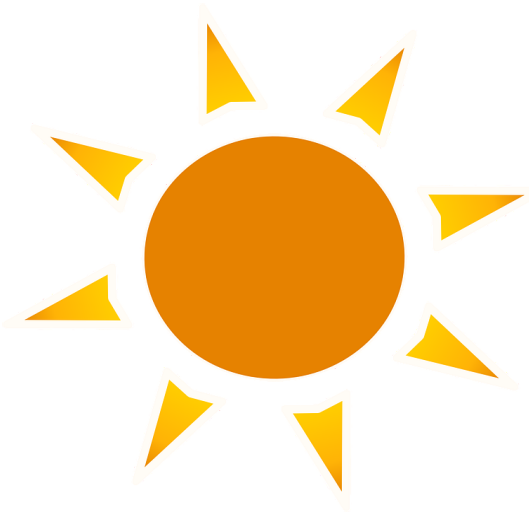


***2019 Kids Care
Summer Camp
Registration Packet***



***St. Francis of Assisi
Director
Heather Gunson***

****Please return pages 10-17 in by April 1, 2019 to reserve your spot.** All fees and tuition will be processed through **FACTS.****

**All registration/activity fee non-refundable*

Kids Care Summer Camp

Summer 2019

St. Francis Kids Care will be offering a summer session beginning on June 3, 2019 Kids Care will be closed the week before School starts back up in the fall, that date has not been announced yet. Kids Care will also be closed July 4th and 5th. We offer care for all Children 5 years old -12 years old.

Costs and Registration

\$300 for Activity/Pool fee and \$155 for a bus fee per camper. No pool passes this summer. As we will be traveling to different pools each pool day. If you will be only part time please ask Heather what your Activity/bus/pool fee would be.

Tuition Rates:

Weekly Charge: \$175 per child-10% discount 2nd and 3rd child for full time.

\$110 per child part time(3 days a week or less)10% discount 2nd and 3rd child.

Daily drop in rate:\$45 per day per child. This does not includes the activity fee for that day.

Kids Care lunch Information!!

Kids Care will offer a lunch option 4 days a week. (Monthly Menus coming soon!)
Lunch includes the main hot meal a fruit or vegetable and milk

Cost: \$3.25 per meal per child

- \$143 for the whole summer for 4 meals a week
- \$107 for the whole summer for 3 meals a week.
- \$71.50 for the whole summer for 2 meals a week.

** This summer we will introduce an ale cart option as well. (Example: extra lunch, bottle water, granola bar, crackers, ect) I will have a list of items including prices coming SOON!

Please check next to the box that you choose for your camper(s) lunch option

Lunch and Ale-cart fees will be billed through FACTS.

EXTRA OPTIONAL

Dowling Swim lessons

Students will be transported to Dowling Catholic High school for swimming lessons. Our session and time is TBD. There will be an additional charge payable to Dowling Catholic for swimming lessons, in addition to our bus fee of \$65 per student for the two weeks to cover transportation costs. The \$65 will be billed though FACTS. Enrollment for swim lessons will be available in March. Please check out the website at dowlingcatholicriptide.org

Please write your student name below if they will be participating in swimming lessons.

Child 1 _____ D.O.B. _____

Child 2 _____ D.O.B. _____

Child 3 _____ D.O.B. _____

"Must Have" List

The following on this list must be provided for each student by their parents:

1. Sunscreen and Face Stick
2. Water bottle
3. Insect Repellant
4. Beach Towel
5. Flip Flops or Beach Shoes
6. Any medication the child takes
7. Any special snack needs due to allergies
8. An extra set of clothing
9. ALL ITEMS LABELED WITH NAME
10. Plastic Container for belongings
11. Lunch on Cold lunch days

Summer Camp General Information

- Hours: 7a.m.-5:30p.m. M-F
- Hot lunch provided T,W,Th, F (Monthly menu coming soon)
- Sack Lunch on Mondays
- Breakfast provided every morning from 7a.m.-9a.m.
- Afternoon healthy snacks provided daily
- Your child may bring spending money. We will have a "Bank Account" in their name. All spending money needs to be given to Scott or Heather

★ If you have any questions or concerns, please feel free to talk to either Scott or Heather!

Kids Care Summer Camp Payment and Tuition Information

All payments will be billed through FACTS for the week of care. You can set up a auto direct option to have summer tuition paid by Monday of each week of care.

You must give the director at least two weeks notice if you are planning on taking a vacation. If you do not wish to to come this summer but would like to drop in for a day/week please give the director a week notice. (\$45 drop in fee per kid/day) This does not include any activity fees.

Rules/Policy for St. Francis Kids Care Summer Camp

Mission Statement:

We will strive to provide the highest quality care to the children and families we serve, in a loving-Christ Centered environment. We will strive to provide fun and healthy activities for each child in our care that encourages them to grow, enjoy, learn, explore and express themselves.

Rules/Regulations for Summer Camp

1. If your child will not be attending camp for some reason (illness, play-date, different plans, etc) please contact the director by 10:00 am or ASAP
2. If your child has been ill they cannot return to camp until they are 24 hr fever free, vomit free, etc.
3. You must provide names and numbers for emergency purposes.

4. Your child may bring items from home but they must be labeled and Kids Care does NOT take responsibility for lost or damaged items.

5. All Electronics will be allowed on (M,W,F,) for one hour. If your child has a cell phone they may only use it to call parents in case of emergencies.

6. Your child will be expected to obey all safety measures when on campus, on field trips, and when being transported on the bus.

summer SCHEDULE:

7:00 Wash Hands/Breakfast

8:00 Table toys/Board games/coloring

9:00 Last call for Breakfast

9:15 Morning Prayer/Announcements/Split into grade levels

9:30 Start rotation of Playground or Gym/Craft/Reading or Read aloud Story

(30 min of each)

11:00 Wash hands/Prayer/Lunch

11:30 Group Game

12:00 Leave for Field trip

3:00 Return from Field Trip

3:10 Afternoon Prayer/Wash Hands/Snack

3:30 Rotation of Playground or Gym/Activity/Table toy

4:45 Clean up/Group Game

5:30 Good Bye Have a Good Night!

*Thursdays are on site days: At 12:00 Rotation of themed

lesson/talent show practice/outdoor or Gym activity/On Site

Activity

*M/W/F are Electronic Days

Enrollment Fees Due by April 1 2019 through FACTS

Summer 2019 Registration Form

Please return this forms by April 1st 2019. All fees will be submitted through FACTS.

Child's Name and Age/Grade they are going into in the Fall 2019.

1. _____
2. _____
3. _____
4. _____

Mother's Name: _____

Phone #: _____

Email Address: _____

Father's Name: _____

Phone #: _____

Home Phone #: _____

Email Address: _____

Parent/Guardian Signature: _____

Emergency Form Kids Care

Child's
Name: _____ Birthdate: _____

Child's
Name: _____ Birthdate: _____

Child's
Name: _____ Birthdate: _____

Mother's Name: _____ Home Phone: _____

Address: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Information

In the event that my child may require emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to:

Doctor/Clinic Name: _____ Phone: _____

Doctor/Clinic
Address: _____

Hospital (circle one) Mercy West Mercy Downtown Mercy West Lakes
Lutheran Methodist Downtown Methodist West Blank Children's Hospital

Dentist Name: _____ Phone: _____

Dentist Address: _____

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

In an emergency please call: (In case parents are unreachable)

Name/Relation: _____ Phone: _____
Cell: _____

Name/Relation: _____ Phone: _____
Cell: _____

Who may not pick up your child, if any?

Name: _____
Reason: _____

Name: _____
Reason: _____

Pick Up Permission-Please circle yes or no for the following:

Yes/ No I hereby give permission for my child to leave the center for fieldtrips in provided by the center, or on foot.

Yes / No I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parent to notify the center, in writing, of any changes.

Yes / No I grant the center staff the right to take photographs of my child engages in center activities to be displayed within the center.

Name	Relationship	Name	Relationship

Medical

Please sign and date below stating that your child's medical history is located in the school nurse's office.

Parent Signature: _____ Date: _____

Please let us
know when or if
you will be taking
a summer
vacation!

Name _____

Dates _____

Medication Release Form

Medication Release

Student Name _____ Age _____ Grade _____

Physician/Dentist _____

Name of Medication _____ Pharmacy _____

Diagnosis _____

Please give the above Medication:

Amount: _____

Route: _____

Time: _____

Starting Date: _____ Ending Date: _____

Amount Sent: _____

I request that the prescribed drugs or medication be dispensed according to these written directions. I request that a qualified staff person give the medication. The students has experienced no previous side effects from the medication. I further agree that Kids Care personnel may contact the prescribed as needed and that medication information may be shared with school personnel who need to know.

Parent Signature: _____ Date: _____

Phone #: _____ Work Phone: _____