



St. Anthony School

Summer Program 2020 Registration Agreement

Child Name: _____

Child Name: _____

Entering Grade: K 1 2 3 4 5 6

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School Attending: SAS

School Attending: SAS

Email Address: _____

Home Phone: _____

Mailing Address: _____

Parent/Legal Guardian (Authorized to Pick up Child)

Parent's Name: _____

Parent'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 dates: June 29 – July 24, 2020 7:30am – 5:00pm (NO program Friday, July 3)

Students must bring their own lunch/snacks/drinks.

All program fees must be pre-paid ~ no exceptions or refunds.

My child will be attending on the following weeks:

All weeks (June 29 – July 24) ~ \$1250.00 (registration fee included)

One time Registration Fee (for weekly enrollment) ~ \$50.00 per student

June 29 ~ \$280.00

July 6 ~ \$350.00

July 13 ~ \$350.00

July 20 ~ \$350.00

I understand the requirements established by St. Anthony School's SUMMER PROGRAM regarding play, snacks and pick-up. I hereby entrust my child to the supervision of the program staff and in the event of an emergency I request that the above named physician be notified of any serious injury, which the qualified staff at St. Anthony School 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 Policies for the Summer Program and will abide by all rules.

Parent/Guardian Signature

Parent/Guardian Signature

Date



St. Anthony School

Summer Program 2020 Policies

Child Name: _____

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

1. _____ I understand all payments are due in advance.
2. _____ I understand that the program hours start at **7:30am** and ends promptly at **5:00pm**.
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.
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. _____ In case of a 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.
7. _____ I will not send my child if they are ill or have a fever.
8. _____ Should my child develop a fever, 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, no credits or refunds will be made.
 - I understand there is a \$25.00 service charge for any returned check.
10. _____ I understand that if my child manifests disruptive behavior after two (2) supervisor/parent conferences, he/she will be terminated from the program (fees are non-refundable).

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

Parent/Guardian Signature

Parent/Guardian Signature

Date