



**Little Saints Learning Center**

**-SUMMER PROGRAM-**

“ WHERE WE CHERISH YOUR CHILD &  
NURTURE THEIR MIND  
THROUGH THE EYES OF THE LORD”

**WHO:**

Welcoming children 2.5-10 years of age of all faiths

**WHEN:**

May 29<sup>th</sup>-August 22<sup>nd</sup> 2018

**WHAT:**

This summer we will be striving to provide a fun, exciting and educational opportunity for all involved. Our daily activities will unite your child's natural curiosity with positive learning!

# Summer Program Sign Up:

**Child-**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of May 1, 2018) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information-**

**Parent/Guardian #1:**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2:**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Child lives with: \_\_\_\_\_  
Person responsible for payment \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release-**

**Emergency Contact #1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Information:**

Please list any medical issues, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Any other health information that the Learning Center should be aware of to better assist your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

# Summer Program Sign Up:

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of (911 Emergency Assistance) and them providing necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Little Saints Learning Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**TUITION INFORMATION-**

**-\$15 to help cover supplies and any transportation cost**

**-Hours of Operation: 6:45am-5:30pm**

**-Hourly Rate:**

- 1 Child: \$ 4.50 per hour
- 2 Children: \$ 7.50 per hour
- 3 Children: \$ 8.50 per hour
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**-Summer Lunches will be provided for your child daily & (FREE) of charge due to the government summer food program.**

**Terms of Agreement-**

**Release:**

I hereby give permission for my child to be photographed during Little Saints Learning Center's Summer Program. I understand photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that all photos are the property of Little Saints Learning Center.

Parent's/Guardian's Initials \_\_\_\_\_

The Little Saints Learning Center is not responsible for lost or damaged personal property. All scheduled events are subject to change. A permission slip will be sent home for any Field Trips and or transportation that will be utilized, prior to the event. All summer lunches will be provided for your child, through Prairie Catholic School. Please let Little Saints Learning Center Director/Staff know, if you would not like your child to leave the Learning Centers premises for activities. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_