

**Dear Parents,**

Welcome to the Saint Joseph Summer School Program. We are looking forward to a happy healthy summer full of fun. We have a fun summer planned for your children! We have developed a daily schedule packed with fun, high quality, creative learning experiences to enrich your Childs summer. The Summer Program will begin Monday June 17, 2019 running to August 16, 2019.

Summer Program Hours

8:00 a.m. - 5:30 p.m.

\* Water play will begin Monday June 17, 2019 and continue for the remainder of the summer weather permitting.\* **Please come in wearing your bathing suits and sunscreen already applied. Water shoes are suggested for safe outside water play.**

Please have the following items daily: (Everything must be **labeled**.)

- Please bring your own **peanut free** lunch and snacks (if your child is staying longer we suggests two snacks)
- Sunscreen (spray only and sunscreen stick for face)
- Towels
- Change of clothes
- Water shoes
- Water bottle
- Hat (if preferred)
- Sleep mat

Any questions or concerns please email the following:

Mr. Stackhouse [mstackhouse@stjosephschoolwakefield.org](mailto:mstackhouse@stjosephschoolwakefield.org) Lead Teacher of the Program

Mrs. Hinds [ahinds@stjosephschoolwakefield.org](mailto:ahinds@stjosephschoolwakefield.org)

781-245-0796 Early Childhood Program

781-245-2081 Main Office Mrs. Flynn School Administrator



## SUMMER SCHOOL PROGRAM 2019

*June 17- August 16*

Today's Date \_\_\_\_\_

### 1. Student Information

(List all students who will attend; attach additional sheet if necessary)

Participant First Name	DOB	Current Grade	Medications	Allergies
1.				
2.				
3.				
4.				

Please list any Allergies or Special Consideration:

\_\_\_\_\_

\_\_\_\_\_

### 2. Parent/Guardian Information. Check best (first) phone to call in case of emergency

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Student Pick-up Information:  Pick-up Only

Please list people who have your permission to pick-up your child from the program.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Emergency Contact Information

List two people we may contact who know your child and can take full responsibility should you be unavailable.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Summer Program Selection: Specify EACH DAY child(ren) to attend

\*\*There is NO camp the week of July 1 – July 5

Weeks	Monday		Tuesday		Wednesday		Thursday		Friday		Total Cost
Specify:	Full	Cost (\$)	Full	Cost (\$)	Full	Cost (\$)	Full	Cost (\$)	Full	Cost (\$)	
June 17 – 21											
June 24 – 28											
July 8 – 12											
July 15 – 19											
July 22 – 26											
July 29 – Aug 2											
Aug. 5 – 9											
Aug. 12 – 16											

Summer Program Information:

- a. **Hours 8:00 a.m. - 5:30 p.m.**
- b. Full Day **\$70 per day**
- c. Space is limited and is first come first serve.
- d. NO Cancellation / NO Refund Policy
- e. You will be responsible for payment of all days you select.
- f. Sign up only. NO drop in service.
- g. Late Pick-up parents will be charged \$1.00 per minute late fee. Cash or check payment is due to the staff member at the time of pick up.

6. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to the Saint Joseph School to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Saint Joseph School from any claims whatsoever which may arise in said regards.                      Yes                      No

I give my consent to Saint Joseph School to take my child on walking field trips as dictated by the staff of the Summer school program                      Yes                      No

I give my consent to Saint Joseph School to allow my child to use the internet under the supervision of the Summer School Program staff.    Yes                      No

7. Parent/Guardian Consent to Participate in the Summer Program

There will be no refund when school is not in session or for student illness or pro-rating for absenteeism.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to secure medical treatment for my child. The student will be taken to the nearest medical facility Melrose-Wakefield Hospital. Every attempt will be made to contact the parent(s) or emergency contact.

8. Billing will be in 3 payments June, July and August due before the start of each month by FACTS.

I have read and understand the above.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_