



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 5th
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 7:30 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
 2nd Child \$180 T-Shirt Size ___S ___M ___L ___XL
 3rd 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
 2nd Child \$140 T-Shirt Size ___S ___M ___L ___XL
 3rd 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 (<i>Closed July 5th</i>)
_____ 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 # _____	



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Emergency Information Form

Scholar's Names (printed) Scholar's Age Scholar's Grade in May 2021

Parent/Guardian Info

Mother (print): _____ Phone Number(s): _____

Father:(print) _____ Phone Number(s): _____

Address:(print) _____ City/State/Zip _____

Please list the names of persons you authorize to pickup your children in your absence:

(print) _____

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

(print) _____

In case of illness or emergency, we request 2 contacts if the parent/guardian is unavailable or cannot be reached:

Contact Name: (print) _____ Phone #: _____

Relationship to your family: _____

Contact Name: (print) _____ Phone #: _____

Relationship to your family: _____

In case of emergency, we request your written permission to seek medical help. Please sign below and designate the preferred hospital should one be needed:

Hospital:(print) _____ Signature _____

Parent/Guardian Signature _____

Parent/Guardian Name (*Printed*) _____