



CHRIST THE KING SCHOOL

Little Sprouts Summer Program

Inspiring Creative and Curious Young Minds to
Grow and Learn

We invite you to be a part of our summer program where young children will be inspired to use their creativity and curiosity to learn and grow through hands-on science and art activities. Participants will also utilize the Minds-in-Motion program twice a week which is designed to stimulate a child's Visual processing, Auditory processing, as well as their Motor skills.

Contact Tracy Cupolo at tcupolo@ckslex.org for more information.



Ages 3-6 years

**Location: Christ
the King School**

**Dates: June 7th-July
30th**

**Time: 7:30am-
5:30pm**

**Weekly Rate: Full
time \$230**

Part time \$165

Weekly Themes

Insects

Jungle Safari at the Zoo

Playful Pets

Community Helpers

Out of this World

Stars and Stripes

Under the Sea

Summer Scientists

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, March 29th

Weekly Dates/Themes

Weekly Dates	Themes
June 7 th -11 th	Insects
June 14 th -18 th	A Safari to the Zoo
June 21 st -25 th	Playful Pets
June 28 th -July 2 nd	Stars & Stripes
July 5 th -9 th	Closed
July 12 th -16 th	Community Helpers
July 19 th -23 rd	Out of this World
July 26 th -30 th	Under the Sea

Little Sprouts Registration Form

- Please return completed Registration Form and \$35 registration fee to CKS office by Monday, March 29th.

Child's Name: _____ DOB: _____

School: _____ Age: _____ Child lives with: _____

Allergies (Please provide medical plan of action if 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 weekly or 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:

Dates	Weekly Themes	Attendance (yes or no) Please Circle
June 7 th -11 th	Insects	Yes No
June 14 th -18 th	A Safari to the Zoo	Yes No
June 21 st -25 th	Playful Pets	Yes No
June 28 th -July 2 nd	Stars & Stripes	Yes No
July 5 th -9 th	Closed	Closed
July 12 th -16 th	Community Helpers	Yes No
July 19 th -23 rd	Out of this World	Yes No
July 26 th -30 th	Under the Sea	Yes No

Little Sprouts Summer Program Information

LOCATION

- Christ the King School, 412 Cochran Road, Lexington, KY
- The program will be held in the church nursery (PreK 3 classroom) which is located in Hehman Hall. This is subject to change if we utilize multiple rooms in the school building. Parents will be notified prior to the start of the summer program.

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:

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

- The weekly fee for camp is \$235 for full time students (three or more days a week) and \$165 for part time students (two full days or up to five half days). Children picked up by 12:30pm are considered part time.
- Payment is due on Monday or the first day of the week your child attends Little Sprouts. Payment in full should be made the first week of the program.
- Payment in full is necessary for families who choose to send their children less than three 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 the Hehman Hall parking lot and walk your child to the classroom.
- All students must wear a mask when entering and exiting the building. Parents must wear masks when dropping off and picking up.
- 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.
- An extra face mask or gator
- Lunch and a refillable water bottle (no glass containers)
- Sunscreen and hat if necessary to wear in the sun (please label sunscreen and hats).
- 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.
- 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. Summer staff will give cell phone numbers at the orientation.

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.