

<p style="text-align: center;">Saint Jude the Apostle School Early Childhood Summer Program Kindergarten and Pre-Kindergarten Children</p>

Purpose

The program is designed to combine the interests of children in Pre-K and Kindergarten with learning through discovery. The program takes a thematic approach to include a variety of educational and social experiences in a safe and creative environment. Held at St. Jude the Apostle School, our program is open to **currently enrolled Pre-K and K students and those who will be enrolled by September 2017.**

Dates

The program will run for 9 weeks from June 26, 2017 through August 25, 2017.

Times

Regular Camp Hours: 8:00 a.m. - 3:00 p.m.
Extended Camp Hours 7:30a.m. - 5:30 p.m.

Rates

One child: Regular Camp Hours: \$150.00 per week
Extended Camp Hours: \$175.00 per week
Two or more children: Take 10% off total bill

Activity Fee:

\$50.00 per child-due when registering
Covers supplies, snacks, and drinks

Staff

Teachers from Saint Jude the Apostle School, Day and After School Programs, who are experienced in educational and recreational programs staff the Summer Program.

Themes

Weekly program themes are designed to encourage our children to develop new interests.

A detailed weekly itinerary will be provided each week.

Week 1: Summer
Week 2: Stars & Stripes
Week 3: Space
Week 4: Camping
Week 5: Spanish
Week 6: Bugs
Week 7: Pond
Week 8: Kite's and Wind
Week 9: Olympics

Important Information

- Registration Deadline is Friday, April 7, 2017.
- Half (50%) of the total **non-refundable** bill is due by Friday, June 23, 2017.
- The remaining **non-refundable** balance is due by Friday, July 21, 2017.
- Children need to bring their own lunch and drink each day.
- All children should bring a water bottle each day.
- Families with outstanding tuition or CASE balances will not be admitted to the summer program.

Registration Form
St. Jude the Apostle School Summer Program
42 Dana Ave., Wynantskill, NY 12198
518-283-0333

Child's Name: _____
Date: _____

Birth

Home Address: _____
Phone: _____
City: _____
Zip: _____

Home

State: _____

School Attending: _____

Grade: _____

Father's Name: _____
Phone: _____

Business

Phone: _____

Cell

Mother's Name: _____
Phone: _____

Business

Phone: _____

Cell

The Following have permission to pick up at the Summer Program. **Please include yourself.**

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Will your child be receiving any special services during the summer? (If so please let the director know the schedule) _____

Has your child any allergies? _____

Has your child any physical limitations? _____

What is your child's present condition of health? _____

Has your child any particular fears? _____