Saint Catherine of Siena School - 2017 Summer Adventure Program

SAVE YOUR SPOT TODAY...email p.velsor@scs-school-cedargrovenj.org

Registration Form (*Please fill out one (1) form per child and return to SCS school office before April 28*)

Child's Name:				Age:
Grade entering in September 2017:				
		(circle one)		
Medical Form/Immunization record cur	-	Yes	No	
Birth Certificate currently on file at SCS?		Yes	No	
Summer Adventure Program Hours:				
Half Day: 8:00am - 1:00pm				
Full Day: 8:00am - 5:00pm, pick up by	5:30pm			
Mini Adventure Program				
(Check) Week	(Circle) Session			
Mini Program 6/5-6/9(PK3)	\$125/wk Half Day	or	\$200/wk Full Day	
Mini Program 6/8-6/9(PK4)	\$50/for 2 Half Day	or	\$80/for 2 Full Day	
Mini Program 6/12-6/16 (PK3,4,Gr.K)	\$125/wk Half Day	or	\$200/wk Full Day	
			Total Mini Progra	m Fee Due:
Summer Adventure Program (Childrer	n entering PK3 through	enteri	ng Grade 6, weeks of	June 19- August 14)
(Check) Week	(Circ	:le) Se	ssion	
Summer Program 6/19-6/23	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 6/26-6/30	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 7/5-7/7	\$100/wk Half Day	or	\$175/wk Full Day	(no program on 7/3 & 7/4)
Summer Program 7/10-7/14	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 7/17-7/21	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 7/24-7/28	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 7/31-8/4	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 8/7-8/11	\$125/wk Half Day	or	\$200/wk Full Day	
Summer Program 8/14-8/18	\$125/wk Half Day	or	\$200/wk Full Day	
			Total Summer Pr	ogram Fee:
\$50 deposit per weekly session is req 28. The full balance of fees is due by l				our total fee due, by Apri

Parent's Name:	Totals:
Address:	Total Fee Amount Due:
Cell Phone:	
	Balance Due:
Parent Signature:	Date:

Saint Catherine of Siena School

choo.	39 East Bradford Ave.,	Cedar Grove. N	II 07009 • 973-239-6968

2017 Saint Catherine of Siena School Summer Adventure Program Guide

Adventure Program Dates

The Mini Adventure Program and the Summer Day Adventure Program dates are listed on page one. Hours; Half Day 8:00am to 1:00pm, Full Day 8:00am to 5:00pm, pick up by 5:30 pm, .

Grades/Enrollment in Summer Adventure Program

All grade levels specified reference the grade that your child will be entering in the 2017-2018 school year at Saint Catherine of Siena School. Children entering 3 and 4 year old programs must be toilet trained trained. Children must be 3 yrs old by October 1, 2017. Registration requires 1) Birth Certificate as well as 2) Proof of Immunization **on file** at Saint Catherine of Siena School.

Required Forms

Registration requires an up-to-date 1) Birth Certificate as well as 2) Proof of Immunization to be on file or submitted to Saint Catherine of Siena School by May 12.

Cancellation of Program

Saint Catherine of Siena School reserves the right to cancel programs at any time due to low enrollment facilities constraints, or other conflicts. Full refunds will be issued in those instances.

Withdrawal From Program

The Saint Catherine of Siena Summer Adventure Program undergoes a time-consuming process in arranging for facilities, material, and staff for the summer. Prior to May 12, 2017, parents may cancel reservations and receive a refund of the program cost, excluding a non-refundable deposit/registration fee of \$50 for each week of the program. After May 12 no refunds will be issued. For extending circumstances, contact the Program Director.

Transportation

We do not provide transportation to or from our school.

Lunches

We do not provide lunch for program attendees, however, an assortment of cold drinks, snacks, and ice pops will be for sale each day in the school office. Students may bring snacks with them each day.

Absences

In the event that your child is ill and cannot make it to his/her daily program, parents/guardians must leave a message with us at 973-239-6968 before 8:30am.

Absences: Refund Policy

Saint Catherine of Siena Summer Adventure Program does not issue partial refunds for absences.

Student Conduct

Adventure Program participants are expected to be on good behavior while attending the program. Participants are expected to respect other participants, staff, and campus property. Disciplinary infractions may result in immediate removal of a participant from the summer program.

Dress Code

Participants are asked to wear casual clothing and sneakers. No flip flops. Participants are to bring a bathing suit, towel, and swim shoes with them each day in a backpack. Participants are to wear sunscreen to the program and bring extra sunscreen in their backpacks.

Parent Signature:	Date:

2017 SCS Summer Adventure Program - Emergency Contact Information

Child's Name: (Last)	(First)	
Address:	City:	State:
Home Phone:	Birthdate:	Sex:
Parent (1)		
Name:		
Email Address:		
Cell Phone Number:		
Parent (2)		-0,
Name:		
Email Address:		
Cell Phone Number:		
Allergies:		
Physician:	Phone:	
Person usually transporting child:		
To Summer Program: (Name)		
Cell Phone:		
From Summer Program: (Name)		
Cell Phone:		
Emergency Contact:	Phone:	
Special instructions in case of any eme		
Any other information about your child		
Parent Signature:		Date:
Saint Catherine		

2017 Saint Catherine of Siena School Summer Adventures Program

Permission Requests

I authorize this school program to seek the necessary care and treatment for my child. I also give my permission for those teachers, counselors or aides, trained in first aid to administer emergency care in case of an accident or sudden illness.

Parent Signature: _____ Date: _____

On occasion we take pictures of your child's involvement in our activities. There maybe a time when we would like to include some of those photos in the local newspaper, social media, or hang them around the building. By signing below, you are allowing us to take and use your child's photograph.

Parent Signature:	Date:
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You have my permission for my child to leave the school grounds with his/her program group and counselor to go on walks in the general vicinity of the school.

Parent Signature: ______ Date: _____

