



St. Anthony School
Adventure Club

Summer Program

Tuesday, May 29th to Friday, Aug 10th, 2018

11 Weeks of fun activities and field trips

Open from 6:30am - 5:30pm

*All students who will be attending Kindergarten up to
6th grade are Welcome.*

We gladly accepts Iowa Child Care Assistance (DHS)

For registration or more information please call

(515) 243-1874 email at

agonzalez@stanthonydsm.org

mrodriguez@stanthonydsm.org

Or stop by at Adventure Club Program,

located in Lower Church

Summer Adventure Club Registration Forms 2018



Students Name: _____ Grade Entering: _____ Birth date: _____

Home Address: _____

Home Phone Number: _____

Email Address: _____

Parent Information

Mothers Name: _____ Mothers Cell: _____

Mothers Work _____ Mothers Work Number: _____

Fathers Name: _____ Fathers Cell.: _____

Fathers Work: _____ Fathers Work Number: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Authorized Person to pick up child

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Summer Adventure Club Hours: 6:30am–5:30pm

Program begins: Tuesday May 29th and ends Friday Aug 11th (11 week program)

Limited registration: can have up to 35 students

Fees include: care from 6:30am–5:30pm Adventure Club provides breakfast and snack, however student is responsible for bringing their own cold lunch and drink. Parents will be called to bring a lunch if student forgets to bring one.

All students going into to KG through 6th grade are welcome to join this program.

Summer Adventure Club program fees are:

Please circle Part-time or Full-time.

*Registration fee: \$230 (one time fee)

*Full-time: \$125 per week with registration fee paid up front, or \$145 per week with registration payments.

*Part-time: \$100 per week (3 days/week).

Late Pick-up

Adventure Club hours are 6:30am to 5:30pm.

A late fee will be applied to your account if your child is picked up after 5:30

Rate: \$1.00 per minute

I have read the above and agree to select FACTS payment plan prior to the start of the 2018 Adventure Club Summer Program and agree to abide by the term of the payment plan.

Parent Name: _____ Parent Signature: _____ Date: _____

SAS Adventure Club Payment Guidelines.

All Payments will be made through **Smart Tuition**. You will be billed for the entire amount, no matter how many days your child attends Adventure Club Summer Program.

***If at any time your account falls more than 30 days behind we will ask you to make good on your payments and potentially be removed for the program, until your account is brought to current.

Notice to Withdrawal.

If a child is enrolled after the 15th of the month, the tuition is one-half the monthly fee. For children being enrolled before the 15th of the month, tuition for the month will be the full monthly fee. If a child is withdrawn before the 15th of the month, tuition will be one-half the monthly fee.

If a child is withdrawn after the 15th of the month, the tuition will be the full month's fee. A two-week notice is required to receive partial tuition rates. In cases of short-term notification (anything less than two weeks) of student withdrawal after the 15th of any month the student's family will be responsible for half of the next month's tuition. This allows SAS to maintain full enrollment of the SAS Adventure Club Before and After School Program for the purpose of operation and budgetary needs. Please note: Tuition rates are reviewed yearly. Tuition is an annual fee that is divided into equal monthly payments. The tuition rate is a set fee no matter how many days a student attends SAS Adventure Club each month.

Parent Signature: _____ Date: _____



SAS Adventure Club
Summer Program 2018

Health / Immunization / Communicable Disease Statement

I state that my child _____, is free of any communicable or infectious disease, and is able to participate in a child care program. I also state that my child's immunization record is on file with St Anthony's School Nurse.

My child has the following Allergies:

My child has the following acute or chronic condition(s):

My child is presently taking the following medication(s):

Parent / Guardian Signature: _____ Date: _____

SAS Adventure
Summer Program 2018
Club Medication Authorization



I _____ authorize SAS Adventure Club Jr. to administer medication to my child
_____. Per my instructions.

I _____ authorize SAS Adventure Club Jr. to administer medication to my child
_____. Per my instructions.

(Please fill out one line for every child)

Please list any know medical conditions of your child/ any medications your child is o that we should know about:

Signature: _____ Date: _____

SAS Adventure Club
Summer Program 2018
Permission for Emergency Care



I _____ hereby give SAS Adventure Club Jr. permission to take my child
_____ to the Emergency Room or to the Dentist in case of an Emergency.

I _____ hereby give SAS Adventure Club Jr. permission to take my child
_____ to the Emergency Room or to the Dentist in case of an Emergency.

Signature: _____ Date: _____

SAS Adventure Club
Summer Program 2018
Photograph, Publish in SAS Social Media.



I _____ give SAS Adventure Club Jr. permission to photograph my son or
daughter _____ and use the resulting photographs for any purpose that SAS
Adventure Club deems proper.

I _____ give SAS Adventure Club Jr. permission to photograph my son or
daughter _____ and use the resulting photographs for any purpose that SAS
Adventure Club deems proper.

(Please fill out one line per child)

Signature: _____ Date: _____

Dear Parents,

In order to stay up to date with our State Requirements for Extended Child Care, we are in need of some important information:

We need a current physical form that has been completed within the last 12 months. Also a copy of Immunization Records up to date. You can personally bring this in or have your Doctors office fax it to the school at 515-243-4467. Or email it to:

Armida Gonzalez agonzalez@stanthonydsm.org or

Mayra Rodriguez mrodriguez@stanthonydsm.org

We need the form ASAP.

Thank you,

Nicole Sanders

School nurse

SAS Adventure Club
Summer Program 2018
Doctor and Dental Information



Student's Name: _____ DOB: _____

Student's Doctor: _____ Phone Number: _____

Address: _____

Hospital you like your child to be taken in case of an emergency:

Student's Dentist: _____ Phone number: _____

Address: _____

Parent Signature

Date