



Saint Vincent de Paul Parish School

## **SUMMER CAMP 2017**

### **Registration**

Students entering K-5<sup>th</sup> grade

- **Summer Hours** - We will open at 7:30 AM and close at 5:30 PM.
- **Full Day or Half Day (4hrs. or less)** are offered.
- **Your child must be clocked in/out every day. This is how we will access your billing.**
- **Drop-ins are not permitted.**
- **Cost - Registration Fee: \$30 per child**
  - Full Week Full Days: \$140**
  - Full Week Half Days: \$80**
  - Full Day: \$35**
  - Half Day: \$20**
- **Payment will be deducted via automatic withdrawal from the bank account provided on the Friday of each week following your child's attendance.**
- **Late Pickups** - There is a late fee of \$5 per minute for the first 5 minutes and \$1 per minute thereafter. Please respect the hours as our staff is not scheduled outside those hours. Your child's enrollment in summer camp may be jeopardized if s/he is picked up late more than 5 times in a month.
- **Enrollment in Summer Camp is a privilege.** The environment must be a safe place where everyone is treated with kindness, courtesy, and respect. Students who cannot meet the behavior requirements will not be allowed to attend. Please assist us by talking to your child about the expectations in our summer camp program.
- **Wet Wednesday**- Every Wednesday we have water play, weather permitting. Please remember to pack sunscreen and labeled water bottles, as well as towels. Have your child dress in their bathing suits in the morning and wear clothes over them. They will be able to change into dry clothes afterwards.
- **Lunch & Snack**- All students need to bring a cold lunch every day. Lunch is not provided over the summer. We will provide a morning snack and we ask that you pack an afternoon snack. We will have a nut free table for those with allergies. All the tables will be properly cleaned after lunch and snacks, and all children will be asked to wash their hands after eating.
- **Electronics**- We will allow non-violent video games to be brought to school and played for the first and last hour only. Any child that does not bring a game to play will be involved in other fun activities, but will not be allowed to watch others play their video games.
- **Medications**-You will need to complete a request form for your child for any medication needs.

# Summer Camp 2017

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_ Religion: \_\_\_\_\_

## Mother/Guardian

## Father/Guardian

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Cell/Pager: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical condition that would necessitate a staff member to administer medication? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I authorize the following individuals to sign out my child from St. Vincent de Paul Summer Camp:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Please Circle the days/weeks your child will be here this summer and indicate whether they will be here Full Day (FD) or Half Day (HD).

**June 2017**

Mon	Tues	Wed	Thurs	Fri
29 Closed	30	31	1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

**\*\*Please note week of May 30<sup>th</sup> & July 24<sup>th</sup> – Full Day/Full Week rate will be \$105 and Half Day/Full Week rate will be \$60\*\***

**July 2017**

Mon	Tues	Wed	Thurs	Fri
3 Closed	4 Closed	5	6	7
10	11	12	13	14
17	18	19	20	21
24 Closed	25	26	27	28

**Aug 2017**

Mon	Tues	Wed	Thurs	Fri
31	1	2	3	4
7	8	9 Closed	10 Closed	11 Closed

**\*August 8<sup>th</sup> is the last day of Summer Camp. We will open August 16<sup>th</sup> for school year Extended Day.\***

## Emergency Care

If I/we cannot be reached immediately in an emergency, I/we delegate full authority and temporary care of the child to the following local relatives, neighbors, or friends:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

In case of emergency, I/we authorize St. Vincent de Paul EDP to call the physician listed (or another if s/he cannot be reached) and follow his/her instructions:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Choice of Hospital:

\_\_\_\_\_

I/we authorize the St. Vincent EDP to call an ambulance or paramedics or fire department, and to follow instructions given. The St. Vincent EDP does not assume any responsibility for the above emergency procedures and does not assume payment for measures taken.

## By signing below I/we agree to all statements given on this application

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please attach a non-refundable \$30.00 registration fee per child to this application\*\***

### OFFICE USE ONLY

Date Rcvd: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

Amount Rcvd: \$\_\_\_\_\_

# Saint Vincent de Paul Parish School

## \*\*\*SUMMER CAMP BANK WITHDRAWAL AUTHORIZATION\*\*\*

Please complete form and ATTACH A VOIDED CHECK. (DO NOT attach a deposit slip)

- USE SAME ACCOUNT AS SCHOOL TUITION  
 NEW ACCOUNT

\_\_\_\_\_  
Name (as shown on bank account)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Student Name/Grade

\_\_\_\_\_  
Student Name/Grade

\_\_\_\_\_  
Student Name/Grade

\_\_\_\_\_  
Student Name/Grade

\_\_\_\_\_  
**Financial Institution**

Checking \_\_\_\_\_ Savings \_\_\_\_\_

\_\_\_\_\_  
**Transit Routing Number** (9 digit bank #)

\_\_\_\_\_  
**Bank Account Number**

I authorize Saint Vincent dePaul Parish School to automatically deduct weekly **Summer Camp Tuition Charges** from the above referenced bank account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford Saint Vincent dePaul School a reasonable opportunity to act on it (*minimum of 7 business days notice prior to effective date*). I understand that it is my responsibility to notify Saint Vincent de Paul School of any change in student(s) enrollment. I understand that Saint Vincent dePaul School reserves the right to terminate this service at any time.

\_\_\_\_\_  
**Signature** (required for validation)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Terms of service:** Debits will be made on the Friday of each week following the student attendance unless that day falls on a weekend or other bank holiday. In the event that the Friday falls on a non-banking day, the debit will be processed on the next available business day. Saint Vincent dePaul School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. Saint Vincent dePaul School will assess a **\$25.00 NSF FEE** on all transactions returned for non-sufficient funds.