



Community of Saints Extended Day

Summer Program

Dear Extended Day Parents and Families,

Welcome to Community of Saints Summer Extended Day Program! We are excited to have you join us this summer. Our Summer Extended Day Program is open to any children in the community entering grades K-5 along with students that attend Community of Saints School.

We would like to get to know each and every family that is a part of our program. In order to build a strong Extended Day community, we would like to encourage every family to communicate frequently with the Extended Day staff.

You will find all the necessary registration forms in the following pages. **ALL** forms must be completed and returned to Extended Day by April 1st to get a reduced registration fee of \$40.00 from the regular \$60.00. The reduced fee will not be applied if all forms are not turned in together by April 1st. Please remember that ***you will be billed for ALL of the days your child is signed up for.***

If you have any questions while completing your summer registration forms, please feel free to contact me by email at khartz@communityofsaints.org. We look forward to seeing you this summer!

Thank you,

Katie Hartz
Director of Extended Day
(651) 457-2510 ext. 109
khartz@communityofsaints.org



Community of Saints Daily Schedule & Activities

Summer 2019

Schedule

Schedule will be followed every day making adjustments for field trip days and special on-site guests

630-730 Open and Free Play
730-800 Small Group Activity offered
800-830 Breakfast
830-930 Outside/Gym
930-1000 Free Play
1000-1030 Morning Snack
1030-1130 Projects/Activities
1130-1200 Free Play
1200-1230 Lunch
1230-130 Outside/Gym
130-230 Quiet Time
230-330 Projects/Activities
330-400 Afternoon Snack
400-500 Free Play
500-600 Outside/Gym

Needed Every Day!

Your child will need to have the following items every day at Extended Day:

- Sunscreen labeled with his/her name.
We cannot share sunscreen. Please make sure your child has sunscreen on before he/she arrives at Extended Day. We will oversee re-application of sunscreen as needed. PLEASE DO NOT SEND AEROSOL SPRAY SUNSCREEN. Lotion Sunscreen only.
- Water Bottle labeled with his/her name.
All children must have a water bottle on-site that is durable. The children can use these water bottles both outside and inside.
- Extra Clothes and Gym Shoes
Please always have an extra set of clothes and gym shoes in your child's cubbie.

Lunch

Children must bring their own lunch unless noted otherwise on the calendar

Refrigeration will only be provided on days we DO NOT have a field trip

Change of Activities

Please be sure to check the "Parent Pipeline" Board and your child's file. If there are changes in field trips, activities, etc. we will post it on the board or place a note in your child's file. There will also be a board of the week's field trips and what is needed for each field trip.

**Community of Saints Regional Catholic School
Extended Day Registration Form
Summer**



A \$60.00 non-refundable fee must accompany this registration.

Date: _____ School Attending in Fall: _____

Child's Name: _____ Date of Birth: _____
(First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contacts/Authorized Pick Ups:

You must list TWO emergency contacts authorized to take your child from Community of Saints as a back up if parent(s) or guardian(s) cannot be reached. ***This may not include parent(s) or guardian(s) listed previously.*** Please make sure to list someone your child is comfortable with.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Child</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Medical Information:	<i>Name</i>	<i>Address</i>	<i>Phone #</i>
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Hospital	_____	_____	_____

Please indicate any health concerns: _____

In the case of an emergency, the police or paramedics may take your child to the nearest hospital for medical treatment. There may be a charge for ambulance service. Your signature below authorizes program staff to use emergency services if necessary, and indicates your agreement to the above mentioned hospital policy.

Parent/Guardian Signature: _____

Should Poison Control need to be contacted, and upon their advice, we may administer Syrup of Ipecac to your child to counter-effect an ingestion of poison. Please sign below, hereby giving program staff permission to follow this policy.

Parent/Guardian Signature: _____

Ethnic Affiliation (for statistical purposes only):

- Caucasian Latino/Hispanic African American Asian
- Native American Pacific Islander Other

Main Language(s) Spoken at Home: _____

Policies and Releases:

By signing this registration form, I grant permission to the Community of Saints Extended Day Program to use names, pictures, and anecdotes for the purposes of educating the public about the services available. I also agree that I have received a copy of the program policies and agree to abide by these guidelines.

Parent/Guardian Signature

Date



EMERGENCY INFORMATION

Student _____
Last Name First M.I.

Birthdate _____

Home Address _____

Home Phone _____

Mother's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Father's Name _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Physician's Name _____

Physician's Phone _____

Clinic & Address _____

Health Concern(s) _____

Allergies Asthma Diabetes Seizures

Please list any allergies or medications.

Please circle all that apply.

Please list people below who are authorized to pick up your child if you can't be reached.

Print Name Address Phone Number Relationship to Child

Print Name Address Phone Number Relationship to Child

Print Name Address Phone Number Relationship to Child



Community of Saints
Extended Day Program

PARENT FEE CONTRACT – SUMMER 2019

Child's Name _____

Grade in the Fall _____

Mother's Name _____

Father's Name _____

June

S	M	T	W	Th	F	S
X	10	11	12	13	14	X
X	17	18	19	20	21	X
X	24	25	26	27	28	X

July

S	M	T	W	Th	F	S
X	1	2	3	X	X	X
X	8	9	10	11	12	X
X	15	16	17	18	19	X
X	22	23	24	25	26	X
X	29	30	31			

August

S	M	T	W	Th	F	S
				1	2	X
X	5	6	7	8	9	X
X	12	13	14	15	16	X
X	19	20	21	22	23	X
X	X	X	X	X	X	X

Full Day Fee: \$30.00/child
Half Day Fee: \$20.00/child

Please indicate, by circling the dates, the days that your child will be attending Community of Saints Summer Extended Day Program.

I agree to pay for the dates my child is registered for the Extended Day Program unless Community of Saints is not in session.

- This includes any absences due to illness, etc. I agree to pay an additional \$1.00 per child per minute if I pick my child up after 6:00 p.m. No exceptions will be granted for this policy. Repeated late pick up may result in the dismissal of your child from the program.

I, the undersigned, request admission to the Community of Saints Summer Extended Day Program for the above child and hereby agree to its tuition and procedures. Further, I agree to give a two week notice in the event that I remove my child from the program. In accordance to the policies, I agree to pay the monthly tuition rate in a timely manner. If not done so, it may result in the removal of my child from the program.

Signature of Parent/Guardian _____

Date _____



Movie Form.

During Extended Day, we will only watch G and PG rated movies. If there are any movies you would not want your child to watch, please list them below and sign your name. If you are okay with your child watching any/all G and PG rated movies, please sign your name below. Thanks!

Child's Name

Grade in Fall

Parent Signature

Date

.....



Pool Permission Form.

I would prefer that my child, _____, swim in:

_____ Kiddie Pool

_____ Big Pool – Shallow End ONLY

_____ Big Pool – Deep End & Diving Board

Please check all that apply as to where you would prefer that your child swim. **Please discuss this decision with your child(ren).**

Child's Name

Grade in Fall

Parent Signature

Date