

St. David Pre-K Summer School
5613 Garvin Ave, Richmond, CA 94805
510-232-1736

Dear St. David Parents;

St. David School is happy to announce that we will be offering a Pre-K summer school program this year. The summer school program will be open to any current Pre-K students and students registering for our Pre-K next year (as long as they are already 3 years old).

Dates: June 18th – July 20th (No school on July 4th)
Times: 8am-3pm
Price: \$950 for the month
Payment: Due in full by May 11th (no refunds or partial payment plans)
Lunch: Parents will need to send their children with a lunch

In order to offer a summer Pre-K program we will need a minimum of 6 students and will only take a maximum of 12 students. If you would like to sign-up, please fill out the attached forms and turn into the front office.

Our summer school will include:

- Large & small motor activities
- Daily snacks
- Art Projects
- A variety of academic and social skill building activities

If you have any questions please call the front office at 510-232-2283.

Summer School Registration Form

(Please fill out one form for EACH student enrolling. Please Print)

Last Name: _____ **First:** _____ **Age:** _____

Address: _____

City: _____

Zip: _____

Telephone: __ (____) _____

Parent Information:

Father: _____ Mother: _____

Employer: _____ Employer: _____

Telephone: __ (____) _____ Telephone: __ (____) _____

Cell Phone # _____ Cell Phone # _____

E-mail Address for Summer Contact _____

EMERGENCY HEALTH INFORMATION

Diocese of Oakland School Department

Name _____ BirthDate _____ Grade _____ Home
Address _____ ZipCode _____ Phone _____

Father/Guardian _____ Day Phone _____

Mother/Guardian _____ Day Phone _____

Relative, friend, or neighbor who has been authorized by parent to pick up child if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance:

Name _____ ID# _____

**I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency the school may choose a physician. Please state: Yes _____
No _____**

Name of Doctor _____ Phone _____

Dentist _____ Phone _____

Is your child allergic to any drugs? Yes _____ No _____ If yes, what? _____

Foods? Yes _____ No _____ If yes, what? _____

(bee sting, etc.) Other? Yes _____ No _____ If yes, what? _____

Does your child have any chronic illness such as asthma, diabetes, heart disease, and epilepsy?

Yes _____ No _____

If yes, what? _____

Does your child take any medicines on a regular basis? Yes _____ No _____

If yes, what and what for? List: _____

CONSENT FOR TREATMENT

I/We, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize a representative of _____ School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until August 1, 2018, unless sooner revoked in writing and delivered to the above mentioned agent(s).

Mother's signature _____ Date _____

Father's signature _____ Date _____

Legal Guardian's signature _____ Date _____

ST. DAVID SUMMER SCHOOL

PARENT AGREEMENT

We are looking forward to summer school here at St. David School. It is a joy and a privilege for our staff to care for your children before and after school. Please feel free at any time to communicate with us if you have any questions or concerns.

Please read the information carefully and sign below.

As a parent I agree to

- ® Support the goals set forth by the principal and the director.
- ® Pick up my child/children no later than 3:00 P.M. I realize that \$1.00 will be charged for every minute I am late.
- ® Sign my child/children in each morning and out in the afternoon. I understand that my child will not be released to any person who is not authorized by me on this form.
- ® Pay my fees in advance. I realize that all payments are non-refundable. A \$25.00 late fee will be charged for returned checks.

Child/children enrolled in the program

| NAME | Age |
|-------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Persons authorized to pick up my child/children

| | |
|-------------------|---------------------------|
| Name _____ | Relationship _____ |
| Name _____ | Relationship _____ |
| Name _____ | Relationship _____ |

Out of area contact (in case of emergency)

| | |
|---------------------------|---------------------------|
| Name _____ | Phone Number _____ |
| Relationship _____ | |

Parent Signature _____ **Date** _____