



2026 SVS SUMMER CARE



SVS School Family Registration begins January 26, 2026
Open Registration begins February 9, 2026

What is it? A Summer Child Care Program

Who may attend? Children entering PreK through those entering 6th Grade for the 2026-2027 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 26- August 6th- (NOT in session on Memorial Day - no charge for this day)
- **SPACE IS LIMITED. YOU WILL RECEIVE AN EMAIL CONFIRMATION OF REGISTRATION FOR THE 2026 SUMMER PROGRAM BY April 1, 2026**

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

Cost:

- **\$50** non-refundable enrollment fee for the program. This includes: registration, t-shirt, and summer workbook. Make checks payable to "St. Vincents". To receive a t-shirt, you must enroll before May 1, 2026
- **FULL TIME - EVERY DAY ALL SUMMER - \$25 per day per child if Enrollment by to May 1st and attending EVERYDAY - ALL Summer. No free days.**
- **PART TIME SCHEDULED CARE - \$30 per day. Schedule the SAME DAYS EACH WEEK - ALL SUMMER.** No free days. This rate will also apply for full-time attendees that begin attending after the program initial start date.
- **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:**
 - No refunds once payment has been submitted - This includes enrollment fees. **If you choose to drop from the program after May 1, 2026 please note an early cancellation fee of two weeks attendance will be billed to your account.**
 - 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 account. Failure to pay on time can result in dismissal from the program.**
- Late pickup after 5:30 p.m. is \$1/minute per child.
- Note: Special activities may require additional costs. This will be kept to a minimum.

Additional Information:

- Children must 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.
- 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.
- **For more information: Please call the school office at 573-334-9594.**
- Return forms to St. Vincent de Paul School - Attn 2026 SVS Summer Care - 1919 Ritter Drive - Cape Girardeau. MO 63701 - **ONLY PAPER Forms will be accepted. - DO NOT EMAIL FORMS**

2026 SVS SUMMER CARE - one FORM PER CHILD

PARENT CONTRACT & PROGRAM SCHEDULING FORM

Child's Name: _____

Child will be entering the following grade for the 2026-2027 school year (please circle):

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

- **\$50** non-refundable enrollment fee for the program. This includes: registration, t-shirt, and summer workbook. Make checks payable to "St. Vincents". To receive a t-shirt, you must enroll before May 1, 2026
- **FULL TIME - EVERY DAY ALL SUMMER** - \$25 per day per child if Enrollment by to May 1st and attending **EVERYDAY - ALL Summer**. No free days.
- **PART TIME SCHEDULED CARE** - \$30 per day. Schedule the **SAME DAYS EACH WEEK - ALL SUMMER**. No free days. This rate will also apply for full-time attendees that begin attending after the program initial start date.
- **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.
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- Late pickup after 5:30 p.m. is \$1/minute per child.
- Note: Special activities may require additional costs. This will be kept to a minimum.

Additional Information:

- Children must bring a sack or an insulated lunch box - lunch each day. (Snacks WILL be provided each day.)
- It is requested that parents apply sunscreen for their child, prior to drop off.
- 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.

I have read and understand all policies stated above

Parent Signature _____ Date _____

Child's T-shirt Size Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

Check the appropriate blank:

FULL TIME

PART TIME Check days your child will be attending each week - **SAME DAYS EACH WEEK ALL SUMMER**

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

DROP IN RATE - \$35 per day. Priority will be given to those who schedule early. Once scheduled and accepted, payment will be required even if the date is later canceled by the parent.

DROP IN - May/June 2026

	May 26	27	28	29
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

DROP IN - July, 2026

June 29	30	July 1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

DROP IN - August, 2026

3	4	5	6
Thur			



2026 SVS SUMMER CARE

ENROLLMENT FORM - ONE PER CHILD

Child's Name: _____ Date of Birth: _____

Child will be entering in the 2026-2027 school year (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. All expenses of emergency care will be the responsibility of the parent.

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: _____

Cape Public Library - I will allow my child _____ to attend Summer Programs and check out library resources with SVS Summer Care Staff and their age group.

Parent Signature _____ **Date** _____