# St. Joan of Arc School

**Learners Today, Leaders Tomorrow**

**120 Bordner Avenue, SW**
**Canton, OH 44710**
**Phone: 330.477.2972**
**Fax: 330.478.2606**
**www.sjacanton.org**

# S.J.A. Summer Day Care
# June 4th to August 10th
# 7:00 - 5:30 daily

## We have a great summer day care program!

Our program includes

- supervision by three adults (SJA teachers)
- lots of outdoor playtime
- swimming at Perry Natatorium
- a local field trip each week
- story time with Bookmobile

If you are interested in our program, please fill out the registration form and return it to school along with your registration and bus fees A.S.A.P., attention Barb Ungashick.

We only accept 55 children in the program (first come, first served)

**One Time Fees:**

- **Registration/Activity Fee** **$65.00 per child**
- **Family Bus Fee** **$50.00 per family**

**Daily Fees (payment due first day of each week attending):**

- **Daily 1 child** **$25.00 per day (2 day minimum)**
- **Daily 2+ children** **$35.00 per day (2 day minimum)**

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| For Office Use: _____ date |
|---|
| _____ $65.00 Reregistration Fee Paid |
| _____ $50.00 Bus Fee |
| Check # _____ Cash _____ |

## Summer Camp Registration

**330.806.9778 (cell 2:45-5:30)**
**330.477.2972 (school days only 8:00-3:00)**

Please fill out this form and the emergency medical form; return to the school along with the registration and bus fees. We will only accept 55 students in the program. To guarantee your place in the program forms and fees must be turned in to the school.

| Child name: | Present Grade: |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent Name: _____ Phone: _____

Email: _____

Home Address: _____

City: _____ Zip Code: _____

Select the schedule that meets your needs. **(Select only one.)**

_____ Daily (Monday thru Friday)

_____ Same days every week – Please select days:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Schedule changes every week – Please advise week before for staff scheduling purposes.

Registration/Activity Fee - $65.00 per child.

Bus Fee $50.00 per family

# St. Joan of Arc School

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## 2:45 Club/Summer Camp
## Emergency Medical

**330.806.9778 (cell 2:45-5:30)**
**330.477.2972 (school 8:00-3:00)**
**330.478.2606 (school fax)**

| 2:45 Club | Summer Camp |
|---|---|
| ☐ | ☐ |

Please check

**Student Info:**

Last Name: _____ First Name: _____ Grade: _____

Last Name: _____ First Name: _____ Grade: _____

Last Name: _____ First Name: _____ Grade: _____

Last Name: _____ First Name: _____ Grade: _____

Address: _____ Email: _____

City & Zip: _____ Home Phone: _____

**Mother's Name:** _____ Work Phone: _____

Cell Phone: _____

**Father's Name:** _____ Work Phone: _____

Cell Phone: _____

Alternate person to contact: _____ Phone: _____

In the event that reasonable attempts to contact me at home, work or cell have been unsuccessful,
I HEREBY GIVE MY CONSENT FOR:

1. The administration of any treatment deemed necessary by:

   Dr. _____ M.D. Phone: _____

   Dr. _____ D.D.S. Phone: _____

   Or in the event that preferred practitioner is not available, by another licensed physical or dentist; and

2. The transfer of the child to _____ Hospital

❖ This form is two sided – please complete both sides.

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## 2:45 Club/Summer Camp
## Emergency Medical

**330.806.9778 (cell 2:45-5:30)**
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**330.478.2606 (school fax)**

**FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:** _____

_____

_____

**Please list the person(s) that are authorized to pick up your child/children.**

| Name: | Relationship: | Phone: |
|---|---|---|
| | | |
| | | |
| | | |

If there are special instructions about those permitted or not permitted to pick up your child/children, please specify: _____

_____

_____

**Signature of parent:** _____ **Date:** _____

❖ This form is two sided – please complete both sides.