

**COMPLETED REGISTRATIONS MUST BE RECEIVED WITH DEPOSIT BY JUNE 4<sup>TH</sup>, 2018.**

<b>Please select all weeks that your child(ren) will be attending.</b>			
<b>June Arts Program: June 25-June 29</b>	<b>Summer Week 3 July 16-20</b>	<b>Summer Week 6 August 6-10</b>	
<b>Summer Week 1 July 2-6</b>	<b>Summer Week 4 July 23-27</b>	<b>Summer Week 6 August 13-17</b>	
<b>Summer Week 2 July 9-13</b>	<b>Summer Week 5 July 30-Aug 3</b>	<b>Summer Week 8 August 20-24</b>	

**Student Information: \* Child must be entering PreK-Grade 8 in September 2017.**

1. <u>Legal Last Name:</u>	<u>Legal First Name</u>	<u>Gender</u>	<u>Date of Birth: mm/dd/yyyy</u>	<u>Grade level in Sept 2018:</u>
		<b>M or F</b>		
2. <u>Legal Last Name:</u>	<u>Legal First Name</u>	<u>Gender</u>	<u>Date of Birth: mm/dd/yyyy</u>	<u>Grade level in Sept 2018:</u>
		<b>M or F</b>		
3. <u>Legal Last Name:</u>	<u>Legal First Name</u>	<u>Gender</u>	<u>Date of Birth: mm/dd/yyyy</u>	<u>Grade level in Sept 2018:</u>
		<b>M or F</b>		

\*\* Please list additional children on additional sheet if necessary.

**Responsible Party/Primary Parent Information:**

<u>Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>	
<u>Work Phone:</u>	<u>Cell Phone:</u>	<b><u>Email:</u> We will use email for updates about the program.</b>	
<u>Home Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>

**Other Parent/ Legal Guardian Information:**

<u>Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>	<u>Cell Phone:</u>	<b><u>Email:</u></b>
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**Special circumstances:** Please notify the Program Director if there are special instructions or legal sensitive issues pertaining to your child. Information shared with Program Director will be confidential.

**Additional Authorized Party Pickup List.** Please complete the information below for any adults authorized to pick up your child from our programs. They must be at least 18 years old. Proper Identification Required. In compliance with Archdiocesan Policy, the Academy reserves the right to check ID's. *Please send written updates to the Program Coordinator if you would like to add anyone else, or if there are changes to the pick-up list.*

<b><u>Last Name:</u></b>	<b><u>First Name:</u></b>	<b><u>Relationship to Student(s):</u></b>	<b><u>Cell Phone Number:</u></b>
1.			
2.			
3.			
4.			
5.			

**PLEASE TURN OVER TO COMPLETE APPLICATION**

**PLEASE READ BEFORE SIGNING:**

**Immunization Records:** Please attach your child's most recent immunization records.

**Refund and Cancellation Policy for Summer Programs:** Written refund/cancellation requests must be made by June 20<sup>th</sup>, 2018  
. No refunds will be made after this deadline.

**Children under 5 years of age: Please send child with a blanket for rest time and change of clothes clearly labeled in a separate bag**

**Lunch for Summer Programs: Please send your child(ren) with a daily lunch which must include 2 bottles of water per child.**

SJPIICA will provide a morning and afternoon snack. **SJPIICA is a peanut free facility.**

1. If your child is going to be late or has a change in dismissal time, please contact the Program Director at 857-488-5904.
2. Cell phones are not permitted. Any cellphone being used by a student will be confiscated until the parent arrives.
3. All children must be signed in and signed out from the program by an adult over 18 years of age. Children can only be released to the adults listed on the registration form; IDs will be checked.
4. **Children should wear sneakers. NO sandals, Crocs, or beach shoes.**

If emergency medical attention is necessary and we cannot reach you the school staff will initiate medical treatment. By submitting this application you certify that the student(s) is in good health and fully able to participate in all activities.

I certify that if my child is in grades Pre-K, K1 and K2 he/she is fully toilet trained. In the case that the child has an accident with no change of clothes, I understand that the Program Coordinator will notify me to pick up the child from the program immediately or make arrangements for pick-up.

I understand that Saint John Paul is not responsible for any lost or stolen items.

I understand fees are a set weekly price, regardless of number of days attended.

I understand picking up my child(ren) after the close of the program at **5:00 pm will incur a \$10 per minute per child fee that MUST be paid at the time of pickup or my child(ren)** will not be allowed to attend the following day.

I understand that all registration payments must be mailed to or dropped off at Lower Mills Campus – 2222 Dorchester Ave, Dorchester, MA 02124 ATTN: Francois Alcindor no later than **Friday June 4<sup>th</sup> 2018** via cash or money order only. No exceptions. SJP II is not responsible for cash sent through the mail.

I understand that the fee for each week of summer program service must be paid the Friday before service is offered or my child(ren) cannot attend programming the following week.

**NO PERSONAL CHECKS WILL BE ACCEPTED for the entirety of the summer program.**

Do you authorize school staff to apply sunscreen to your child (ren)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I give permission for my child (ren) to be included in any pictures, videotaping, publications, and/or interviews for use by SJP2CA, the Campaign for Catholic Schools and other Archdiocesan communication offices, including but not limited to publication via web site, newspapers, radio, or television. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**I have attached the following to this application:**

*Child(ren)'s most recent immunization records*

*Completed and attached Health Form*

*Cash, Money order for each child*

*Copy of Transferred Voucher (if applicable)*

*Weekly voucher fee (if applicable)*

**Parent Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Summer 2018 Health Form



## ALL FIELDS ARE REQUIRED

**THIS FORM IS TO BE FILLED OUT BY A PARENT/GUARDIAN AND SUBMITTED WITH APPLICATION PRIOR TO ANY STUDENT BEGINNING PROGRAMMING.** Please fill out all the requested information on both sides of this form.

**One Application PER CHILD** If you need another health form for another child, please see your coordinator.

Student Information:				
<u>Legal Last Name:</u>	<u>Legal First Name</u>	<u>Date of Birth: mm/dd/yyyy</u>	<u>Gender</u> M or F	<u>Weight</u>
Responsible Party/Primary Parent Information:				
<u>Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>		
<u>Work Phone:</u>	<u>Cell Phone:</u>			
<u>Home Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>	
Other Parent/ Legal Guardian Information:				
<u>Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>	<u>Cell Phone:</u>	
ADDITIONAL EMERGENCY CONTACT INFORMATION				
<u>1. Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>	<u>Cell Phone:</u>	
<u>2. Last Name:</u>	<u>First Name:</u>	<u>Relationship to Student(s):</u>	<u>Cell Phone:</u>	
ALLERGY INFORMATION				
Does your child have an allergy? If so please list all types of allergy (seasonal, food, medication etc) and details of allergic reaction if any:				
INSECT BITES/STING ALLERGIES				
<u>Type of insect:</u>	<u>Last stung:</u>			
<u>Reaction to sting (in detail):</u>				
<u>Treatment:</u>				
<b>Please note:</b> An Epi pen is required by Massachusetts state law if your child has a documented allergy. All emergency medication will be administered as prescribed. If the epi-pen is administered, your child will be transported to the hospital for follow-up treatment.				
<b>Please list the Hospital in which you would like your child to be treated:</b>				
<b>MEDICAL CONDITIONS. Please provide information below</b>				
<u>Operations or serious injuries (dates):</u>				
<u>Disability, chronic or recurring illness:</u>				
<u>Any specific activities to be limited by physicians:</u>				
<u>Urinary or Fecal Incontinence if any:</u>				

**PLEASE CONTINUE FORM ON BACK**

**Summer 2018 Health Form**

**ALL FIELDS ARE REQUIRED TO BE FILLED OUT COMPLETELY.**

**MEDICAL CONDITIONS (cont'd). Please provide information below**

Please circle YES or NO

Ear Infections	Yes	No	Chicken Pox	Yes	No	Measles	Yes	No
Seizure Disorder	Yes	No	Poison Ivy	Yes	No	German Measles	Yes	No
Diabetes	Yes	No	Emotional or Behavioral	Yes	No	Bleeding/Clotting Disorder	Yes	No
Hypertension	Yes	No	Mononucleosis	Yes	No	Mumps	Yes	No

**One application per CHILD Print Clearly If you need another one of these MEDICAL FORMS, please contact your Extended Day Coordinator.**

**ASTHMA**

Last episode: \_\_\_\_\_ How often? \_\_\_\_\_

Triggers: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Treatment \_\_\_\_\_

**ADDITIONAL INFORMATION. Please complete the below sections as they apply to your child**
**Dietary restrictions**
**Suggestions or health-related information for camp personnel**
**PHYSICIAN INFORMATION**

Name of physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

**MEDICATION. Please select from one of the following options.**
 **My child does not take daily medication**
 **My child will take the following medication(s) while at camp:** (Please list name, dose and frequency below. This also includes emergency medication (such as Epi pens and Inhalers) on an as needed basis.

**CONSENT. Please select whether or not you approve SJP to administer the following medication to your child **Approved Over the counter Medications:****
**Yes    No**

\_\_\_ \_\_\_ First Aid and/or transportation if needed (by certified provider)

\_\_\_ \_\_\_ Sunscreen (PABA free)

\_\_\_ \_\_\_ Insect repellent (spray or lotion)

 \_\_\_ \_\_\_ Acetaminophen for fever, pain or discomfort **YOUR CHILD WILL BE SENT HOME WITH A FEVER >99.9F**

 \_\_\_ \_\_\_ Ibuprofen for fever, pain or discomfort **YOUR CHILD WILL BE SENT HOME WITH A FEVER >99.9F**

\_\_\_ \_\_\_ Benadryl or equivalent for insect allergic reaction

\_\_\_ \_\_\_ Bacitracin/Triple antibiotic ointment

**Please Note:** Any Prescribed medication needs to be sent in a prescription labeled box along an order to administer medication at camp letter from your child's primary care provider.

I hereby give permission to the Saint John Paul II Catholic Academy nurse to administer these medications to my child. This includes Over the Counter medication listed Above.

**I hereby certify that the above named camper is in good health and fully able to participate in all activities except those stated above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of the camp to hospitalize and/or secure treatment for my child.**

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

**PLEASE KEEP THIS COPY AT HOME**

# June Fine Arts

Children will participate in group ensembles and activities will include classes in Music Theory, Violin, Voice-Chorus, Percussion, Bells and Glockenspiels, Ensemble, Art, and Theater: Drama. Students will learn to read music, improve instrument technique, sing, act, dance, and participate in theater games.

**Date:** Monday, June 25<sup>th</sup> – Friday June 29<sup>th</sup>, 2018

**Time:** 8:00am – 4:00 pm **Early Drop off at 7:30 and late pick up until 5:00 pm at \$5.00 per half hour.**

**Location:** 2222 Dorchester Avenue, **Our newly Renovated Lower Mills Campus**

**Cost:** \$250 per child. Payment must be submitted with this application

**Vouchers:** Full vouchers are accepted for **children ages 2.9<sup>+</sup>**. Please contact your caseworker to **transfer the voucher to Lower Mills and attach a copy of the voucher and 1 week of the parent fees as the cost.** For help transferring your voucher please contact Marjorie at [tuition@sjp2ca.org](mailto:tuition@sjp2ca.org)

**Payment:** All fees must be paid by cash/money order one week prior to the start of the program.

**SJP will not accept personal checks for this program.**

**Mail application:** SJPIICA, ATTN: June Arts Francois Alcindor, 2222 Dorchester Ave, Dorchester, MA



## Summer Program



**NOTE: THE ACADEMY IS OPEN ON Tuesday JULY 3rd BUT CLOSED ON Wednesday JULY 4TH. CLASSES WILL RESUME ON Thursday JULY 5<sup>TH</sup>.**

Summer mornings consist of academic blocks pertaining to Math and Language Arts. Each class will focus on the curriculum for the grade the child will be entering in Fall 2017. Our afternoon sessions are enrichment based consisting of Girl Scouts, Dance, Art and Interactive Storytelling by ReadBoston. Each and every Friday the children will participate in an all day Field Trip. Last year students went to Boston Bowl, The Arnold Arboretum and Franklin Park Zoo to name a few. This year we plan on expanding our field trips even more\*!

**Date:** Monday, July 2<sup>nd</sup> to Friday, August 24<sup>th</sup>. **(There will be no programming on Tuesday July 4<sup>th</sup>)**

**Hours:** 8:00am – 4:00pm **Early Drop off at 7:30 and Late pick up until 5:00 pm at \$5.00 per half hour.**

**Location:** 2222 Dorchester Avenue, **Our newly Renovated Lower Mills Campus**

**Cost:** Children entering Grades K2-8: \$250 per week **OR \$1,750** if paid in advance by June 16<sup>th</sup>, 2017  
Children entering Grades PreK and K1: \$300.00 per week **OR \$2,100.00** if paid in advance by June 16<sup>th</sup>, 2017  
**THAT'S ONE WEEK FREE IF PAID IN ADVANCE!!**

**Family Discounts:** Each additional child receives \$50 off the original cost.

**Grade K2-8:** Child 2: \$250.00/week or \$3,800 in advance. Child 3: \$200/week or \$5,250 in advance.

**Grade PreK-K1:** Child 2: \$250.00/week or \$3,850 in advance. Child 3: \$200/week or \$5,250 in advance.

**Deposit:** Cost of one week attendance/child. \$300 or \$250 for one child dependent upon grade. **No seats reserved w/o deposit.**

**Vouchers:** Full vouchers are accepted for **children ages 2.9<sup>+</sup>**. Please contact your caseworker to transfer the voucher to Lower Mills and attach a copy of the voucher and **1 week of the parent fees as the cost.** For help transferring your voucher please contact Marjorie at [tuition@sjp2ca.org](mailto:tuition@sjp2ca.org)

**Payment:** Throughout the summer, all fees must be paid the Friday before service is offered. If payment is not received, your child will not be allowed to attend the following week. **SJP will not accept personal checks for this program.**

**Mail Application:** SJPIICA, ATTN: Summer Program – Francois Alcindor, 2222 Dorchester Ave, Dorchester, MA 02124.

**QUESTIONS:** SEND AN EMAIL TO [FALCINDOR@SJP2CA.ORG](mailto:FALCINDOR@SJP2CA.ORG) OR CALL 617-265-0019 EXT 7182.

\*Schedules for summer will be released at a later date.

**Space is limited. SJP has the right to deny applications due to space restrictions and/or lack of deposit.**