



Summer Adventure Club



St. Stephen's
Catholic School

JUNE 10—AUGUST 23
2019

About Us:

FAITH-FILLED FUN ALL SUMMER LONG!

Every week at Summer Adventure Club (SAC), children take part in **fun activities** that every explorer will LOVE!

We provide a safe, structured, nurturing atmosphere for your child.

Open to children ages:
5 years old (going into kindergarten)
through **5th grade**

Program Hours:

Summer Adventure Club
Hours

6:30am to 6:00pm
Monday -Friday.

S.A.C. is closed on July
4th

Learn More...

To learn more go to:
<http://ststephenschool.org/athletics/base/>

Price:

Our tuition rates include:

- Daily breakfast
- PM Snack
- Field Trips & Activities
- Vacation Bible School

Full Week \$40/ day per child

Full week (5 days) = \$200 per week per child
One week vacation not charged if child is
absent full week
Must be five consecutive days

Pick Your Day \$45/ day per child

Let us know what your schedule is!

Please notify SAC by the 15th of the previous month
which days your child(ren) will attend for staff plan-
ning purposes
(Vacation days are not an option)

Minimum 6 days required per month

Daily Drop-in \$50/ day per child



2019 Summer Enrollment

June 10th - August 23rd, 6:30 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:

mschaeppi@ststephenchurch.org
St Stephen's School
Mary Schaeppi, Summer Adventure Club
506 Jackson St., Anoka, MN 55303

Student Information: (please print)

Child's Full Name: _____

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

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

Parent Guardian #1 _____

Parent Guardian #2 _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell #: _____ Work #: _____

Cell #: _____ Work #: _____

Email: _____

Email: _____

Health Information:

Doctor: _____ Clinic: _____

Phone: _____ Dietary or medical needs: _____

Other Concerns: _____

Insurance Name _____ Policy # _____

Emergency Contact Information:

First Contact Name: _____ Phone: _____

Relationship to Student: _____

Second Contact Name: _____ Phone: _____

Relationship to Student: _____

Choose Option:

X Full Week \$200.00 per week

X Pick Your Day \$45 per day (Minimum 6 days per month)

Circle Days: M T W Th F

X Drop in \$50 per day

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)

