



Registration and Health/Emergency Form
2017 Eagle Club Summer Program
Summer Eagle Club Child Care Program runs 6/9/17 - 8/31/17

Child's Name: _____

Grade in Fall: _____

Child's Name: _____

Grade in Fall: _____

Child's Name: _____

Grade in Fall: _____

Mother's Name: _____

Father's Name: _____

We will be using the information entered on your TADS enrollment for 2017-2018 school year for contact information. If you have any additional contacts specific to Eagle Club Child Care, please note below.

Contact's First Name

Contact's Last Name

Relationship to Student

Cell Phone

Work Phone

Home Phone

Contact's First Name

Contact's Last Name

Relationship to Student

Cell Phone

Work Phone

Home Phone

Please list anyone who **IS AUTHORIZED** to pick up your child(ren) from Eagle Club. If another person is to pick up your child(ren) and is not on this list, you will need to email Eagle Club at EC@sjolc.org to communicate the name of the person picking up your child(ren).

By signing below, you confirm all information above is accurate to the best of your knowledge.

Parent Signature

Date



Fees and Agreement Form Summer Eagle Club Child Care 2017

Our Eagle Club Child Care is available to enrolled students at Saint John School ages 3-12.

Summer Eagle Club Child Care Program runs 6/9/17 - 8/31/17

Eagle Club will be closed July 3-4 and Sept 1 and no child care will be available on those days.

All forms are due by June 1, 2017 at 4 pm. Enrollments received after June 1 deadline, will be billed using the higher rate. See rate chart below.

Summer Sessions

If you register for all 13 weeks of Full Time Day Care M-F for the summer, you will receive the following:

- 1) your tuition will be capped at \$200/week.
- 2) the option to take 1 week of vacation without charge (5 consecutive days in one week, Monday-Friday)

Registered Daily Rate		Enrollment by June 1 Rates		Enrollment after June 1 Rates	
Sessions	Hours	M/W/F	T/Th Field Trip Days	M/W/F	T/Th Field Trip Days
AM Care	7:00 am - 12:30 pm	\$25/day	na	\$30/day	na
PM Care	12:30 pm - 6:00 pm	\$25/day	na	\$30/day	na
Full Day Care	7:00 am - 6:00 pm	\$40/day	\$50/day	\$50/day	\$60/day

Change In Child Care after 4 pm on June 1

Once enrolled, changes to your childcare needs can be easily communicated to us using our new Eagle Club email at ec@sjolc.org. Please note: changes must be communicated to that email address and require a minimum* of 3 business days advance notice in order to be considered. Families will be notified within 1 business day if we can accommodate your change in care request. Requests for change in child care will always be evaluated and permitted as staffing allows. All changes in care after 4 pm on June 1 will be billed at the higher rate. Multiple changes in care are subject to an administrative change fee.

* We are committed to maintaining the safety and well being of your children. In order to guarantee that we are meeting the staffing ratio requirements of our license, we do not have the ability to offer care without first making sure we have the staffing available. If you have a need for last minute care (less than 3 business days notice), please contact Mary Kay Rowan at 651-245-3393.

Late Pick-Up Policy

Eagle Club closes promptly at 6:00 PM

Our procedures are as follows:

1. A late fee of \$1.00 per minute will be calculated, per child, using the time documented on the sign-in/sign-out sheet and automatically added to your TADS invoice.
2. If conditions beyond one's control arise, you must notify the site as soon as possible, by emailing ec@sjolc.org or calling Eagle Club at 651-484-8913. You must make arrangements for someone else to pick up your child and communicate the name of the person picking up your child(ren) to Eagle Club.
3. If we have not heard from you 15 minutes after closing time, the emergency contact(s) will be called.
4. In the unlikely event that we have not heard from you 30 minutes after closing time, we were unable to reach your emergency contact(s), and all reasonable efforts to contact you have failed, our staff will be instructed to contact Child Welfare to ensure your children's safe care until you can be reached.
5. Continued late pick-up will result in termination of our services.

Please Note:

- * There is not a lunch program available during the summer Eagle Club Child Care program. Please send cold lunch with your child(ren).
- * Children must wear closed toe shoes to Eagle Club.
- * Children are expected to listen and follow the rules while at Eagle Club. If a disciplinary problem, the parents will be contacted. Together, we will find a solution.

If you have identical care needs for each child you are registering, you may include everyone on one form. However, if you have different care needs for your children, please submit a separate registered care schedule (page 2) for each child.

Child's Name (please print)

DOB

Grade

Child's Name (please print)

DOB

Grade

Child's Name (please print)

DOB

Grade

Mother's Name (please print)

Father's Name (please print)

Your Registered Care Schedule

Please fill out the calendars below to register for every day this summer you will need services.

Please use these numbers to register for your care on each day: 1=AM care 2=PM care 3=Full Day care

If there are days left blank, your child will not be registered for those days. (Days with an "X" are not available for summer care.)

June					July					August				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
			1 X	2 X	3 X	4 X	5	6	7		1	2	3	4
5 X	6 X	7 X	8 X	9	10	11	12	13	14	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	21	22	23	24	25
26	27	28	29	30	31					28	29	30	31	X

All fees will be calculated, billed, and automatically collected monthly through TADS.

Please select below what day of the month you would like your payment automatically withdrawn from TADS.

5th 15th 25th

For staffing purposes, this form is due by 4 pm on June 1, 2017. After 4 pm on June 1, 2017, all new registrations and changes in care will be billed at the higher rates. Multiple changes in care may be subject to an administrative change fee.

The Eagle Club Child Care Parent Information Document can be found on our website, sjolc.org, under the Child Care Tab. Go to bottom of the page and look for the Parent Information Document link. If you do not have access to our website, please contact the school office for paper copies.

Please initial on the line below to confirm agreement.

_____ I have read and agree to the Eagle Club Child Care Parent Information Document.

Once this form is signed and turned in, I agree to be responsible for all policies and payment of all fees as indicated on this form.

Parent Signature: _____

Date: _____

Please call Deb Langlois at (651) 288-3267 with any financial questions.

For office use only:	
____ sign in sheets	____ in billing system
____ Copies given to EC	____ original filed



All Field Trips Permission Form Eagle Club Summer Program 2017

Listed below are the field trips for the summer 2017 program. All field trips are subject to change due to unforeseen circumstances. Field trips will be taken between the hours of 9:00 am – 3:00 pm. There is no other option for Tuesday and Thursday care.

Please initial each line and sign the bottom to grant permission for your child to attend these field trips. Please provide current information on the attached overall field trip permission form. Your registration for Eagle Club Summer Program will not be complete until this paperwork is completed and turned into the school office.

Initial	Day	Date	Location/Purpose	Initial	Day	Date	Location/Purpose
_____	Tues	6/13	Bowling at Saxon Lanes	_____	Tues	7/25	STEM Activity
_____	Thurs	6/15	Twins Game	_____	Thurs	7/27	Oliver Kelly Farm
_____	Tues	6/20	Como Zoo	_____	Tues	8/1	Teacher Surprise
_____	Thurs	6/22	Little Venetian making pasta	_____	Thurs	8/3	The Pizza Shop to make pizzas
_____	Tues	6/27	Eagle's Nest	_____	Tues	8/8	Minature Golf
_____	Thurs	6/29	Strawberry Picking	_____	Thurs	8/10	Tour of Fort Snelling
_____	Tues	7/4	EAGLE CLUB CHILD CARE CLOSED	_____	Tues	8/15	Poplar Hill Goat Farm
_____	Thurs	7/6	Nature Hike to Pioneer Park	_____	Thurs	8/17	Bowling @ Saxon Lanes
_____	Tues	7/11	Lookout Ridge Indoor Playground	_____	Tues	8/22	Treasure Hunt or Bingo/Prizes
_____	Thurs	7/13	Tour of Little Canada Fire Dept.	_____	Thurs	8/24	Hike to Spooner Park
_____	Tues	7/18	Minnesota State Capitol Tour	_____	Tues	8/29	Summer Olympic Day
_____	Thurs	7/20	Saxon Lanes	_____	Thurs	8/31	Pioneer Park Picnic

I authorize my child(ren) to attend the above locations or alternatives, if necessary.

X _____ Dated: _____

Please Print Name of Parent Authorizing: _____

Please list the name(s) of your child(ren) you are authorizing attendance in Eagle Club Summer Field Trips



Field Trip Consent Form and Indemnity Agreement
2017 Eagle Club Summer Program

Participant's Name: _____

Birth Date: _____

Gender: _____

Participant's Name: _____

Birth Date: _____

Gender: _____

Participant's Name: _____

Birth Date: _____

Gender: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

I, _____, grant permission for _____
(Parent/Guardian's Name) (Participant's Name(s))

to participate in the above named activity and I warrant that each named child is in good health. I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims for law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child(ren) or others, that arises out of any behavior by my child(ren) at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

(Name)

(Phone Number)

OPTIONAL MEDICAL TREATMENT:

Medication child is taking at present: _____

Medication should be sent with the teacher to be given to my child(ren) at the prescribed time.

Family Health Plan – Carrier Number: _____

Family Doctor Name: _____ Doctor Phone: _____

Parent Signature: _____

Date: _____



T-Shirts and Sunscreen Fees Form 2017 Eagle Club Summer Program

Eagle Club has an eventful summer program planned for 2017! That means your children will be spending a lot of time outdoors and possibly on field trips. For the safety of your children they are required to wear an orange Eagle Club t-shirt if they are attending our program on Tuesdays and/or Thursdays. The cost for a T-shirt is \$10.00 if purchased by 4 pm on June 1, 2017. After 4 pm on June 1, 2017, the cost for t-shirts will be \$15 each. Please fill out your t-shirt order and sign permission for sunscreen application and fees below.

Child's Name (please print)

Child's Name (please print)

Child's Name (please print)

Child's Name (please print)

T-Shirt Order

Please mark Qty of each size shirt you would like.

Kid Sizes		Adult Sizes		Total Qty of Tshirts ordered = _____
Size	Qty	Size	Qty	
S (6/8)	_____	S	_____	Price = \$10/shirt (after June 1 Price - \$15/shirt)
M (10/12)	_____	M	_____	
L (14-16)	_____	L	_____	
		XL	_____	(Qty x cost) Total = \$ _____

_____ I understand the orange Eagle Club T-shirt is required to be worn on days we leave school grounds.

_____ My child(ren) will not be attending Eagle Club on Tues and/or Thurs, so Eagle Club T-shirts are not required.

_____ I have orange Eagle Club T-shirts for my child(ren) to wear.

Sunscreen Permission

For the safety of your children, each child is required to have sunscreen applied daily as needed. Eagle Club will apply the sunscreen, but we need your permission to do so.

_____ I authorize Saint John Eagle Club to apply sunscreen to my child(ren) (SPF 30 or above).

_____ I also agree to pay \$12/child to have the Eagle Club purchase sunscreen. You will be billed through TADS for the sunscreen.

Once this form is signed and turned in, I agree to be responsible for all policies and payment of all fees as indicated on this form.

Parent Signature

Date

Please call the school office with any questions 651-484-3038.