



## **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 Program will run from 7 am to 6 pm Monday through Friday. Dates care will be provided 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 you 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.

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

### **PLEASE CHECK THE FOLLOWING**

\_\_\_\_\_ **I will use auto withdrawal**

\_\_\_\_\_ **I will use payment envelopes**

<b>Office Use Only: Amount received:</b> _____	<b>Date paid:</b> _____	<b>Initials:</b> _____
<b>Check #</b> _____	<b>Cash/Receipt #</b> _____	

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

Scholar's Name(s)

Scholar's Age

Scholar's Grade in May 2021

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

Parents/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

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

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