

2018 SMS Summer Camp
Registration Form
Grades PK-3 through Rising 5th

Child/ren's Names _____

A registration fee of \$25 and all registration forms are due by May 11th.

Full Summer Program (No other scheduling is necessary)

Prescheduled (circle one): Week or Mon/Wed/Fri
Indicate which weeks your child/ren will be attending.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1. May 29 – June 1	Closed				
2. June 4 – 8					
3. June 11 - 15					
4. June 18 – 22 VBS					
5. June 25 – June 29					
6. July 2 - 6			Closed		
7. July 9 - 13					
8. July 16 - 20					
9. July 23 - 27					
10. July 30 – August 3					Last Day

Please provide an approximate time of drop off and pick up. These times are not contractual but help us in planning appropriate supervision.

Planned Drop Off Time: _____ Planned Pick Up Time: _____

Full-time: \$130 per child, per week (10 weeks)

_____1 Payment in the amount of \$1300 will be drafted from your account on June 1, 2018

_____2 Payments in the amount of \$650 will be drafted from your account on June 1 & July 1, 2018

Part-time: \$26 per child, per day (You will be charged for the weeks or days you have selected and pay by cash or check.)

Any drop-ins must be arranged 24 hours in advance. Please fill out all paperwork and register.

Vacation Bible School is the week of June 18th and the school building will be full of fun activities. If you choose this week to attend the summer program, your child/ren will attend VBS. **You will be responsible for registering but the fee will be paid from your camp fees.**

If your child/ren is registered full time and will be attending one of the other camps, **your fee for the camp will be paid from your summer camp fees.** (Please note, the materials charge for any other camp is a separate charge.)

I understand that my child(ren) is/are enrolled for the above selected period of time and by signing I am obligated to pay for the above selected schedule in its entirety.

Parent Signature

Date of Signature

Phone Number

2018 SMS Summer Day Camp Weekly Schedule

Time of Day	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
7:30 - 8:00	Free Play	Free Play	Free Play	Free Play	Free Play
8:00 - 8:30	Free Play	Free Play	Free Play	Free Play	Free Play
8:30 - 9:00	Snack	Snack	Snack	Snack	Snack
9:00 - 9:30	Class Activity	Video Game Day	Class Activity	Class Activity	Class Activity
9:30 - 10:00	Class Activity	Video Game Day	Class Activity	Class Activity	Get Ready For Water Day
10:00 - 11:00	Arts & Crafts Activity	Outdoor/ Indoor Organized Game	Book Day Activity	Movie Day	Water Day
11:00 - 11:30	Arts & Crafts Activity	Outdoor/ Indoor Organized Game	Book Day Activity	Movie Day	Water Day
11:30 - 12:00	Playground	Playground	Playground	Playground	Water Day
12:00 - 12:30	Playground	Playground	Playground	Playground	Clean up for Lunch
12:30 - 1:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 - 1:30	Gym	Gym	Gym	Gym	Gym
1:30 - 2:00	Gym	Gym	Gym	Gym	Gym
2:00 - 2:30	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading
2:30 - 3:00	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading	Quiet Time/ Summer Reading
3:00 - 3:30	Snack	Snack	Snack	Snack	Snack
3:30 - 4:00	Class Activity	Video Game Day	Book Day Activity	Movie Day	Class Activity
4:00 - 4:30	Class Activity	Video Game Day	Book Day Activity	Movie Day	Class Activity
4:30 - 5:30	Free Play and Clean-up	Free Play and Clean-up	Free Play and Clean-up	Free Play and Clean-up	Free Play and Clean-up

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
FOR SUMMER PROGRAM

Company Name: **St. Mary's School**

I (we) hereby authorize ST. MARY'S SCHOOL, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____
(this will be a 9 digit number)

Type of Account Mark one (x) Checking Savings

Withdrawal Date Full Time: Mark one (x) June 1st Amount \$1300 One-time payment
 June 1st, July 1st Amount \$650 Two payments

Part Time: Must pay by check or cash

If debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ School Account ID# _____
(Please Print)

Date _____ Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***** **PLEASE PROVIDE A VOIDED CHECK WHEN RETURNING THE FORM.** *****

	Please Provide Requested Information Here
Childs Name:	
DOB:	
Grade:	
Custodial Parent/Guardian :	
Mother:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Father:	
Home Phone:	
Cell Phone	
Work Phone:	
Email:	
Emergency Contact	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Name:	
Home Phone:	
Cell Phone:	
Work Phone:	
Persons Other Than Parents who may pick up the child/children	
Name	Relation to Child
1.	
2.	
3.	
4.	
5.	

Any person listed above may be asked to show ID if not recognized by the Summer Camp personnel.

Health Information

Child' Name _____

Please list any medications your child takes regularly.

1.

2.

Please list any food or environmental allergies (i.e. peanuts, bee stings,)

1.

2.

Please list any health condition of which we should be aware (i.e. migraine, seizure disorder, asthma, physical activity limitations)

1.

2.

Please feel free to share any other information you feel would help our staff provide the best possible care for your child.

All information provided will remain confidential. If necessary it will be shared with summer camp personnel and health care professionals.

Child's Doctor _____

Phone # _____

Permission/Release

1. I hereby authorize the staff of St. Mary's Summer Program to act on my behalf in seeking and approving emergency medical attention for my child.
2. I release St. Mary's School and Summer Program employees from all liabilities of all sponsored activities of the program.
3. I have completed all health history and emergency information forms and they are accurate to the best of my knowledge.

Signature _____

I understand that the summer program is a service provided by St. Mary's school to provide a safe, enriching, environment for St. Mary's students. I have read and understand all policies and procedures including those in the St. Mary's Student and Parent Handbook. I understand it is my responsibility as a parent to encourage my child to be respectful of others at all times and to follow all the rules. I further understand that if my child is unable or unwilling to respect the rights of others in the program or follow the rules of the program, he/she may be removed from the program.

Signature of parent or guardian: _____ Date: _____

****Please Keep for your records****

St. Mary's Summer Camp: Policies and Procedures

Snacks - A nutritious snack and drink will be provided daily

Pick Up Procedure - When you arrive to pick up your child, please see one of the summer program employees. You may then sign your child out and they will be released. Only persons authorized on the registration form will be permitted to pick up your child. Any person other than the custodial parent will be required to show picture I.D.

Late Pick Up - If for any reason you will not be able to pick your child up by 5:30, please call Dewey Swims at 731-234-8038. Please make every effort to be on time. Habitual lateness (3 or more times) will incur a late fee of \$1.00 per minute you arrive past 5:30.

Telephone Use - Telephone use is for emergency use only. Please make arrangements in advance and send a note if your child will deviate from his or her normal pick up routine.

Sickness - School Policies will be followed regarding sickness. If the child should become sick at the Summer Program, the parents will be called.

Medicine - School policies will be followed regarding the administering of medication. A medication form must be filled out and the medication must be in the prescription bottle.

Extra-Curricular Activity Sign Out - If your child will be leaving the Summer Camp program to attend any other school activity such as sports or clubs, you must fill out a permission slip and provide transportation.

General Policies and Procedures

1. Athletic or other closed toe shoes must be worn.
2. No clothing with inappropriate messages may be worn
3. If a child brings a toy or electronic device from home the school is not responsible for loss or damage. Devices may only be used when approved by the director.
6. Gum chewing is not permitted.
7. Children may not engage in rough play or contact sports such as tackle football.
8. All children are expected to show respect for adults as well as peers at all times.
9. TV will be watched only for special events. Rated G movies may be shown occasionally.
10. Activities are provided to encourage and foster social interaction and all students are expected to participate in the daily activities.
11. Appropriate behavior is expected at all times.
12. Children are expected to follow all St. Mary's policies and procedures as outlined in the Student Handbook.
13. The St. Mary's Summer Program reserves the right to amend these policies as deemed necessary.