

St. Nicholas Preschool

Summer Enrichment Program

Half-Day Summer Camp

8:00 am - 12:30 pm
Daycare Available Too!

- ◆ Week One: Welcome Campers
- ◆ Week Two: Stars and Stripes
- ◆ Week Three: Story Book
- ◆ Week Four: It's a Bug's Life
- ◆ Week Five: Super Science

WATER PLAY! PICNIC LUNCH! OUTDOOR ACTIVITIES!

SAVE THE DATE! ENROLLMENT WILL BEGIN IN MARCH.



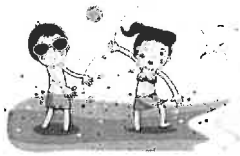
St. Nicholas School 2019 Preschool Summer Camp



Join us for five weeks of fun!
June 24-July 26

Current St. Nicholas preschool students must register to hold a space.

Five week Summer Camp session will be offered from 8:00 am – 12:30 pm. Daycare is also available. Activities include water play, themed activities and age-appropriate field trips.



- Week 1: Welcome Campers- 6/24
- Week 2: Stars and Stripes- 7/1
- Week 3: Story Book- 7/8
- Week 4: It's a Bug's Life- 7/15
- Week 5: Super Science 7/22

(School will be closed on Thursday, July 4 and Friday July 5 for Independence Day)

Preschool Summer Camp Registration

REGISTRATION: A non-refundable refundable registration deposit of ½ of the tuition is due by April 5. A late fee of \$50.00 (per child) will be applied to any registration deposit after April 5. **Tuition must be paid in full by Friday, May 31.** This completed Registration form, and the Health and Emergency Information form must all be submitted together in the office before registration can be confirmed.

- Registration begins on Monday, March 4, 2019
- Late fee applies on Monday, April 8, 2019

TUITION PAYMENTS (non-refundable):

- One-half of the total tuition must be received by April 5, 2019 as a deposit.
- The final balance must be received by May 31, 2019.
- If registering after May 31, 2019, total balance is due upon registration.

Print Student's Name: _____ Birth Date: _____

Program Options	Days	Times	Tuition	Total
5 DAYS	Monday - Friday	8:00 am - 6:00 pm	\$ 1,300.00	
5 DAYS	Monday - Friday	8:00 am – 3:00 pm	\$ 1,125.00	
5 DAYS	Monday-Friday	8:00 am - 12:30 pm	\$ 765.00	
3 DAYS (circle the days)	M T W TH F	8:00am-6:00 pm	\$855.00	
3 DAYS (circle the days)	M T W TH F	8:00am - 3:00 pm	\$ 750.00	
3 DAYS (circle the days)	M T W TH F	8:00am - 12:30 pm	\$ 525.00	
Total Due:				
(½ of tuition) Deposit Due by April 5:				
Final Balance Due by May 31:				

Any change in schedule must be approved by the Preschool Director and the school office two weeks prior to a change. Any student not picked-up by 12:30 pm will automatically be placed in Daycare, at the parents' expense.

I understand that after 6:00 pm, a \$12.00 fee per student will be charged for each half-hour, or portion thereof. *St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.*

Parent Signature: _____

Date: _____



St. Nicholas School

Summer Health Information 2019

Child's Name _____ Birthdate _____

Do you authorize the office staff to administer Tylenol if needed? Yes No Call me first

Doctor _____ Phone _____ Dentist _____ Phone _____

Medical Insurance With _____ Policy# _____

My child has a history of:

- Attention Deficit
- Asthma
- Autism/Asperger's Syndrome
- Chronic Medical Conditions
- Diabetes
- Epilepsy/Seizure Disorder
- Hearing/Vision Problems
- Speech Problems
- Other _____

My child is allergic to the following food, medicine and/or other relevant items:

Recent operations or serious injury _____

Specific activity to be restricted? _____

Currently taking medication for _____

Does this medication need to be taken during school hours? _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. Should my child require a prescription medicine or over-the-counter medication during school hours, I will bring the medication to the health office and complete the required form. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules.
2. As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE

ST. NICHOLAS SCHOOL
SUNSCREEN APPLICATION PERMISSION SLIP

*** PARENTS PLEASE REMEMBER TO APPLY SUNSCREEN BEFORE BRINGING YOUR CHILD TO SCHOOL EVERYDAY.**

Name of Child: _____

As the parent/ guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at: St. Nicholas School

to reapply the sunscreen I have provided with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of June through August and between the daily time of 10a.m. and 4p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face(except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below all applicable information regarding the choice and brand/type of sunscreen I have provided for my child:

_____ I have provided the following brand/type of sunscreen for use for my child (labeled with your child's name on it)

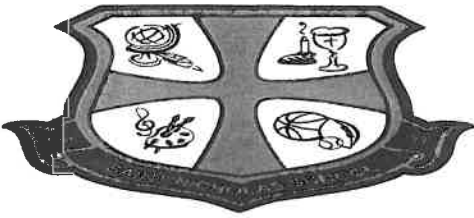
_____ Staff may use the sunscreen I have provided, following the direction and recommendations printed on the product container

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER!



**St. Nicholas Preschool Summer Daycare
Program
SESSION TWO REGISTRATION FORM 2019
(Please Print)**

Student's Name _____

Age _____ Last _____ First _____
Birth Date _____

Parent's Name(s) _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

E-Mail _____

SESSION TWO JULY 29-AUGUST 16, 2019

Summer Daycare Rates

Summer Daycare Rates			
Three Weeks	8:00-4:00 p.m.	Monday-Friday	\$780.00
Two Weeks	8:00-4:00 p.m.	Monday-Friday	\$520.00
One Week	8:00-4:00 p.m.	Monday-Friday	\$260.00

The non-refundable tuition fee, registration form, and Health and Emergency Information form must all be submitted together before registration can be confirmed. The full summer daycare tuition must be paid no later than **June 7, 2019**.

St. Nicholas School reserves the right to cancel any class for which there is insufficient enrollment. Refunds will be made in this case.

Make checks payable to St. Nicholas School.

Three Weeks \$780.00

Two Weeks \$520.00

One Week \$260.00

Total number of weeks attending _____

TOTAL DUE: _____

Parent's Signature _____

Date _____