## St. Felix Summer Program Registration Form



Student Information 1st Child's Last Name	First	MI	
Grade in upcoming School Year			
2 <sup>nd</sup> Child's Last Name	First		
MI Grade in upcoming School Year	_		
3 <sup>rd</sup> Child's Last Name	First	MI	
Grade in upcoming School Year			
4 <sup>th</sup> Child's Last Name		MI	
Grade in upcoming School Year	_		
Parent Information			
Mother's Name	<u>Email</u>		
Mother's Address			
Home Phone			
Place of Employ	ment	Work	
Phone			
Father's Name	E-mail		
Father's Address		A	
Home Phone			
Place of Employ Phone	yment	Work	
Emergency Contacts and Authorized F	Pick up Persons		
Child's Doctor	-		
	Phone		
Parents are responsible for all me	edical/ambulance expenses should tl	hey be required.	
This person is authorized to pick up my ch	ild or to be contacted in an emergency.		
Name	Relationship		
Phone			
Name	Relationship		

Phone						
If there is anyone NOT authorized to take your child from the program you must notify us and provide the necessary documents (Order for Protection or Custody Order).						
Health and Socialization						
Do any of your children have food or medication allergies? If so, please list and/or describe:						
Do any of your children use medications? If so, please list and/or describe:						
Please describe the characteristics, socialization, interests, special needs, etc. of your children:						
St. Felix Summer Program is sponsored by St. Felix Catholic School and is designed to provide a safe and enriching environment for children age 3 through grade six. We are open during the summer months M-F with the exception of Memorial Day and the Fourth of July.						
Program Closings: May 29th through June 2nd, July 3rd, Indepence Day, August 21st through 25th and advanced notice will be given if there are any additional days that the program will close.						
Billing and Payments  For billing purpose, we ask for parents to confirm which days are needed by the Wednesday prior to the week before care is needed. The confirmation sign-up is done electronically on the God's Kids web page or on the weekly calendar by the sign-up book. Bills will be done on a weekly basis. The bill will be placed in your family folder on Mondays and payment is due by Friday of the same week. A \$5.00 late fee will be added the following Monday if the bill has not been paid or a payment plan is in place.						
There is a late pick up fee of \$5.00 per child for every fifteen minutes or more your child remains at the program after closing.						
Please check programs you'll use and circle days you intend to send your children.						
□ ALL DAY CARE (REGULAR BASIS) 8:00 a.m. − 5:30 p.m. M T W TH F						
□ ALL DAY CARE (DROP IN BASIS) 8:00 a.m. − 5:30 p.m. M T W TH F						
□ HALF DAY CARE (REGULAR BASIS) 8:00 a.m. – 5:30 p.m. M T W TH F						

□ HALF DAY CARE (DROP IN BASIS) 8:00 a.m. – 5:30 p.m. M T W TH F

## Pricing Information: All Day: (over four hours)

\$35.00 per day

Part Day: (under four hours)

\$18.00 per day

There is a \$25.00 non-refundable registration fee (per family) at the time of registration.

Parental Agreement:					
I consent to the enrollment of my child(ren) in the St. Felix Summer Program					
Parent Signature	Date				
Authorization Form					
I give consent for my child to take part in field trips or excursions under prope	er supervision.				
I give consent for staff to apply sunscreen which I will provide. Please label with your family name.					
I give consent to have pictures of my child taken by the news media and/or staff.					
I give permission to the program to take whatever emergency measures that necessary for the care and protection of my child while under the supervision					

St. Felix Catholic School 130 East Third Street Wabasha, MN 55981 651-565-4446



Parent Signature\_\_\_\_\_