



April 24, 2015

ASA is excited to offer a summer program to ASA students and children in our local community, to continue the fun of learning about and exploring our world! Two weeks of this program will be available, with each week offering a unique theme (listed below). In addition to themed activities, each week will integrate faith, gardening, reading, and creative games into the daily program. Directed by Ms. Wright, taught along with Fr. Ed and other staff, this program will enable your child to continue to build relationships with our dedicated staff and enjoy working together with children of various ages in a more relaxed, summer environment. Join us in the fun!

June 29<sup>th</sup> – July 3<sup>rd</sup>: “The Arts” (*Theater, Crafts, Dance & Music*)

July 6<sup>th</sup> – July 10<sup>th</sup>: “Kitchen Science”

Half and full day schedules are available for all students ages 6-11; 4-5 year olds who attended ASA in 2014-15 may also enroll.

Half-Day 9:00am – 12pm (no lunch, snack provided)

Full-Day 9:00am – 3pm (pack lunch, snacks provided)

Extended Care Available from 3:00 to 5:00 (8:30am drop off may also be arranged)

In order to plan appropriately, we need to hear from parents right away. Offering this summer program is dependent upon registration, which will be considered complete with all forms and registration fees received. If we don't meet our minimum of ten students by May 13<sup>th</sup>, all registration fees will be returned and camp cancelled.

First priority is given to ASA families & parish members; once our minimum is met, registration will be open to the public. **Priority deadline is May 13<sup>th</sup>!**

# ASA Summer Camp Registration Form

*A separate form is required for each child.*

Week 1: 6/29-7/3

Full-Day \$300

Half-Day \$200

Extended Care \$100

Week 2: 7/6-7/10

Full-Day \$300

Half-Day \$200

Extended Care \$100

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Known allergies (foods, drugs, insect stings, etc.), medical conditions, or medications: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Legal Custody:  Joint  Mother  Father  Other

Emergency Contact (*in the event the parents cannot be reached*): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

## AUTHORIZATION FOR AFTER-SCHOOL CLUB PICK-UP

*Please complete the below information for each person authorized to pickup your child. Additional names may be listed on the backside. This will be given to the attending staff member who may ask to see a valid ID before dismissing your child.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## PAYMENT & LATE PICK UP FEES

Summer Camp is a one week program. There is no refund for missed days or withdrawal from summer camp, however, the registration fee will be returned if the minimum number of students required is not met and the camp is cancelled by ASA.

**Pickup is promptly at time of selected program end.** If you arrive more than 5 minutes after that time, you will be charged a late fee of **\$1.00 per minute** for every minute that you are late. This fee must be paid prior to the next session. I authorize my child to participate in the ASA Summer Camp program and understand I am responsible for picking them up at the time designated above.

## POLICIES

All ASA policies and procedures for student behavior and expectations are in effect during the summer camp. No uniform required; **overall student dress code does apply!** See handbook for details.

## EMERGENCY INFORMATION AND RELEASE

In an EMERGENCY, Agia Sophia Academy staff will call 911 and may transport to the nearest emergency room if deemed necessary. I hereby give permission for attending physician to administer appropriate emergency treatment, to hospitalize, and/or to order injections/anesthesia/surgery for my child as named above, the event that I cannot be reached. Furthermore, I understand I am financially responsible for charges incurred and authorize the physician to release information requested by the insurance company.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date