2024 Quincy Catholic Academy Summer Program Registration

Application / Emergency Form

Please complete one application for EACH CHILD attending the program.

A \$150 registration fee is due for each registration.

PLEASE ATTACH A COPY OF YOUR CHILD'S LASTEST PHYSICAL AND IMMUNIZATIONS **STUDENT INFORMATION**:

Last Name	F	irst Name			Middle Na	me
Grade in Fall of 2024:	Date of Birth:					
CONTACT INFORMATION	<u>1</u> :					
Mother/Guardian Name:						
Address:						
Phone Numbers: Home:						
Cell:		E-Mail:				
Father/Guardian Name:						
Address:						
Phone Numbers: Home:						
Cell:		E-Mail:				
Name/Relationship to Student:				Phone	:	
Name/Relationship to Student:				Phone	:	
Please list the name(s), address	es, cell phone numl	pers and relati	onship of any	adults (o	ther than pare	
Name/Relationship to Student: Please list the name(s), address permission to pick up or dismis	es, cell phone numl	pers and relati	onship of any	adults (o	ther than pare	
Please list the name(s), address	es, cell phone numl	pers and relati	onship of any	adults (of pickup/d	ther than pare	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numl ss your child. An II	pers and relati	onship of any ired at time of	adults (of pickup/d	ther than parei lismissal.	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numl ss your child. An II	pers and relati	onship of any ired at time of	adults (of pickup/d	ther than parei lismissal.	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numl ss your child. An II	pers and relati	onship of any ired at time of	adults (of pickup/d	ther than parei lismissal.	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numl ss your child. An II	pers and relati	onship of any ired at time of	adults (of pickup/d	ther than parei lismissal.	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numl ss your child. An II ADDRESS	pers and relati	onship of any ired at time of CELL PHO	adults (o f pickup/d NE	ther than parei	nts) who have
Please list the name(s), address permission to pick up or dismis	es, cell phone numles your child. An II ADDRESS LERGIES: (Please	pers and relati D will be reques	onship of any ired at time of CELL PHO	adults (o f pickup/d NE	ther than parer lismissal. RELATION	NSHIP ergies. If so, or
Please list the name(s), address permission to pick up or dismis NAME MEDICAL CONCERNS/ALI need to be supplied to the camp	es, cell phone numles your child. An II ADDRESS LERGIES: (Please	pers and relati D will be reques	onship of any ired at time of CELL PHO	adults (o f pickup/d NE	ther than parer lismissal. RELATION	NSHIP ergies. If so, or
Please list the name(s), address permission to pick up or dismis NAME MEDICAL CONCERNS/ALI need to be supplied to the camp	es, cell phone numles your child. An II ADDRESS LERGIES: (Please	pers and relati D will be reques	onship of any ired at time of CELL PHO	adults (o f pickup/d NE	ther than parer lismissal. RELATION	NSHIP ergies. If so, or

PROGRAM POLICIES AND PROCEDURES

A \$150 registration fee is required of ALL students planning on attending the Quincy Catholic Academy summer program. (NO child will be allowed to attend the program without a registration form). This registration fee is **NON-REFUNDABLE** and includes a summer skills workbook, a program shirt and snacks.

The registration fee will be billed through FACTS when the application is received. Please return application as soon as possible to assure a spot in the program.

PROGRAM FEES

DAILY HALF DAY RATE: \$40.00 per day (8:00 A.M. – 12:00 P.M.)

DAILY SCHOOL DAY RATE: \$60.00 per day (8:00 A.M. – 2:00 P.M.)

DAILY FULL DAY RATE: \$80.00 per day (8:00 A.M. – 5:00 P.M.)

LATE PICK-UP FEES/POLICY

The Program ends promptly at 5:00 P.M. each day. Late charges are as follows:

Half day students will be charged \$1.00 per minute/per child after 12:00 P.M.

School day students will be charged \$1.00 per minute/per child after 2:00 P.M.

Full day students will be charged \$1.00 per minute/per child after 5:00 P.M.

If a parent is habitually late (more than 3 times), the Staff reserves the right to terminate a child's enrollment. A written warning will be issued before termination.

ALL LATE FEES ARE PAYABLE IN CASH AT TIME OF PICKUP

PARENT AGREEMENT OF PROGRAM POLICIES

I understand that the registration fee is non-refundable.

I understand that all payments must be made by the billing due dates.

I understand that the program ends promptly at 12:00 P.M. for half day, 2:00 P.M. for School Day, and 5:00 P.M. for full day students and the late fees will be payable in cash at pickup.

I understand that there is a code of conduct and that my child can be dismissed from the program at the discretion of the Program Director.

I understand that there are NO REFUNDS if my child is dismissed from the program.

Child Name (Please Print):

Parent Name (Please Print):

Parent Signature:

Date: