

Welcome to Summer Safari!



Dear STAR Care Families,

I am very excited to welcome each and every one of you to Community of Saints STAR Care Summer Safari Program! Our summer program is for children entering grades K-5 in the fall. As you and your child prepare for a fun summer, I wanted to give you a brief overview of our summer program...

A Typical Day

A typical day will follow this schedule - subject to change based on field trips and on-site guests.

6:30-8:00 Open and Free Choice	12:15-1:15 Outside/Gym
8:00-8:30 Breakfast	1:15-2:15 Quiet Activities
8:30-9:00 Outside/Gym	2:15-3:00 Projects/Activities
9:00-10:00 Free Choice	3:00-3:30 Afternoon Snack (in classroom)
10:00-10:30 Morning Snack (in classroom)	3:30-4:30 Free Choice
10:30-11:45 Projects/Activities	4:30-5:30 Outside/Gym
11:45-12:15 Lunch	5:00-6:00 Clean Up & Goodbye

Field Trips

In order to help your kids enjoy their summer time, we will be going on field trips throughout the summer months! Additionally, we have several on-site programs! This will always give your child something to look forward to when going to Community of Saints.

Calendar

We provide a monthly calendar that shows field trips and the fun activities we have planned. Please be sure to check the "Parent Pipeline" Board and your child's file for the week's field trips and what is needed for each field trip.

Breakfast, Lunch, & Snacks

Breakfast will be provided each day for your child. If your child arrives after the breakfast time, we will be unable to provide breakfast for him/her. Community of Saints will have a snack in the morning and afternoon. ***A cold lunch must be brought from home every day unless otherwise noted in the calendar.*** Please do not pack anything that may need to be heated up for your child's lunch.

What to Bring Each 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. Water bottles must be brought home EVERY evening and properly sanitized.
- Extra Clothes and Gym Shoes
Please always have an extra set of clothes and gym shoes in your child's cubbie.

STAR Care Summer Safari starts on Monday, June 13 and runs through Thursday, August 25. I am looking forward to a fun-filled summer!

Sincerely, Katie Hartz, Director of Preschool & STAR Care





Community of Saints Regional Catholic School
Star Care Registration Form
Summer 2022

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

Date: _____ Grade in Fall: _____ 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. **Address must be provided.**

<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



Community of Saints
Star Care Program

PARENT FEE CONTRACT – SUMMER 2022

Child's Name _____

Grade in the Fall _____

Guardian's Name _____

Guardian's Name _____

June

S	M	T	W	Th	F	S
X	13	14	15	16	17	X
X	20	21	22	23	24	X
X	27	28	29	30		

July

S	M	T	W	Th	F	S
					1	X
X	X	X	6	7	8	X
X	11	12	13	14	15	X
X	18	19	20	21	22	X
X	25	26	27	28	29	X
X						

August

S	M	T	W	Th	F	S
	1	2	3	4	5	X
X	8	9	10	11	12	X
X	15	16	17	18	19	X
X	22	23	24	25	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 Star Care, 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

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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