

St. Francis Xavier is proud to present
The Summer Fun Café

Please fill out one form per child and return it to the front office.

Program Hours of Operation and Fees:

Monday – Friday

12:30PM – 6:00PM

\$4.50 per hour for one child

\$1.50 per hour for each additional child

After 6:00PM

\$1.00 per minute per child

Please make checks payable to St. Francis Xavier.

Student Name: _____

Please indicate the following days that your child will be participating in the Summer Fun Café:

Week One (June 7th – June 11th): Monday Tuesday Wednesday Thursday Friday

Week Two (June 14th – June 18th): Monday Tuesday Wednesday Thursday Friday

Week Three (June 21st – June 25th): Monday Tuesday Wednesday Thursday Friday

Billings for The Summer Fun Café will be given to parents on the **Friday** of each week. Payments can be made by check or cash at the time the bill is presented.

BEHAVIOR CONSENT:

I understand that as a participant in the Summer Program, I agree to abide by the following rules:

1. Respect yourself and others.
2. Contribute to the learning environment.
3. Follow the school and classroom procedures.

I understand that if I refuse to follow these rules, I may be asked to leave the Summer Program without receiving a refund.

SIGNATURE OF STUDENT: _____ INITIAL OF PARENT: _____



ST. FRANCIS XAVIER EMERGENCY INFORMATION CARD

Child's Name: _____ Date Enrolled: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____

Signature: _____

Father or Guardian

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____

Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____

Name	Address	City	State	Zip	Phone
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HOSPITAL: _____

Name	Address	City	State	Zip	Phone
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Does your child have insurance coverage? No Yes Name of Insurance Company: _____

(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Cell Phone: _____ Telephone: _____ Cell Phone: _____

The following person(s) may **not** remove my child from St. Francis Xavier School:

Name: _____ Name: _____

This Emergency Information Card is accurate and complete, and was provided by:

_____ Date: _____

Parent or Guardian printed name

Signature

