



Dear Parents:

Registration for the Summer Program is now open. Your registration fee of \$25.00 must accompany the registration form and includes a CCS T-shirt.

# Summer Program 2010

## CALENDAR:

June 1.....FIRST DAY OF SUMMER PROGRAM  
July 2.....CLOSED  
Friday, August 13.....LAST DAY OF SUMMER PROGRAM  
Tuesday, August 24.....FIRST DAY OF THE 2010-2011 SCHOOL YEAR

**(You will be pro-rated for the month of August)**

## **POLICIES FOR THE SUMMER PROGRAM:**

**AGES:** Children who are 3 years and potty trained through 5th grade may be a part of the Summer Program.

**HOURS:** Monday-Friday from 7:30 A.M.—5:30 P.M. **Any children remaining after 5:45 P.M. will result in a “Late Pick-Up Fee” of \$5.00 per quarter hour for each child.**

**LUNCHES:** Children need to pack a lunch each day of the week. Please do not include food that needs to be prepared or warmed—lunches need to be ready to eat and may be kept cool with an ice pack. There will not be any food available to prepare a lunch for your child if you forget to send one. Lunchables may be labeled with your child’s name and sent for the week if this would be easier for you.

**FEES:** All fees charged will be a monthly contract except for “Drop-Ins.” “Drop-Ins” will be charged the daily rate. All contracts will be a commitment for the entire summer. If you drop out early or enrollment is terminated, payment is still expected. **No refunds will be made for absences or vacations. See attached fee schedule. Your account must be current.**

**DISCIPLINE PROCEDURE:** “Refocus Forms” will be issued for repeated behavior problems. **Three** issued in the Summer Program will result in termination of your child’s enrollment for the remainder of the summer.

Our policy for the summer will be as follows:

- 1) All Canyonside School rules will be in effect for the Summer Program:
  - ★ Follow Directions
  - ★ Listen the first time
  - ★ Treat the teachers and other children with respect
  - ★ Appropriate language is to be used at all times

***In extreme cases and/or failure to follow the above policies, you will be contacted to promptly remove your child for the remainder of the day.***
- 2) If we are on a field trip and your child should become sick or you have been contacted to pick up your child due to a discipline problem, you will be responsible for picking up your child at that location.

**Field Trips:** You will be notified in advance of date, departure time, and approximate arrival time back to the school. **There will be an extra charge for all field trips.**

**T-Shirts:** CCS T-shirts will be distributed the first day of the Summer Program and should be worn on all field trip days.

**WE’RE LOOKING FORWARD TO A GREAT SUMMER! ☺**

# REGISTRATION FORM

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Any activity restrictions? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_

**Emergency Information:**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work#/Cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work#/Cell# \_\_\_\_\_

**Emergency Name and Phone Numbers to call when parents cannot be reached:**

1) \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_ Phone# \_\_\_\_\_

Names of people authorized to pick up my child(ren): 1) \_\_\_\_\_

(They will be asked for I.D. the first time) 2) \_\_\_\_\_

**Summer Program Tuition Rates: Please "X" box of days needed below.**

- |  |                              |
|--|------------------------------|
|  | 5 Full Days...\$300.00/month |
|  | 4 Full Days...\$250.00/month |
|  | 3 Full Days...\$200.00/month |
|  | 2 Full Days...\$150.00/month |
|  | Weekly Rate..\$80.00/week    |

\*Drop-In Rate... \$18.00/day or \$10.00/half day (5 hours or less)

**Multi Child Discounts... 2<sup>nd</sup> child \$50.00 off, \$25.00 off per child after. Does not apply to weekly rates.**

**\*Drop-ins are**

**subject to available staff. If our Department of Health & Welfare counts are full, children will not be allowed to attend that day.**

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

(Indicate above days and hours needed for the 3 or 4 day program so we know how to schedule staff.)

- A registration fee of \$25.00 must accompany this form. All registration fees are non-refundable.
- Summer Program is billed monthly and due upon receipt.
- Payments must be made even if you drop out early or enrollment is terminated before August 13, 2010.

~PLEASE READ AND SIGN REVERSE SIDE~

This Form must be completed and signed before your child(ren) are enrolled.

**COMMITMENT OF PARENTS ~ Please read carefully**

**It is my understanding that the policy of the Summer Program is to make no refunds on registration fees. There are no refunds for absences.**

**A \$20.00 fee will be charged on all returned checks.**

**June tuition is due upon receipt.**

**All contracts are a commitment throughout the 2 ½ month Summer Program. If my child's enrollment is terminated due to behavior problems or if I dropout early, my payment will be made for the remainder of the summer until the program ends on August 13, 2010.**

**No changes in my contract may be made after May 28, 2010.**

An "Extra Fee" of \$5.00 per child for each quarter hour, or any portion thereof, will be billed if my child(ren) remain after closing (5:45 P.M.).

We hereby agree and fully support the disciplinary action stated in the summer paperwork. In the event my child needs to be removed from the school for all or part of the day, I will promptly remove him/her. If you are on a field trip, I will pick up my child at that location.

I am responsible for obtaining my own medical and accident insurance coverage and am responsible for any medical bills incurred while enrolled in the Summer Program.

I give permission for my child(ren) to go on field trips and outings held by the Canyonside Summer Program with proper adult and teacher supervision and absolve Canyonside Christian School, Inc. from liability due to injury of any kind during the Summer Program.

If for some reason I cannot be contacted in what the Summer Program considers to be sufficient time, permission is granted to those in authority to obtain emergency medical help for my child.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Any known allergies or special medical needs?**

\_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_