

# Christ the King School

## Little Sprouts Summer Program

*“Inspiring Creative and Curious Young Minds to Grow and Learn”*

### Registration Packet

Thank you for choosing the Little Sprouts Christ the King Summer Program! We invite you to join our new **summer program** where young children will be inspired to use their creativity and curiosity to learn and grow through hands-on science & art activities. Participants will also utilize the Minds-in-Motion program which is designed to stimulate a child's **VISUAL** processing, **AUDITORY** processing, as well as their **MOTOR** skills.

The Registration Packet contains helpful information that explains many of the camp practices that promote a safe and healthy environment.

**Application deadline: Monday, April 16th**

Weekly Dates/Themes

May 29 <sup>th</sup> -June 1 <sup>st</sup>	Plants and Animals
June 4 <sup>th</sup> -8 <sup>th</sup>	Transportation
June 11 <sup>th</sup> -15 <sup>th</sup>	Community Helpers
June 18 <sup>th</sup> -22 <sup>nd</sup>	Out of this World
June 25 <sup>th</sup> -29 <sup>th</sup>	God Bless America
July 2 <sup>nd</sup> -6 <sup>th</sup>	CLOSED
July 9 <sup>th</sup> -13 <sup>th</sup>	Under the Sea
July 16 <sup>th</sup> -20 <sup>th</sup>	Under the Big Top
July 23 <sup>rd</sup> -27 <sup>th</sup>	Sound and Light
July 30 <sup>th</sup> -Aug. 3 <sup>rd</sup>	Community Helpers

# Little Sprouts Registration Form

- Please return completed Registration Form and \$35 registration fee to CKS office by Monday, April 23<sup>rd</sup>.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Allergies (Please provide medical plan of action of medical action is required):

Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact other than parent or doctor

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_

Hospital Preference in case of emergency: \_\_\_\_\_

## Terms of Agreement

1. I agree to pay my balance on a monthly basis, unless arrangements have been made in writing with the Business Manager, David Stromquist.
2. I agree to pay a registration fee and activity fee at the time of enrollment (registration fee: \$35.00 per child).
3. I agree to pay a late pick-up fee of \$1.00 for each MINUTE if my child is left after 5:30pm.
4. I understand that the Little Sprouts Summer Program will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. I understand that the Little Sprouts Summer Program will not assume responsibility for a child who does not have all necessary forms filed with the program.

6. List names of persons authorized to pick up your child: (list any restrictions or additional information)

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In case of an emergency the following steps will be followed:

- Attempt to contact parent or guardian.
- Attempt to contact the child’s doctor.
- Attempt to contact persons listed on the emergency information you completed.
- If we have been unable to contact any of the above persons we will: call another physician, call an ambulance, transport the child to an emergency room in the company of a staff member.
- Any expense incurred under item 4 will be borne by the child’s family.
- The program will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

THIS DOCUMENT GIVES CONSENT TO ANY HOSPITAL OR EMERGENCY TREATMENT CENTER, DOCTOR OR QUALIFIED EMPLOYEES OF THE SAME TO ADMINISTER NECESSARY TREATMENT AND CARE IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, SECURE PROPER ANAESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY CHILD.

THIS DOCUMENT ALSO SERVES AS A PERMISSION SLIP FOR ANY WALKING FIELD TRIPS.

Parent Signature: \_\_\_\_\_

**Please indicate which weeks your child will attend:**

<b>Dates</b>	<b>Weekly Themes</b>	<b>Attendance (yes or no) Please Circle</b>
May 29 <sup>th</sup> -June 1 <sup>st</sup>	Plants and Animals	<b>Yes No</b>
June 4 <sup>th</sup> -8 <sup>th</sup>	Transportation	<b>Yes No</b>
June 11 <sup>th</sup> -15 <sup>th</sup>	Community Helpers	<b>Yes No</b>
June 18 <sup>th</sup> -22 <sup>nd</sup>	Out of this World	<b>Yes No</b>
June 25 <sup>th</sup> -29 <sup>th</sup>	God Bless America	<b>Yes No</b>
July 2 <sup>nd</sup> -6 <sup>th</sup>	CLOSED	CLOSED
July 9 <sup>th</sup> -13 <sup>th</sup>	Under the Sea	<b>Yes No</b>
July 16 <sup>th</sup> - 20 <sup>th</sup>	Under the Big Top	<b>Yes No</b>
July 23 <sup>rd</sup> - 27 <sup>th</sup>	Sound and Light	<b>Yes No</b>
July 30 <sup>th</sup> - Aug. 3 <sup>rd</sup>	Community Helpers	<b>Yes No</b>

# Little Sprouts Summer Program Information

## LOCATION

- Christ the King School, 412 Cochran Road, Lexington, KY

## REGISTRATION POLICY:

Parents and families registering their child for camp must submit all necessary documents. In the event that camp is full to capacity, a waitlist will be formed.

## SUMMER CAMP FEES:

### Fob(s):

Each family will be given a fob to access the building upon arrival and dismissal. Fobs will **ONLY** be activated for the main/front doors. Each family will receive one fob unless an additional is requested. The cost of one fob will be \$15.00, with payment due upon delivery. However, this fee will be refunded at the end of camp when fobs are to be returned. Fobs are to be returned on the last day of camp for which you are registered. If not returned, a refund will **NOT** be issued. Fobs are to be used M-F and **ONLY** during camp hours. Fobs may **NOT** be shared with any person(s) who are not authorized users. This allows CKS to remain safe and secure at all times.

### Registration Fee:

A \$35.00 registration fee is due at the time of enrollment for each child.

### Payment Options:

**David Stromquist is the Business Manager at Christ the King School and can be contacted at [dstromquist@ckslex.org](mailto:dstromquist@ckslex.org)**

- The weekly fee for camp is \$210.
- Payment in full for Little Sprouts should be made by May 28, 2018 in the amount of \$1890.00 (one child/five days a week).
- A monthly payment option (May through July) through the FACTS tuition payment plan is available. If parents are NOT paying tuition through FACTS, please go to [www.ctkschool.net](http://www.ctkschool.net) and click on: Admissions, then the Tuition Link, and follow instructions to set up a new FACTS account for the Little Sprouts Program. (Parents can choose to have the drafts semi-monthly or monthly.)
- Payment in full is necessary for families who choose to send their children less than four weeks of the program.

### Late Fees:

There will be late pick-up fee of \$1.00 per child for each minute that a child is left after 5:30 p.m.

### CANCELLATIONS:

Upon registration, **NO** cancellations will be accepted.

**ADDING WEEKS:**

Campers may add a week(s), but **MUST** do so two weeks **PRIOR** to the start date, and are dependent upon availability.

**PAST DUE BALANCES:**

Accounts **MUST** be kept in good order. If accounts are **NOT** up-to-date, Little Sprouts reserves the right to withdraw your child at any time.

**MORNING DROPOFF**

- Children will report to the appropriate classroom when dropped off. Please park in front of Christ the King School and escort your child to their classrooms through the main entrance of the school. Doors will be open from 7:30am-7:45am after 7:45am parents will need to be buzzed in through the main entrance or utilize a fob.
- All children enrolled in the program must be signed in by a parent at drop off in the classroom.

**AFTERNOON PICK UP**

- Children will need to be picked up in their classroom. Parents must sign children out upon pick up. If children are not in the classroom a sign designating where children can be found will be posted on the door. A daily schedule will be provided to all parents.

**WHAT TO BRING**

- Tote bag or backpack with any necessary outdoor items requested for the week.
- Lunch and a refillable water bottle (no glass containers)
- Sunscreen and hat if necessary to wear in the sun (please label sunscreen and hats).
- Change of clothes, bathing suit and towel for water play. Please label all clothing and personal items that your child will bring to the program.

**HEALTH MATTERS**

- Completed health forms must be received no later than two weeks prior to camp start date. Please provide a copy of the front and back of your insurance card. There must be written orders from the doctor in order to dispense over the counter and prescribed medications. Health and related forms can be downloaded from the school website at [www.ctkschool.net](http://www.ctkschool.net).
- Medication must be entrusted to the classroom teacher along with a signed Medical Authorization form which is included in this packet.

**EMERGENCIES:**

- In case of emergency please call Christ the King School at 859-266-5641.

**LOST & FOUND**

- Please put a name on clothing and belongings make every effort to inventory your child's belongings before leaving the classroom each day. Unlabeled items will be left in the classroom until the end of the week before being transferred to the school lost and found area in the school workroom.