

2024 Summer Adventure Program

Philosophy:

We will provide a safe, engaging and caring environment for your child.

- There will be exciting themed activities and hands-on experiences for the campers throughout the summer.
- The campers will be broken into groups with a lead teacher and camp counselors.
- Library, Gym, and Computer rooms are air-conditioned.

Summer Adventure Program Hours:

Half Day: 8:00am -1:00pm

Full Day: 8:00am - 5:00pm

Summer Adventure Program (Children entering PK3 through entering Grade 5)

June 17 - 24	Full
June 24 - 28	
July 1 - 3	
July 8 - 12	Full
July 15 - 19	
July 22 - 26	Full
July 29 - Aug. 2	



IMPORTANT NOTICE:

In order to accommodate the growing number of participants in our program, it is essential that you register your child for the specific weeks they will be attending camp during the summer. Unfortunately, last year we had to decline some campers who wished to add additional weeks once the program was underway due to our full capacity. To prevent a recurrence of this situation, we kindly request your commitment at the time of registration.

Thank you.



2024 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 with registration fee(s) to SCS school office before May 1)
In order to hold your spot, a \$50 non-refundable registration fee per child is due when form is submitted.

Child's Name: _____ Age: _____

Grade entering in September 2024: _____

(circle one)

Medical Form/Immunization record currently on file at SCS? Birth Yes No

Certificate currently on file at SCS? Yes No

Summer Adventure Program Hours:

Half Day: 8:00am -1:00pm

Full Day: 8:00am - 5:00pm

Summer Adventure Program (Children entering PK3 through entering Grade 5, weeks of June 17- August 2)

<i>(Check) Week</i>			<i>(Circle) Session</i>
FULL June 17 - 21	\$160/wk Half Day	or	\$250/wk Full Day
___ June 24 - 28	\$160/wk Half Day	or	\$250/wk Full Day
___ July 1 - 3	\$96/wk Half Day	or	\$150/wk Full Day (3 days)
FULL July 8 - 12	\$160/wk Half Day	or	\$250/wk Full Day
___ July 15 -19	\$160/wk Half Day	or	\$250/wk Full Day
FULL July 22 - 26	\$160/wk Half Day	or	\$250/wk Full Day
___ July 29 - Aug. 2	\$160/wk Half Day	or	\$250/wk Full Day

PAYMENT SCHEDULE

Payment for summer camp must be made in full (cash or check payable to St. Catherine of Siena School), prior to the start of camp as follows:

Week 1 (6/17 - 6/21); Week 2 (6/24-6/28); Week 3 (7/1 - 7/3) **due by 5/31/2024**

Week 4 (7/8 - 7/12); Week 5 (7/15 - 7/19) **due by 6/21/2024**

Week 6 (7/22 - 7/26); Week 7 (7/29 - 8/2) **due by 7/5/2024**

Total Tuition: _____

Non-Refundable Fee: _____ **+ \$50**

Total Amount Due: _____

Enclosed Deposit: _____

Balance Due: _____

Parent's Name: _____

Address: _____

Cell Phone: _____

Email: _____

Parent Signature: _____ Date: _____

2024 Summer Adventure Program

2024 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)

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 emergency if you cannot be reached:

Any other information about your child we should know:

Parent Signature: _____ Date: _____

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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: _____



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Grades/Enrollment in Summer Adventure Program

All grade levels specified reference the grade that your child will be entering in the 2024-2025 school year at Saint Catherine of Siena School. Children entering 3 and 4 year old programs **must be toilet trained**. Children must be 3 years old by October 1. 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 1.

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.

Transportation

We do not provide transportation to or from our school.

Lunches

We do not provide lunch for program attendees (except on Fridays when campers may purchase pizza and ice cream). All campers bring their own lunch. 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

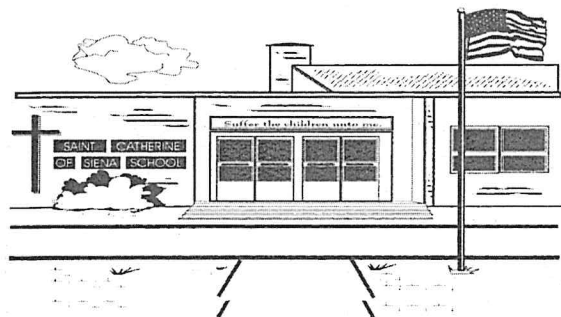
Adventure Program participants are expected to be on good behavior while attending the program. Participants are expected to respect other participants, staff, and campus property. Disciplinary infractions may result in immediate removal of a participant from the summer program.

Dress Code

Participants are asked to wear casual clothing and sneakers. No flip flops. Participants are to wear a bathing suit under their clothes, bring a towel, and swim shoes and change of clothes with them on designated water days in a backpack. Participants are to **wear sunscreen** to the program and bring extra sunscreen in their backpacks.

Parent Signature: _____ Date: _____





ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 Fax 973-239-1008

www.scs-school-cedargrovenj.org

PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM FOR USE BY PARISHES/SCHOOLS AND FOR SUBMISSIONS TO THE ARCHDIOCESE OF NEWARK

Check the appropriate box and complete said section.

Minor (anyone under 18 years of age)

I, _____ (Parent/Guardian Name), hereby authorize Saint Catherine of Siena School (the "Parish/School"), 39 East Bradford Avenue, Cedar Grove, NJ 07009 (Parish/School Address) and the Roman Catholic Archdiocese of Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use _____'s (Minor's Name) name and likeness in any photograph(s)/video(s) from this date _____ (today's date) forward. I understand and agree that any photograph(s)/video(s) shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use including, but not limited to, the Parish/School's and the Archdiocese's print, video, online, and electronic promotional materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or promise to me regarding the quality or editing of any photograph(s)/video(s) taken.

I hereby release and hold harmless the Parish/School and the Archdiocese from any reasonable expectation of privacy or confidentiality associated with the images specified above. I acknowledge and agree that the minor's participation is voluntary; he/she will receive no financial compensation. I acknowledge and agree that publication of said photograph(s)/video(s) confers no rights of ownership or royalties whatsoever.

I hereby irrevocably authorize the Parish/School and the Archdiocese to edit, copy, exhibit, publish or distribute any photograph(s)/video(s) for purposes of publicizing the Parish/School's and the Archdiocese's programs or for any other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the minor's likeness appears. I grant to the Parish/School and the Archdiocese permission to publish the minor's name and use the minor's likeness from the photograph(s)/video(s) taken. This permission extends to the Parish/School and the Archdiocese and any subsequent party that the Parish/School or the Archdiocese may designate that is involved in the production, reproduction, and distribution of the photograph(s)/video(s).

I hereby release and hold harmless the Parish/School, the Archdiocese, their respective contractors, employees, and any related third parties from all actions, claims, damages, costs, and/or expenses, including attorney's fees, brought by myself, the minor, and/or the parent/guardian, which relate to, or arise out of, any use of the photograph(s)/video(s) as specified above.

I have read the above terms and conditions contained in this consent. I understand the contents of this consent and that I am waiving and relinquishing all rights that I may have as set forth above. I also understand that this consent will remain in effect unless and until revoked by me in writing and communicated to the Parish/School.

Adult (minimum of 18 years of age)

I, _____ hereby authorize Saint Catherine of Siena School (the "Parish/School"), 39 East Bradford Avenue, Cedar Grove, NJ 07009 (Parish/School Address), and the Roman Catholic Archdiocese of Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use my name and likeness in any photograph(s)/video(s) from this date _____ (today's date) forward. I understand and agree that any photograph(s)/video(s) shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use including, but not limited to, the Parish/School's and the Archdiocese's print, video, online, and electronic promotional materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or promise to me regarding the quality or editing of any photograph(s)/video(s) taken.

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Authorization:

Name: _____ (if an adult)

Signature: _____

Minor's Name: _____

Minor's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ (if student is under 18 years of age)

Street Address: _____

City: _____ State: _____ Zip: _____

Tel. #: _____ E-mail: _____

Revised 2023