cell #: _____

Work #: _____ Cell #: _____

Medical Conditions/Allergies: _____

Doctor Name: _____ Phone: _____ Medical Ins: _____

Authorized to Pick-Up (other than Parents):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Program runs from June 4 – June 29, 2018 7:30am – 5:00pm

NO program on June 11 – Kamehameha Day

NO Cafeteria service ~ students must pack their own lunch/snacks/drinks.

My child will be attending on the following weeks:

**Daily drop in rate is \$35.00.

June 4 ~ \$150.00

June 18 ~ \$150.00

June 11 ~ \$120.00

June 25 ~ \$150.00

I understand the requirements established by St. Anthony's SUMMER PROGRAM regarding play, snacks and pick-up. I hereby entrust my child to the supervision of the program and in the event of an emergency I request that the named physician be notified of any serious injury, which the qualified staff at St. Anthony is unable to handle. I understand that parents will be notified of any injuries. I hereby grant permission to have my child transported to Maui Memorial Medical Center in the event of injury requiring Emergency Care. I have read the Registration Agreement for the Summer Fun Program and will abide by the rules.

I have attached my non-refundable \$50.00 registration fee per student for Summer Care and understand that payments need to be made on the first day of each week. Credits cannot be transferred and refunds will not be made for days student do not attend the program.

Father Signature

Mother Signature

Date

St. Anthony School

Summer Program Registration Agreement

Child's Name: _____

Please carefully read the following statements. Your initials indicate that you fully understand and will abide to all requirements.

1. _____ I understand payment is due when my child is dropped off on the first day of the week.
2. _____ I understand that the program hours start at **7:30am** and ends promptly at **5:00pm**.
3. _____ My child must be signed in and signed out each day by an authorized adult.
4. _____ My child must stay on campus once they have been signed in.
5. _____ My child will not be released to any person(s) not listed on the registration form.
6. _____ It is my responsibility to pick up or have an authorized adult pick up my child by 5:00pm.
 - I will pay a late fee of \$1.00 per minute after 5:00pm.
7. _____ In case of medical emergency the St. Anthony staff will first attempt to contact me. If I cannot be reached the staff will attempt to contact the person(s) authorized by me in case of emergency.
 - If no authorized person can be reached, treatment will be arranged at the nearest medical facility.
 - I will be financially responsible for all medical and transportation costs incurred on my child's behalf.
8. _____ Should my child have a contagious illness, it is my responsibility to arrange for my child to be picked up immediately.
9. _____ If my child does not attend a day(s) of their selected week, credit will not be transferred.
 - I understand there is a \$25.00 service charge for any returned checks.
10. _____ I understand that if my child manifests disruptive behavior after two (2) supervisor/parent conferences, he/she will be terminated from the program.

I have read and fully understand my responsibilities in the Program.

Father Signature

Mother Signature

Date