



Valle Catholic 2016 Summer Program Registration

Dates: May 23 - August 12, 2016 (Closed on July 4)

Age Groups: 3-4, 5-6, 7-8, 9-10

Fee: \$20 per day*, 6:30 a.m. – 5:15 p.m. (Includes breakfast, lunch and snack)

Location: Valle Catholic Early Childhood Development Center

Weekly Concepts:

	M	T	W	Th	F
May 23 - 27: Summer Kick-Off!					
May 31 – June 3: Summer Kick-Off!					
June 6 - 10: A Night at the Movies					
June 13 - 17: Magnificent Men; Past and Present					
June 20 - 24: The Bible; God’s Book					
June 27 – July 1: Patriotic Pride					
July 5 - 8: Health and Safety Week					
July 11 - 15: Around the World					
July 18 - 22: Little Explorers					
July 25 - 29: What I Want to Be...					
August 1 - 5: Things With Wings					
August 8 – 12: Summer Olympics (at football field this week)					

**In order to plan our staffing needs for this program, we kindly ask parents to anticipate the schedule that their child will be attending for the summer. Please give 1 weeks’ notice of vacation and any scheduled days not in attendance. Thank you!*

Child Name _____ Gender _____ Age _____

Child Name _____ Gender _____ Age _____

Child Name _____ Gender _____ Age _____

Child Name _____ Gender _____ Age _____

Child Name _____ Gender _____ Age _____

Parent Names _____

Address _____

Phone(s) _____

Questions may be directed to Colleen McClure at 883-2907 or email mcclurec@valleschools.org

Complete and return both forms to the Grade School Office by May 13, 2016.

Emergency Contact and Medical Information for Valle Catholic Summer Program

Child's Name	Date of Birth	M F Gender	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical treatment may be performed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Valle Catholic School, the St. Louis Archdiocese, and individuals from liability in case of accident during activities related to Valle Catholic Summer Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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