![Summer%20Fun[1]]()

**Summer Program for 2020**

**Nursery – Grade 3**

**3-10 years’ old**

Dear Parents,

The time is drawing near where we need to start planning for summer. Our summer camp program will be 8 weeks, starting **July 6th and ending August 28th.** Each week will be a different theme and programs will be limited in enrollment. The camp day will begin at **8:00am** and will end at **3:00pm.**

**We will be offering Am and Pm Care.**

**Am care** will be from **7am** – **8am** @ **$32.50 per week in addition to weekly camp rate.**

**Pm care** will be from **3pm** – **6pm** and billed accordingly; **3:00-4:30-$49.00 per week 3:00-5:00-**

**$65.00 per week, and 3:00-6:00-$88.00 per week. This fee is in addition to weekly camp rate.**

**The cost of camp is $200.00 per week; (non-refundable) this will include all camp supplies. Payment is due July 6th for all weeks you are attending in July and payment is due August 3rd for all weeks you are attending in August.**

There is a 10% discount for the second child

There will be a **$55.00** one-time Registration fee which will be (**non- refundable)** per family.

This charge is to hold your spot for the summer program.

Space is **LIMITED** per week!!

Each day your child (ren) will be asked to bring a water bottle, full lunch and 2 snacks

for morning and afternoon. **We will also be serving hot lunch this summer due to high demand😊**

**Wednesday** we will be having **Ms. Lisa** join us for music and movement

along with **Kona Ice** in the afternoon**.**

**Thursdays** will be **Water fun day**

**Fridays** we will be having **Amazing Athletes** providing us with multi-sports and fitnessprograms.

Thank you, as always for sharing your children with Mother Teresa Academy!

**Mother Teresa Academy**

**Registration Form**

**Nursery / Pre-K / Kindergarten**

Please indicate the program you wish to register your child(ern)for.

DATE: THEME:

\_\_\_\_ Week 1 July 6th – 10th Out of this world

\_\_\_\_ Week 2 July 13th – 17th Creepy Crawlers

\_\_\_\_ Week 3 July 20th – 24th Go for the Gold

\_\_\_\_ Week 4 July 27th – 31st Jurassic World

\_\_\_\_ Week 5 Aug 3rd – Aug 7th Let’s go Camping

\_\_\_\_ Week 6 Aug 10th – 14th Under the Sea

\_\_\_\_ Week 7 Aug 17th – 21st Disney

\_\_\_\_ Week 8 Aug 24th- 28th Little Chefs

\_\_\_\_\_ Yes, I am interested enrolling my child(ern) In the MTA summer program. Enclosed is my **$55.00** per family non-refundable registration fee. **Check #\_\_\_\_\_\_\_\_\_\_\_\_**

Full Tuition for the weeks you will be attending in **July** will be due no later than **July 6th**

Tuition will be due for the month of **Aug,** no later than **Aug 3rd**

X \_\_\_ (Initials) **Emergency Medical Treatment**

I (Parent or Guardian) give my consent to Mother Teresa Academy, its officers, agents employees, individuals associated with the organization or any emergency medical personnel to administer necessary treatment to my child (named above) in the event of an emergency and authorize transportation for child by ambulance if situation warrants. I agree to accept responsibility for the payment of the emergency treatment.

X \_\_\_ (Initials) **Sunscreen**

I acknowledge that it is a possibility that games and activities will take place outside and it is my responsibility to **apply** sunscreen before camp begins.

X \_\_\_ (Initials) **Food and Snack**

I acknowledge that Mother Teresa Academy will **not** provide snacks during the camp, and it is my responsibility to send my child/children with **two** snacks per day.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: Mom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: Dad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Dad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**will** / **Not** be attending

Am Care **Yes / No** Pm care **Yes / No until** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_