



Summer Adventure Club

FAITH-FILLED FUN
ALL SUMMER LONG!



Calling All Explorers!

St. Stephen's School is the place where your child can have **FAITH-FILLED FUN ALL SUMMER LONG!** Every week, kids take part in **fun activities that every explorer will LOVE!** We provide a safe, structured, nurturing atmosphere for your child.

Great transition program for incoming kindergartners

Highlights:

- Arts and Crafts
- Exciting Field Trips
- Special Themed Days
- Outdoor Sports
- Daily Reading and Journaling
- Anoka Aquatic Center (3 times a week)
- Breakfast offered daily

Ages: 5-13 year olds

Prices: \$135 per week for full-time (5 days a week)
\$32 per day for part-time (less than 5 days a week)

Hours: 6:00 a.m. to 6:00 p.m.
Drop off and pick up times may vary for families

Dates: June 13th through August 26th



All are welcome!

Register Your Explorer Today!

For more information call 763-712-7453
or visit StStephenSchool.org



St. Stephen's
Catholic School



2016 Summer Enrollment

June 13th - August 26th, 6 a.m. – 6 p.m.

All students attending Summer Adventure Club must be enrolled. Please complete the information requested below to reserve your spot. Return this enrollment application and your \$25 registration fee to:

St Stephen's School

**Attn: Teri King, Summer Adventure Club Director
506 Jackson St., Anoka, MN 55303**

Student Information: (please print)

Child's Full Name: _____

Male / Female (please circle) D.O.B. _____ Child Lives With: _____

T-Shirt Size (circle one): Child - Small Medium Large Adult - Small Medium Large

Parent Information: Please list which parent is to be called first: _____

Dad's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell #: _____ Work #: _____

Email: _____

Mom's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell #: _____ Work #: _____

Email: _____

Health Information:

Doctor: _____ Clinic: _____

Phone: _____ Dietary or medical needs: _____

Other Concerns: _____

Emergency Contact Information:

First Contact Name: _____ Phone: _____

Relationship to Student: _____

Second Contact Name: _____ Phone: _____

Relationship to Student: _____

Care Options: ____ Full Time: 5 days a week/\$135 wk ____ Part Time: Less than 5 days a week, \$32 per day

Circle the days you expect you will need care: M T W TH F

Completion of this enrollment form signifies that as a parent/guardian, you agree to the \$25 non-refundable enrollment fee and understand that your student will be placed on the Summer Adventure Club roster based on availability at the time the program receives this enrollment form. All pertinent student and parent information can be found in the Summer Adventure Club Handbook. You will be asked to read and agree to the Summer Adventure Club Handbook at a later date.

(Signature of Parent/Guardian)

(Date)

