

# St. Paul's School Summer Fun 2010

(Currently Enrolled)

## **SESSION DATES AND THEMES**

1	June 1-4 (Holiday: May 31-Memorial Day)	Art Alive
2	June 7-11	Animal Planet
3	June 14-18	Pirates & Princesses
4	June 21-25	Goo, Glop & Slop
5	July 28-July 2	Creepy Crawlers
6	July 6-9 (Holiday: July 5-Independence Day)	Iron Chef
7	July 12-16	Ocean Explorers
	<b><i>July 19-23 School is Closed for Vacation Bible School</i></b>	
8	July 26-30	Dinosaurs
9	August 2-6	World Traveler

## **SUMMER FUN DAYS, HOURS & FEES**

### **3-Days: Currently enrolled in Cl. 1, 2, 3, 4, 5**

Tuesday, Wednesday, Thursday, 9:30am-2:30pm \$125 per week

### **Add a Monday or a Friday**

\$30 for each day

### **5-Days: Currently enrolled in Cl. 6, 7, 8 or 9**

Monday through Friday, 9:30am -2:30pm \$200 per week (Session 1 & 6 = \$160)

## **AM and/or PM Care - All Classes**

AM Care: Monday-Friday, 8:00-9:30am \$12 per day

PM Care: Monday-Friday, 2:30-4:00pm \$12 per day

## **HOW TO REGISTER**

- Registration is first-come-first-serve!
- Complete and sign the attached application form and return it to the school office by Friday, March 12.
- Attach a non-refundable \$50 deposit for each weekly session you checked. Deposits will be returned for any sessions that fill up.
- Notification of your child's placement will be mailed by Friday, April 9.
- The balance for each available session must be submitted one week prior to that session.

## **CANCELLATION POLICY**

If you cancel a session the deposit is non refundable. It can not be used for a session balance nor will it be refunded. There will be no credit for missed days.

Office use only: Date: \_\_\_/\_\_\_/\_\_\_ Deposit Received: (\_\_\_ x\$50) \$\_\_\_\_\_ Check # \_\_\_\_\_

## SUMMER FUN 2010- APPLICATION

Child's Full Name: \_\_\_\_\_ Name Called: \_\_\_\_\_ M / F

Birthday: \_\_\_/\_\_\_/\_\_\_

In which class is your child *currently* (2009-2010) enrolled at St. Paul's School? \_\_\_\_\_

**Mother:**

**Father:**

First/Last Name: \_\_\_\_\_

Mailing Address, City, ZIP : \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please indicate your session choices:**

SESSIONS Check Here √		OPTIONAL DAYS? (Cl. 1-5 only)		AM and/or PM Care Please indicate which days of the week	
		Mon.	Fri.	AM	PM
#1: 6/1-4					
#2: 6/7-11					
#3: 6/14-18					
#4: 6/21-25					
#5: 6/28-7/2					
#6: 7/6-9					
#7: 7/12-16					
<b>7/19-23-School Closed for VBS</b>					
#8: 7/26-30					
#9: 8/2-6					

A deposit (\$50 per session) is due for each checked session: \_\_\_\_\_ sessions x \$50 = \$\_\_\_\_\_

**Please sign the statement below:**

I have attached a payment to cover the deposit of all the sessions I have checked. I understand that if I cancel a session the deposit is **not refundable and may not be used** as a payment for a session balance. I also understand that the balance for each confirmed session needs to be submitted a week prior to that session. No credit will be given for missed days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_