



2023 SVS SUMMER CARE



SVS School Family Registration Begins January 19, 2023
Open Registration Begins February 1, 2023

What is it? A Summer Child Care Program

Who may attend? Children entering PreK through those entering 6th Grade for the 2023-2024 school year at St. Vincents or other schools. All are welcome!

- **All children must be toilet trained (NO PULL UPS or diapers)** and able to participate in an age appropriate group without the assistance of a one-to-one aide.

When: Monday - Friday from 7:15 AM - 5:30 PM

- May 30 - August 4th (NOT in session on Memorial Day & July 4th - no charge for these days)
- **SPACE IS LIMITED. YOU WILL RECEIVE AN EMAIL CONFIRMATION OF REGISTRATION FOR THE 2023 SUMMER PROGRAM BY April 1, 2023**

Where: St. Vincent de Paul School - Cape Girardeau, MO

Cost:

- \$30 non-refundable enrollment fee for the program. Make checks payable to "St. Vincents"
- **FULL-TIME - EVERY DAY ALL SUMMER - \$25 per day.** You will be allowed 5 "Free days" for family vacation time. Free Days must be scheduled at least 2 weeks before taking off.
- **PART-TIME SCHEDULED CARE - \$30 per day. Schedule the SAME DAYS EACH WEEK ALL SUMMER LONG. No "Free Days"**
- **DROP-IN RATE - \$35 per day. - ONLY AS SPACE ALLOWS. MUST HAVE DIRECTOR'S PERMISSION BEFORE ARRIVING. These can be scheduled at the time of enrollment, but may not be canceled at a later date unless payment is received.**
- If your child is absent on a day he/she is scheduled to be in attendance, you will be responsible for paying for that day. Due to staffing requirements, we are sorry that we are not able to switch days.
- All fees for any given week must be **paid on or before the first day of the week** that your child is in attendance.
- If payment is not received by 5:00 p.m. Friday on the week of attendance, **a late fee of \$20** for that week may be charged to your statement.
- Late pickup after 5:30 p.m. is \$1/minute per child.
- No refunds once payment has been submitted - This includes enrollment fees.
- Note: Special activities may require additional costs. This will be kept to a minimum.

Additional Information:

- Children should bring a sack lunch each day. (Snacks WILL be provided each day.)
- It is requested that parents apply sunscreen for their child, prior to drop off.
- **For more information: Please call the school office at 573-334-9594.**
- Make a copy of your calendar for your records before submitting.
- It is recommended to submit your calendar as soon as possible. Space is limited.
- Return forms to St. Vincent de Paul School - Attn 2023 SVS Summer Care - 1919 Ritter Drive - Cape Girardeau. MO 63701
- Additional Questions - email 2023svsummer@gmail.com

2023 SVS Summer Care

PARENT CONTRACT & PROGRAM SCHEDULING FORM

Child's Name: _____

Child will be entering (please circle):

PreK Kindergarten 1st Grade 2nd Grade 3rd Grade 4th grade 5th grade 6th grade

- \$30 non-refundable enrollment fee for the program. Make checks payable to "St. Vincents"
- **FULL TIME - EVERY DAY ALL SUMMER - \$25 per day.** You will be allowed 5 "Free days" for family vacation time. Free Days must be scheduled at least 2 weeks before taking off.
- **PART TIME SCHEDULED CARE - \$30 per day. Schedule the SAME DAYS EACH WEEK ALL SUMMER LONG. No "Free Days"**
- **DROP IN RATE - \$35 per day. - ONLY AS SPACE ALLOWS. MUST HAVE DIRECTOR'S PERMISSION BEFORE ARRIVING. These can be scheduled at the time of enrollment, but may not be canceled at a later date.**
- **Cancellation policy:**
 - If for any reason you decide to end child-care with the SVS Summer Care Program a two-week notice is required and payment for those two weeks will be required.
 - We reserve the right to refuse care if the situation is not in the best interest of the child or other children attending the program.
- If your child is absent on a day he/she is scheduled to be in attendance, you will be responsible for paying for that day. Due to staffing requirements, we are sorry that we are not able to switch days.
- All fees for any given week must be **paid on or before the first day of the week** that your child is in attendance.
- If payment is not received by 5:00 p.m. Friday on the week of attendance, **a late fee of \$20** for that week may be charged to your statement.
- Late pickup after 5:30 p.m. is \$1/minute per child.
- No refunds once payment has been submitted - This also includes enrollment fees.
- Note: Special activities may require additional costs. This will be kept to a minimum.

I have read and understand all policies stated above

Parent Signature _____ Date _____

Check the appropriate blank:

_____ **FULL TIME - EVERY DAY ALL SUMMER - \$25 per day.** Note: You will be allowed 5 free days for family vacation time. Free Days must be scheduled at least 2 weeks prior to time off.

Our "free week" will be _____

_____ **PART TIME SCHEDULED CARE - \$30 per day. Schedule days each week. Circle the days your child will be attending each week. SCHEDULE SAME DAYS EACH WEEK ALL SUMMER - NO FREE DAYS**

_____ **Mondays** _____ **Tuesdays** _____ **Wednesdays** _____ **Thursdays** _____ **Fridays**

_____ **DROP IN RATE - \$35 per day. - ONLY AS SPACE ALLOWS. MUST HAVE DIRECTOR'S PERMISSION BEFORE ARRIVING. Mark the Drop In Calendar below for requested dates.**

May/June 2023

	MAY 30	31	JUNE 1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July, 2023

3	closed 4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

August, 2023

	1	2	3	4



It is going to be an AMAZING SUMMER! We can't wait to see you!

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ENROLLMENT FORM

Child's Name: _____ Date of Birth: _____

Child will be entering (please circle):

PreKindergarten Kindergarten 1st Grade 2nd Grade 3rd Grade 4th grade 5th grade 6th grade

Name of School child will attend in the fall: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Mother's Cell #: _____ Work #: _____ Home #: _____

Father's Cell #: _____ Work #: _____ Home #: _____

Family Email Address _____

Emergency Contacts, Individuals authorize to Pick-Up Child & Individuals who will assume responsibility for your child in the event you cannot be contacted:

<u>Name:</u>	<u>Phone #</u>	<u>Relationship:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL, MEDIA, and LIABILITY RELEASE INFORMATION

Information contained on this page is CONFIDENTIAL and for medical use only.

Allergies (food/medication): _____

Medications (Daily or as needed*): _____

Health Concerns (Dietary or Medical): _____

Hospital Preference: _____

Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment while he/she attends SVS SUMMER CARE PROGRAM, I hereby authorize the SVS SUMMER CARE PROGRAM, through the Director or other qualified personnel (administrator, resource officer, staff, etc.), to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the SVS SUMMER CARE PROGRAM will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the SVS SUMMER CARE PROGRAM is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the SVS SUMMER CARE PROGRAM may be shared with emergency medical personnel. This authorization applies to all SVS SUMMER CARE PROGRAM sponsored programs.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician and health status, and immunizations records. I agree to notify the SVS SUMMER CARE PROGRAM Director if my child is exposed to any communicable disease.

I understand that before medication is dispensed to my child, I will provide written authorization, which includes specific information required to accurately administer the medication. Medication MUST be in the original container with my child's name and dosing instructions on it and brought to the SVS SUMMER CARE PROGRAM Director by the parent or legal guardian.

Child's Primary Care Doctor

Address

Telephone

Liability Release - I give permission for my child to participate in all activities of the St. Vincent Summer Care Program. I agree to hold harmless St. Vincent de Paul Church & School, The Diocese of Springfield-Cape Girardeau, its officers, directors, agents, or representatives associated with this function with respect to any and all actions, claims, or demands that may be brought against the school and/or church. This particularly refers to but is not limited to, accidents, injuries, and loss of articles.

Photo Release - Pictures/Videos may be taken during the St. Vincent Summer Care Program as a way to promote our program and ministry with others. These pictures are often posted on the St. Vincent de Paul Parish & School website and/or our Facebook or other school/parish/diocesan social media pages and electronic newsletters/emails. Names of children will not be published. It should be understood that due to the nature of electronic communication and media platforms, confidentiality and/or protections from unauthorized dissemination cannot be guaranteed. Please indicate your preference regarding pictures being taken of your child, knowing that these images may be posted online.

_____ Pictures Allowed

_____ Pictures NOT Allowed

Parent Signature: _____ Date: _____

