



Saint John the Evangelist School

2621 McMenemy Street
Little Canada, MN 55117
(651) 484-3038 • FAX (651) 481-1355 • stjte@comcast.net

To: Summer 2010 Eagle Club Parents

From: Tricia Kurschner, Eagle Club Coordinator

Date: Monday, June 7, 2010

Re: Eagle Club Summer 2010

We are pleased you have chosen the Eagle Club for the summer of 2010!

This letter is to confirm your registration for summer 2010 Eagle Club.

Last Name _____
Child(ren)'s Name(s): _____

Your summer registration is almost complete. Here is a checklist of forms to send back to us:
* PLEASE CHECK BOTH SIDES OF THE FORMS – WE ARE TRYING TO SAVE TREES*
These forms can also be found on new website www.sjolc.org under the child care tab.

- _____ \$10 for sunscreen and application permission slip
- _____ Field trip general permission
- _____ Field trip initialed form for each individual event
- _____ Walking permission slip
- _____ Emergency form (if you did not attend St. John's during the 09-10 school year)

Please remember that a breakfast is generally served from 8:10 – 8:40 a.m., afternoon snack is usually from 3:00 - 3:30 p.m., but children are responsible for bringing their own lunch. Milk is provided at breakfast only. Please send a water bottle with the child's name on it. If a lunch is forgotten, there will be a \$5 charge for a lunch. Please have your children wear tennis shoes. Please send a change of clothes with your younger children.

For the safety of your children, the Eagle Club staff is working on the best security system for the summer. The staff wants to be accessible for drop-off and pick-up, but do not want the children to have to be inside on beautiful summer days either. There will be a schedule hung up on the door each day. When you come to pick-up or drop-off your child(ren) please leave enough time to locate and pick up your child.

The Eagle Club Information Document is available on line.

Please feel free to call Mary Tyler at #651-288-3223 with any billing questions.

SAINT JOHN THE EVANGELIST SCHOOL



Eagle Club
Summer 2010



I authorize my child(ren) to leave Saint John's Eagle Club building and grounds to go to Spooner Park, Gervais beach or any other parks for Eagle Club activities.

Child(ren) attending Eagle Club _____

Parent's name Printed: _____

X _____ Date: _____
Parent's Signature

Eagle Club
Summer 2010

Eagle Club has an eventful summer program planned for 2010! That means your children will be spending a lot of time outdoors. 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's Eagle Club to apply sunscreen to my child(ren) (SPF 30 or above). **I also agree to pay \$10 to have the Eagle Club purchase sunscreen.**

Child(ren) attending Eagle Club _____

Parent's name Printed: _____

X _____ Date: _____
Parent's Signature

SAINT JOHN THE EVANGELIST SCHOOL
2621 McMenemy Street
Little Canada, MN 55117
(T) 651/484-3038, (F) 651/481-1355

FIELD TRIP CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

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

to participate in the above named activity and I warrant that my 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 or others, that arises out of any behavior by my child 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 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 my child is taking at present: _____
_____ Medication should be sent with the teacher to be given to my child at the prescribed time.

Family Health Plan - Carrier Number: _____ Doctor Phone: _____
Family Doctor Name: _____

Parent Signature: _____

SAINT JOHN THE EVANGELIST SCHOOL



Eagle Club



Summer 2010

Listed below are the field trips for the summer 2010 program. All field trips are subject to change due to unforeseen circumstances. Field trips will be taken during blocks 2 and 3. There is no other option for Tuesday and Thursday care.

Please initial each line to grant permission for your child(ren) to attend these off campus field trips. Please provide current information on the attached overall field trip permission form.

- _____ Tuesday, June 15: Highland Park Swimming
- _____ Thursday, June 17: Chuck E Cheese

- _____ Tuesday, June 22: Bowling
- _____ Thursday, June 24: Afton Strawberry Picking

- _____ Thursday, July 1: Raptor Center

- _____ Tuesday, July 13: Highland Park Swimming
- _____ Thursday, July 15: "The Stinky Cheese Man"

- _____ Tuesday, July 20: Saint's Game
- _____ Thursday, July 22: Harriet Alexander Nature Center

- _____ Tuesday, July 27: Waterworks Swimming
- _____ Thursday, July 29: Children's Museum

- _____ Tuesday, August 3: Bowling
- _____ Thursday, August 5: Como Zoo

- _____ Thursday, August 12: Pump It Up

- _____ Tuesday, August 17: Science Museum
- _____ Thursday, August 19: Chuck E Cheese

- _____ Tuesday, August 24: Highland Park Swimming
- _____ Thursday, August 26: Eagles Nest

- _____ Tuesday, August 31: Waterworks Swimming
- _____ Thursday, September 2: KIDS VOTE!

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

X _____ Dated: _____

SAINT JOHN THE EVANGELIST SCHOOL
2621 McMenemy Street
Little Canada, MN 55117
(T) 651/484-3038, (F) 651/481-1355

**EAGLE CLUB SUMMER WALKING FIELD TRIP
CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

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

to participate in the above named activity and I warrant that my 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 or others, that arises out of any behavior by my child 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 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 my child is taking at present: _____
_____ Medication should be sent with the teacher to be given to my child at the prescribed time.

Family Health Plan -- Carrier Number: _____

Family Doctor Name: _____ Doctor Phone: _____

Parent Signature: _____