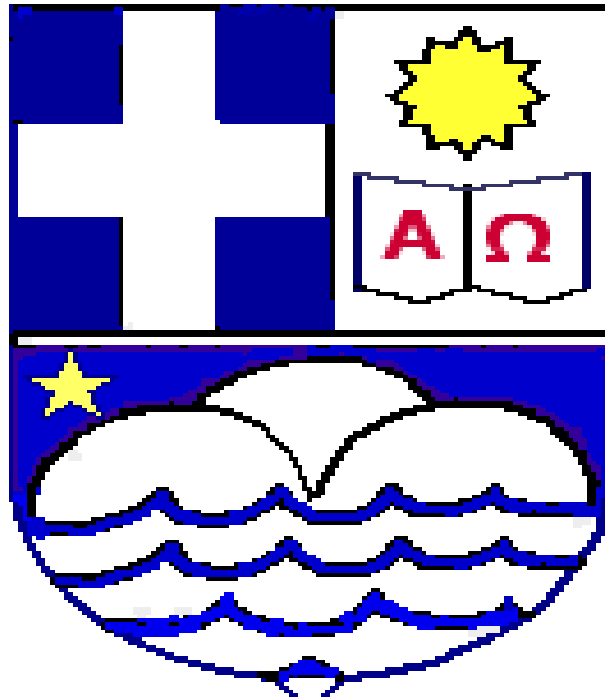


**EAST BOSTON
CENTRAL
CATHOLIC SCHOOL**



Summer Program



EAST BOSTON CENTRAL CATHOLIC SCHOOL

Summer Program

Dear Parents,

Thank you for expressing interest in our EBCCS Summer Program. Enclosed you will find all the necessary forms and information to get you started.

Summer Program Enrollment Form: Please fill out the form completely and return it with a \$20 non-refundable fee.

(Program runs: Mon-Fri: 8:00-2:30, Monday July 9th - Friday, Aug. 17th)
(Cost: \$80 per week for the 1st child, \$70 per week for the 2nd child & \$60 per week for the 3rd child)

Members must have completed the ELC-Angels classroom in our school or be at least 4 years old.

“On Foot Field Trip” Permission slip: Please sign this slip to allow your child to attend field trips by foot to the LoPresti Park, Paris St. Park, Piers Park, etc.

Picture Release form: please fill out this form to allow photos to be taken of your child throughout the summer.

Extended Day Enrollment Form: Please fill out the form completely if you will need your child to remain at school from 2:30 – 4:30. (A separate payment is required).

Medical Alert notice: please fill out the attached form to notify us of any medical conditions that the summer staff should be aware of. If your child was not enrolled in EBCCS during the school year (2017-2018) please include a copy of your child’s most recent physical examination.

If you require any additional information or have any questions or concerns please e-mail us at rcasaletto@ebccs.org .



**EAST BOSTON
CENTRAL CATHOLIC SCHOOL
Summer Program
Enrollment Form**

Student Name: _____ Current Grade: _____

Student Name (sibling): _____ Current Grade: _____

Student Name: (sibling): _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Parent or Guardian's Name: _____

Phone Numbers: (H) _____ (W) _____

(C) _____ (Email) _____

Emergency Contact Information: Name: _____

Phone Number: _____

Please select each week that you wish to register your child for: (Mon. – Fri.: 8:00-2:30)

____ Week 1 July 9 - July 13

____ Week 4 July 30 – August 3

____ Week 2 July 16 - July 20

____ Week 5 August 6 – August 10

____ Week 3 July 23 - July 27

____ Week 6 August 13 - August 17

Please include, with your enrollment form, a non-refundable **fee of \$20** per child to reserve your spot in the program. All checks should be made out to EBCCS. Advanced payment is required for each week throughout the summer.

Signature of Parent of Guardian: _____

Enrollment forms are due back to school by June 1, 2018.

If you have any questions or concerns we can be reached at rcasaletto@ebccs.org

Cost: \$80 per week for 1st child, \$70 per week for 2nd child, & \$60 per week for 3rd child.



**EAST BOSTON
CENTRAL CATHOLIC SCHOOL
Summer Program
“On Foot Field Trip”**

On foot field trips are trips to local places such as LoPresti Park and the other area parks. Since these activities involve leaving the school grounds we ask for permission for your child to participate in these events. This general slip covers all the local trips taken throughout the summer.

Please fill out the form below and return it to school with your enrollment form.

Thank you.

Student’s Name (List all children enrolled):

I give permission for my child(ren) to participate in all “On Foot Field Trips” throughout the summer program.

Signature of Parent or Guardian



EAST BOSTON
CENTRAL CATHOLIC SCHOOL

Summer Program
Picture Release Form

I grant East Boston Central Catholic School Summer Program, its representative and employees, the right to take photographs and videos of my child(ren) in connection with the above mentioned program.

I agree that EBCCS Summer Program may use such photographs and videos of my child(ren) with or without his/her name in print or electronically for any lawful purpose such as for publicity, illustration, advertising, and web content.

Name of child or children: _____

_____ I agree with the above statements.

Signature of Parent or Guardian: _____

Date: _____

Opt out:

_____ I **do not** want pictures or videos of my child(ren) taken or used for any purpose by EBCCS Summer Program (be advised that your child(ren) will be removed from any and all activities in which pictures or videos are being taken if you check this option).

Signature of parent or guardian: _____

Date: _____



EAST BOSTON CENTRAL CATHOLIC SCHOOL

Summer Program Extended Day Application

East Boston Central Catholic School Summer Program will provide an Extended Day Program this summer. Mrs. Rita Marifiote will be the director of the Extended Day Program throughout the summer.

The Program will run from 2:30-4:30 in our Cafeteria.

The following rate will apply to this Program:

- \$2.50 per hour per child

(Fractions of an hour will be treated as a full hour)

(A fee of \$2.50 for every ten minutes will be charged for late pick-ups)

These rates are only for the Summer Program (the regular school year rates will be back in place in September).

Student Name: _____ Grade _____

Student Name (sibling): _____ Grade _____

Student Name (sibling): _____ Grade _____

Contact Person: _____

Address: _____

Phone: (H) _____ (W) _____

(C) _____

Weeks in the Summer Program: Days and Times requested:

___ Week 1	___ Week 4	___ Monday	___ 1 hour	___ 2 hours
___ Week 2	___ Week 5	___ Tuesday	___ 1 hour	___ 2 hours
___ Week 3	___ Week 6	___ Wednesday	___ 1 hour	___ 2 hours
		___ Thursday	___ 1 hour	___ 2 hours
		___ Friday	___ 1 hour	___ 2 hour

Signature of Parent: _____



EAST BOSTON CENTRAL CATHOLIC SCHOOL
Medical Alert Memo
Summer Program

EBCCS Summer Program does not have the services of a full time nurse. By regulation of the Health Department, no medication can be administered directly by school personnel. This includes aspirin, Tylenol, prescription drugs, etc. Whenever possible, the dispensing of prescribed medication should be regulated according to Summer Program hours. If medication must be given during Summer Program hours, a parent or guardian is required to come to school to administer it. If an inhaler or (under very special circumstances) timed medication is needed, a special medical release form must be signed by a parent. This medication/inhaler will be kept in the school. When needed the **student must be able to self-administer the correct dosage.**

In order to be aware and to possibly prevent any dangerous reactions, we need to know if your child has any special medical conditions. Please fill out each section below, which applies to your child. Your signature is needed at the bottom of the form.

Student's Name: _____ Grade: _____

Student's Name (sibling): _____ Grade: _____

Student's Name (sibling): _____ Grade: _____

Severe Allergies- _____

Please inform us below if your child suffers from any allergies (food, bees, etc.) which may be serious.

Allergy (Please be specific) _____

Action to be taken in the event of a reaction: _____

AND/OR

Asthma _____

Action to be taken in the event of an attack: _____

AND/OR

Other Medical Concerns If there are any other medical concerns that your child may have, please describe below.

Physical Activities Based on my child's latest physical examination he/she may participate in all physical activities throughout the summer without limitations. ___yes ___no

If no, please explain what limitations are required by your child's Primary Care Physician:

Parent Signature: _____