



## **St. Charles Borromeo Academy -SUMMER PROGRAM 2021**

1. Complete Summer Care Emergency Form AND All Activity Permission Forms
2. Select the plan you will use from the list below
3. Payments due 1st of each month/late fees of \$15.00 applied after the 5<sup>th</sup>
4. Please make checks payable to **St. Charles Borromeo Academy**

SCBA is planning on offering Summer Care this summer! The Summer Care Program will run from 7 am to 5:30 pm Monday through Friday. Dates care will be provided are as listed below. Activities will be planned for each week. Our goal is for us to be able to take a field trip or two and visit the pool. This is all depending on the restrictions we have to follow due to COVID-19. More information will be provided as we get closer to the end of the school year.

### **ACTIVITY FEES**

**MUST BE PAID AT TIME OF REGISTRATION to RESERVE YOUR SPACE**  
**\$250 PER CHILD – Includes field trips, site fees, bus fees, on-site activities, T-shirts to be worn on field trips.**

### **TUITION RATES**

**\$200 PER WEEK- 5 DAYS 7:30 a.m.-5:30 p.m. One Child      T-Shirt Size  S  M  L  XL**  
**2<sup>nd</sup> Child \$180      T-Shirt Size  S  M  L  XL**  
**3<sup>rd</sup> Child \$160      T-Shirt Size  S  M  L  XL**

**\$150 PER WEEK – 3 DAYS 7:30 a.m.-5:30 p.m. One Child      T-Shirt Size  S  M  L  XL**  
**2<sup>nd</sup> Child \$140      T-Shirt Size  S  M  L  XL**  
**3<sup>rd</sup> Child \$130      T-Shirt Size  S  M  L  XL**

**\$45 Daily Charge per child**

### **Weeks Requested – Please mark which weeks your child/children will be attending**

June 7-June 11       July 5-Jul 9 (*Closed July 5th*)

June 14-June 18       July 12- July 16

June 21-June 25       July 19 – July 23

June 28-July 2       July 26 – July 30

**Parent/Guardian Signature** \_\_\_\_\_

\*Signing this form gives your child permission to view DVD's & Videos while in the summer care program.

\*\*By signing this electronic signature form I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

**Parent/Guardian Name Print** \_\_\_\_\_

### **PLEASE CHECK THE FOLLOWING**

I will use auto withdrawal

I will use payment envelopes

**Office Use Only: Amount received:** \_\_\_\_\_

**Date paid:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Cash/Receipt #** \_\_\_\_\_

---

## St. Charles Borromeo Academy Summer Program Emergency Information Form

Scholar's Name(s)

Scholar's Age

Scholar's Grade in May 2021

---

---

---

---

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Parent/Guardian Info

Mother \_\_\_\_\_ Primary Contact Phone # \_\_\_\_\_

2<sup>nd</sup> Contact Phone # \_\_\_\_\_

Father \_\_\_\_\_ Primary Contact Phone # \_\_\_\_\_

2<sup>nd</sup> Contact Phone # \_\_\_\_\_

In case of Emergency, we request your written permission to seek medical help. Please sign below and designate the hospital of your choice.

Hospital \_\_\_\_\_ Signature \_\_\_\_\_

In case of illness or emergency, we request three contacts if parent/guardian is unavailable

1. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family \_\_\_\_\_

2. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family \_\_\_\_\_

3. \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to your family \_\_\_\_\_

Please list any medical/allergy information concerning your child/children

---

---

Please list the names of persons you authorize to pick up your children

---

---

---

---

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_