

St. Theresa of Avila School

St. Theresa of Avila School Summer Program – 2018

Purpose: St. Theresa of Avila School Summer Program is open to all children entering K0 through the completion of KII. We provide quality care/supervision with varied activities for children.

Program: The program incorporates supervised indoor and outdoor activities under the direction of Staff and Faculty members. Activities include water play, arts and crafts, toys and games, with a different weekly theme. Afternoon snacks will be provided. The program will be based in the Early Childhood Program Center.

Enrollment: Parents may register their child/children to attend the St. Theresa Summer Program on a daily basis. **All children must be toilet trained in order to participate. Three (3) accidents per week will result in child being sent home without a refund.**

Hours: Monday through Friday, June 18 – August 17, 7:30 a.m. – 6:00 p.m. **CLOSED JULY 4.**

Tuition:

- Tuition is \$375.00 a week or \$75.00 per day for each child.
- Tuition for the program must be paid in full by April 27, 2018
- A deposit of \$375.00 is due with paperwork
- Cancellations must be made prior to April 27, 2018. After April 27, there will be no refunds/credits of any kind for withdrawal, failure to attend registered dates or partial attendance
- Unpaid tuition will result in loss of seat
- All school cafeteria and after care accounts must be in good standing. Unpaid balances will result in the seat being forfeited and child will not be able to attend
- A late pick-up fee of \$10:00 will be charged after 6:05 p.m. per child. An additional \$10.00 for each child is charged for each 1 (one) minute period thereafter.
- When a check is returned from the bank for insufficient funds, there will be an additional charge of \$6.00.

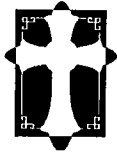
Children must bring the following:

- | | |
|--|--|
| 1. Sunscreen (it will be the parents' responsibility to apply sunscreen every morning) | 6. Extra clothing |
| 2. Pillows and blankets for rest time | 7. Lunch every day |
| 3. Hat | There will be a pizza and ice cream lunch offered on Fridays (included in price) |
| 4. Sneakers (Closed toe shoes. NO sandals!) | |
| 5. Water play things | |
| - Bathing suit | - Towel & water shoes |

I have read and understand the policies stated above.

Parent's/Guardian's Signature _____ Date _____

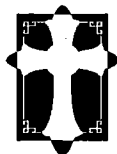
St. Theresa of Avila School admits students of any race, color, nationality and/or ethnic origin to all the rights, privileges, programs, and activities generally granted and made available to students at the school. We do not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.



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SCHEDULE (Subject to change)

| | |
|------------------------|---|
| 7:30-8:30- | Arrival - Table Activities |
| 8:30-9:00- | Project of the Day |
| 9:00-10:00- | Walk to Billings |
| 10:00-10:30- | Morning Snack |
| 10:30-11:00- | Group/Circle Time: Theme Related Activity |
| 11:00-12:00- | Centers |
| 12:00-2:30- | Lunch/Rest Time/Quiet Play |
| 2:30-3:00- | Afternoon Snack |
| 3:00-4:00- | Outside Water Play |
| 4:00-4:30- | Music and Movement |
| 4:30-Dismissal- | Table Activities/Outside play |



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APPLICATION

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Child's Name _____ Date _____
Address _____ Home Telephone _____

Current Grade and Teacher _____ Date of Birth _____

Where parents/guardians can be reached when not at home:

Father _____ Work Phone _____
Address _____ Cell Phone _____

Mother _____ Work Phone _____
Address _____ Cell Phone _____

Guardian (if applicable) _____ Telephone _____
Cell Phone _____

E-mail Address _____

List two (2) neighbors, or NEARBY relatives, who will assume temporary care of your child if you cannot be reached.

Name _____ Telephone _____
Address _____

Name _____ Telephone _____
Address _____

In case of accident or serious illness, I request to be contacted. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements that may be necessary to ensure proper treatment.

Remarks/allergies _____

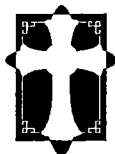
Medications _____

Physician's Name _____ Telephone _____
Address _____

Insurance Information _____

Parent's/Guardian's Signature _____ Date _____

Please return these forms (3) with your deposit to the office as soon as possible. In order to plan our program, we need to know the number of children attending.



St. Theresa of Avila School

Liability Waiver & Medical Authorization Form St. Theresa of Avila Parish School of West Roxbury, Massachusetts (the "Parish")

Acknowledgement and Assumption of Risk

The undersigned participant, parent and/or legal guardian, does hereby acknowledge that I am or he/she is aware of the dangers and risks to person and property by participation in: Field Trip destination, date/time

Nevertheless, I, or the undersigned parent and/or legal guardian, voluntarily elect to participate in this activity with knowledge of the danger involved, and hereby agree to accept and assume any and all risk of property damage, personal injury, or death.

Medical Authorization, Indemnification and Waiver of Liability

In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

- a.) Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law;
- b.) Agree to defend, indemnify, and hold harmless the Parish and the Roman Catholic Archbishop of Boston, a Corporate sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event; and
- c.) Waive and release forever, the Parish and the Roman Catholic Archbishop of Boston, a Corporate sole, and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Further, I affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may otherwise be available regarding any losses sustained as a result of participating. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Signature: _____ Date: _____

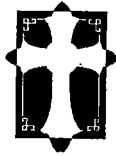
Printed Name: _____

Name of Minor, if applicable: _____ Age of Minor: _____

Emergency Contact Telephone No. _____

Insurance Carrier Name and Policy No.: _____

Important Medical Information About Your Child (allergies, etc.): _____



St. Theresa of Avila School

Please check off the days you are planning on having your child attend the St. Theresa of Avila Summer Program so we are able to plan accordingly.

June 2018

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|------------------------------------|-----|-----|-----|-----|-----|
| | | | | | 2 | |
| 3 | | | | | | 9 |
| 10 | | | | | | 16 |
| 17 | 18 <i>Summer Program Starts</i> | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

July 2018

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

August 2018

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|---|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 <i>Last Day of Summer Program</i> | 18 |
| 19 | | | | | | 25 |
| 26 | | | | | | |

Parent/Guardian Signature _____ Date _____
 Child's Name _____