



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 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

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 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

**Office Use Only: Amount received: _____
Check # _____**

**Date paid: _____
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 _____

Parents/Guardian Info

Mother _____ Primary Contact Phone # _____

2nd Contact Phone # _____

Father _____ Primary Contact Phone # _____

2nd 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 _____