



Summer Adventure Club



St. Stephen's
Catholic School

JUNE 15-AUGUST 21
2020

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**

Price:

\$25.00 Registration Fee
Per family

**Full Week
\$40 per day per child**

Fulltime children(5 days) receive
one week vacation not charged if child is ab-
sent full week
Must be five consecutive days

Program Hours:

Summer Adventure Club
Hours

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

**S.A.C. is closed on July
3rd**

Our tuition rates include:

- Daily breakfast
- PM Snack
- Field Trips & Activities
- Vacation Bible School
- Not included: Ice Cream Wagon and Aquatic Pass/Fees

**Daily Drop-in
\$50/ day per child**

Learn More...

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



2020 Summer Enrollment June 15th - August 21st, 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 per family registration
fee to:

mschaepi@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 First Child D.O.B. _____ Second Child : _____

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

Parent Guardian #1 _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell #: _____ Work #: _____

Email: _____

Parent Guardian #2 _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell #: _____ Work #: _____

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: _____

Circle Days: M T W Th F \$40.00 per day

_____ 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)

By signing above I agree to abide by the Parent Handbook

(Date)

