



Summer 2009

Saints, Inc. Extended Care Registration

Saints, Inc.
is
out of this World!

Registration Process:

- Complete the attached summer contract
 - Return the completed contract along with deposit of \$30.00 per family or \$10.00 per drop in family to St. Joseph School.
 - Class size is limited, please turn form in ASAP to reserve your spot.
- All registrations must include deposit to be processed. This deposit is *non-refundable* in the event you cancel the summer contract.

Who can attend Saints, Inc:

All children (public and private school) going into Kindergarten-grade 7 are welcome to join Saints, Inc. *There are additional activities for the older children!*

Program hours and dates:

Saints, Inc. summer program begins on Monday June 8th and is open from 6:30am—6:00pm.
Survey will determine which days Saints, Inc will be open for the 4th of July holiday.

Field Trips:

Saints, Inc. will be going to the beach every Tuesday (unless noted) and field trips every other Thursday. Other field trip will also be planned. All field trips are an additional cost.

Summer Rates:

- Regular full day care: \$26.00/day
 - Regular half day care: \$16.00/day
 - Drop In full day care: \$28.00/day
 - Drop In half day care: \$18.00/day
- Less than two days per week is considered drop in.

Vacation Time:

Vacation days are available to contracted families. (days per child)

- 5 day contract= 10 FREE days
- 4 day contract= 8 FREE days
- 3 day contract= 6 FREE days
- 2 day contract= 4 FREE days

In order to use these days, the child must be absent from the program. After all days are used, payment is required for additional absent days.

Meals:

Saints, Inc. does not provide meals for the children. Children are required to bring lunch, am snack and pm snack daily.

*For more information please contact Jamí at St. Joseph School 442-3706
or saints@stjosephwaconia.org*

Saints, Inc.
2009 Summer Registration
St. Joseph Parish
 41 East First Street, Waconia, MN 55387
 952-442-3706

Father (Guardian) Information:

Mother (Guardian) Information:

Name		
Street Address		
City, State, Zip		
E-Mail Address		
Phone	(h) _____	(w) _____

Name		
Street Address		
City, State, Zip		
E-Mail Address		
Phone	(h) _____	(w) _____

Student Information: *Circle session(s) and tentative days attending (less than two days per week is considered drop in)*

Name / Grade (09-10)	Session	Times	Cost of ses- sion/day	Cost of drop in session/day	Days in Session
Child #1	Half Day	Five hours or less	\$16.00	\$18.00	M T W Th F
	Full Day	Five hours or more	\$26.00	\$28.00	M T W Th F
Child #2	Half Day	Five hours or less	\$16.00	\$18.00	M T W Th F
	Full Day	Five hours or more	\$26.00	\$28.00	M T W Th F
Child #3	Half Day	Five hours or less	\$16.00	\$18.00	M T W Th F
	Full Day	Five hours or more	\$26.00	\$28.00	M T W Th F

You will be billed for a minimum of two days per week or actual attendance if greater. You must attend a minimum of two days per week; otherwise you will be charged the drop in rate. Additional days may be added, with prior approval, if space is available. Summer vacation is pro-rated from the full time five day/week contracted time.

Registration Fee: \$30/family or \$10/family drop in. The registration fee is non-refundable and non-applicable to your summer fees. The registration fee is due at the time of registration to hold your child's space in the 2009 summer program.

Payment must be made in full along with your weekly schedule by Thursday the week before you desire care. Field trips are not included in weekly rates. Lunch and snacks need to be provided daily.

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received	_____
Amount	_____
Cash/Check #	_____