

Quincy Catholic Academy is happy to announce that we will once again be offering a Summer Enrichment Program. The program will run from June 16<sup>th</sup> through August 8<sup>th</sup> in the lower school. Registration is open to children ages 4 and up.

- Please note that we do not have the resources for children requiring one-to-one supervision.
- We are not able to provide a changing area for children who are not potty-trained.
- We reserve the right to terminate a student from the program if the situation calls for it.

The program is designed to work with your schedule. You may sign up for as many or as few days that you like. Once you register and pay for a time slot it will not be refunded if you choose to cancel. You will be able to sign up for additional days throughout the summer with written authorization. Registration is \$150.00 and is non-refundable. This fee covers snacks for the children, enrichment materials, tee shirt and more. The staff consists of teachers, class-room aides, college students, and high school students (many whom attended QCA as students).

Each week of the program will have a theme. A regular day will consist of art, games, outdoor play, walks, academic enrichment and more. Children entering Pre School and K1 will have an afternoon nap. We provide morning and afternoon snacks as well as occasional treats such as popsicles and lollipops.

Quincy Catholic Academy will also offer one week specialty clubs that will run from 9:00am to 12:00pm. These are separate from the Summer Program. Specific Programs, dates, times and age groups will be announced in April. (Rates will be adjusted for students who attend the full day program in addition to the clubs).

If you have any questions or concerns do not hesitate to reach out. My email is: <a href="mailto:Tracy.Rixham@quincycatholicacademy.org">Tracy.Rixham@quincycatholicacademy.org</a>.

We look forward to spending our summer with your kids.

Sincerely,

Tracy Rixham

Director, QCA Extended Day and Summer Program

#### Summer 2025

### Dear Parents/Guardians:

Thank you for choosing to send your children to the Quincy Catholic Academy Summer Program. Throughout the summer your children will do numerous activities that are on and occasionally off the school grounds. Activities may include a walk around the neighborhood, a visit to the North Quincy Library, water table and sprinkler fun (at the school) or a visit to Cavanaugh Field. Please be sure to put sunscreen and bug spray on the children before coming to school (If you would like us to use additional sunscreen throughout the day, please include a spray bottle with the child's name on it).

 Snacks are provided for the children during the afternoon. There will also be special treats when the weather is hot. Below is a list of items that we provide. Please check off the items that your child may have: Popsicle/Freeze Pops \_\_\_\_\_Cupcakes \_\_\_\_\_Goldfish Lollipops Nilla Wafers \_\_\_\_Ice Cream \_\_\_\_Popcorn Pirate Booty Fruit Snacks Pretzels/Chips Cookies Veggie Straws • Walk around the neighborhood, visit local playground, visit local library. No\_\_\_ Yes Have photo taken for QCA social media pages Yes No\_\_\_\_ I give permission for my child, , to participate in the above activities at the QCA Summer Program. I also give permission to the staff to reapply sunscreen to my child at any point during the day. Parent/Guardian Name: Signature: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade Entering: Please select your child's shirt size: YS YM YL YXL AS AM ΑL AXL

## 2025 Quincy Catholic Academy Summer Program Registration

Application / Emergency Form for Pre-K (3-year-olds) – Entering Grade 6 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	First Name	Mi	ddle Name	
Grade in Fall of 2024:		Date of Birth:		
CONTACT INFOR	MATION:			
Mother/Guardian Nar	me:			
Address:				
Phone Numbers: Hor	me:	Work:		
Cell:	E-Mail:			
Father/Guardian Nam	e:			
Address:				
Phone Numbers: Hor	ne:	Work:		
Cell: E-Mail:				
EMERGENCY CO	NTACTS: (*2 NAMES OTI	HER THAN PARENTS M	MUST BE LISTED)	
Name/Relationship to Student:			Phone:	
Name/Relationship to Student:		Phone:		
* *	, addresses, cell phone number k up or dismiss your child. At	1 ,		
NAME	ADDRESS	CELL PHONE	RELATIONSHIP	

<u>MEDICAL CONCERNS/ALLERGIES</u>: (Please note if your child requires an Epi-Pen for any allergies. If so, one will need to be supplied to the camp.) <u>A DOCTOR'S ORDER FOR ASTHMA AND EPI PENS MUST BE SUBMITTED WITH FORM</u>