

St Gregory the Great School



“Summer Knights”



Entering TK-Fifth Grade

No Uniform Required

June 27th-July 28th

Cost: From 8:00am-3:00pm \$150 a week

Morning Session: Academics 8:00- 12:00- \$100 a week

Fitness Fun- 12:00-3:00 pm-\$60 a week

Day Care:

Morning 7:00 am to 8:00-\$100 for the month

Afternoon Day Care-3:00-6:00 pm \$100 for the month

Morning & Afternoon Day Care-\$200 for the month



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Summer School Program Agreement



DEADLINE TO ENROLL – JUNE 10, 2016

PAYMENTS CAN BE MADE IN FULL OR TWO PAYMENTS

1ST PAYMENT DUE – May 27th ; 2ND PAYMENT DUE JUNE 10th

Daycare morning and afternoon available

FAMILY NAME: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Please indicate which session your child(ren) will be attending below:

___ My child(ren) will be attending Summer School ONLY **from 8:00 a.m. to 3:00 p.m.** (no daycare)

___ My child(ren) will be attending MORNING DAYCARE and Summer School.

___ My child(ren) will be attending Summer School and AFTER SCHOOL DAYCARE.

___ My child(ren) will be attending BOTH DAYCARE sessions and Summer school.

PARENT CONTACT INFORMATION:

MOTHER/GUARDIAN'S NAME: _____

(Work) _____ (Home) _____ (Cell) _____

DAD/GUARDIAN'S NAME: _____

(Work) _____ (Home) _____ (Cell) _____

BELOW PLEASE LIST THE NAMES OF INDIVIDUALS AUTHORIZED TO RELEASE CHILD(REN) FROM SUMMER SCHOOL/DAYCARE. NO CHILD WILL BE ALLOWED TO LEAVE WITHOUT WRITTEN AUTHORIZATION FROM PARENT/GUARDIAN AND WITHOUT SIGNATURE OF THE AUTHORIZED ADULT AT THE DAYCARE OFFICE.

EMERGENCY CONTACT INFORMATION:

1. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

2. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

3. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

I understand that I, the undersigned give full permission to the above-referenced individuals to pick up my child(ren).

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount Enclosed: \$ _____

Check/Cash