

**St. Felix 2026 God's Kids Summer Program
Registration Form**



Student Information

1st Child's Last Name _____ First _____ Grade in upcoming School Year _____
2nd Child's Last Name _____ First _____ Grade in upcoming School Year _____
3rd Child's Last Name _____ First _____ Grade in upcoming School Year _____
4th Child's Last Name _____ First _____ Grade in upcoming School Year _____

Parent Information

Mom's Name: _____ Dad's Name: _____
Address: _____
Mom's Cell Phone: _____ Dad's Cell Phone: _____
Mom's Work Phone: _____ Dad's Work Phone: _____
Mom's Email: _____ Dad's Email: _____

Emergency Contacts and Authorized Pick-up Persons

Child's Doctor: _____ Phone: _____
Child's Dentist: _____ Phone: _____

Parents are responsible for all medical/ambulance expenses should they be required.

This person is authorized to pick up my child or to be contacted in an emergency.

Name: _____ Phone: _____
Relationship: _____
Name: _____ Phone: _____
Relationship: _____

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 check the "No" box below if child(ren) will not attend pool time.

No Pool Time

The St. Felix God’s Kids Summer Program is sponsored by St. Felix Catholic School and is designed to provide a safe and enriching environment for children ages three through grade six.

Program Closings

Friday, July 3 and Monday, July 6. Advanced notice will be given if there are any additional days that the program will be closed.

Billing and Payments

For billing purposes, parents must confirm the days the child(ren) will attend by the Wednesday prior to the week care is needed. The confirmation is done by signing up on the weekly calendar book. Payment is required in advance, either submitted ahead of time via cash or check or through your online FACTS prepay account. Accounts with a negative balance will incur a \$5 late fee per week the balance is negative.

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. For example, if your child stays 35 minutes after closing, a \$15 late pick up fee would be added.

Please check programs you’ll use and circle days you intend to send your children.

- ALL DAY CARE (REGULAR BASIS) 7:30 a.m. – 5:30 p.m. M T W TH F
- ALL DAY CARE (AS NEEDED BASIS) 7:30 a.m. – 5:30 p.m. M T W TH F
- HALF DAY CARE (REGULAR BASIS) 7:30 a.m. – 5:30 p.m. M T W TH F
- HALF DAY CARE (AS NEEDED BASIS) 7:30 a.m. – 5:30 p.m. M T W TH F

Pricing Information

	1 day	2 days	3 days	4 days	5 days
Full Day (More Than 4 Hours)	\$37	\$74	\$111	\$148	\$185
Half Day (4 Hours or Less)	\$22	\$44	\$66	\$88	\$110

THERE IS A \$25.00 REGISTRATION FEE (PER FAMILY) DUE AT THE TIME OF REGISTRATION

Parental Agreement:

I consent to the enrollment of my child(ren) in the St. Felix God’s Kids Summer Program.

Parent Signature _____ Date _____

Authorization:

I give consent for my child to take part in field trips or excursions under proper 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 are deemed necessary for the care and protection of my child while under the supervision of the center.

Parent Signature _____ Date _____