

SCOPE - 2010 Summer Child Care Program at Connetquot

In cooperation with the Connetquot School District, SCOPE Education Services is happy to announce the 2010 Summer Child Care Program. **Six weeks** of fun-filled activities that give children an exciting and fun experience. The program will be available to students entering Grades 1-6. Parents are responsible for transporting children to and from the SCOPE program and for signing them out by 4:00 p.m. each day.

Activities Include: Arts and crafts, indoor and outdoor athletics, dance, games, and more. A daily snack will be provided (Children must bring a bag lunch daily).

Date: Tuesday, July 6, 2010 through Friday, August 13, 2010
Hours: 8:00 AM to 4:00 PM
Location: Sycamore Avenue Elementary School

Rates: FULL TIME: (child attends everyday) 8 am - 4 pm: \$1160.00
8 am - 12 pm: \$580.00
12 pm - 4 pm: \$580.00
PART TIME: (minimum of 10 days) 8 am - 4 pm: \$44.00 per day
8 am - 12 pm: \$22.00 per day
12 pm - 4 pm: \$22.00 per day

Payment: **FULL PAYMENT IS DUE UPON REGISTRATION**
Withdrawals prior to the start of the program are subject to a \$25.00 administrative fee.
NO REFUNDS WILL BE ISSUED ONCE THE PROGRAM BEGINS
Once enrollment numbers have been met, confirmations and medical forms will be mailed.

Registration deadline: Friday, June 11, 2010 - A \$20.00 late fee will be charged for all registrations received after that date.

*** Students will have the opportunity to participate in our All New Summer Enrichment Program from 9 am - 12 noon at no additional fee. Details will follow in your child's backpack.**

Registration Form - 2010 SCOPE Connetquot Summer Child Care Program

Complete a separate form for each child. Please Note: Registration is available by mail, fax, and online at www.scopeonline.us

My child will attend: (Circle one) **Full Time** **Part Time** List dates _____ (10 day minimum)

Last Name _____ First Name _____

Address _____ Town _____ State _____ Zip _____

Boy / Girl (Circle one) Birthdate _____ Age _____ Entering Grade (as of September) _____

Child's School _____

Parent / Legal Guardian _____ Home Phone _____

Work Phone Father _____ Work Phone Mother _____

Family Doctor: _____ Doctor's Phone: _____

Emergency Contact Person: _____ Phone: _____ Relationship: _____

Medications currently being taken by your child: _____

List of allergies : _____

Date of tetanus shot, if known: _____ Condition(s) which might modify your child's activity: _____

Please indicate any special needs your child has _____

Please indicate any instructions with regard to your child's special needs _____

I hereby give permission for medical attention to be rendered to my child in the case of a medical emergency by a physician and/or hospital and to the SCOPE program staff to administer first aid in the event of an accident or illness. Parent / Legal Guardian Signature: _____

I Do I Do Not (circle one) give permission for my child to appear in any SCOPE media coverage.

Enclosed is FULL TUITION payment of \$ _____ For **Full Time** **Part Time** # of days _____

Payment Method (Circle one) VISA MC AMEX DISCOVER Check Amount \$ _____ (Make checks payable to SCOPE)

Amount Charged \$ _____ Card Holder Name (Print) _____

Card Holder Signature _____ Daytime Phone # _____

Credit Card Number _____ Expiration Date _____

For Completion By SCOPE

Budget Code - 521

Tuition Fee Paid _____ Payment Method _____

Received By _____ on _____

Register by mail to: SCOPE Education Services - Summer Registration

100 Lawrence Avenue, Smithtown, NY 11787

Phone: (631) 360-0800 ext. 100

(631) 979-2037

Or FAX to:

Or Online:

Go to www.scopeonline.us. Click on Child/Student Services on left hand side. Click on Connetquot Summer Child Care Program.

This activity is not sponsored or insured by the Connetquot Central School District or the PTAs of the Connetquot Schools.