

SCOPE - 2010 Summer Child Care Program at Island Trees

In cooperation with the Island Trees School District, SCOPE Education Services is happy to announce the 2010 Summer Child Care Program. **Four 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 6:00 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, July 30, 2010
Hours: 8:00 AM to 6:00 PM
Location: Michael F. Stokes Elementary School

Rates: FULL TIME: (child attends everyday) 8 am - 6 pm: \$950.00
8 am - 4 pm: \$760.00
8 am - 2 pm: \$570.00
PARTTIME: (minimum of 10 days) 8 am - 6 pm: \$55.00 per day
8 am - 4 pm: \$44.00 per day
8 am - 2 pm: \$33.00 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 Island Trees 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: Full Time Part Time Time: 8am-6pm 8 am - 4 pm 8 am - 2 pm
If Part Time, these 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 - 515
Tuition Fee Paid _____ Payment Method _____
Received By _____ on _____

Register by mail to: SCOPE Education Services - Summer Registration
100 Lawrence Avenue, Smithtown, NY 11787

Or FAX to: (631) 360-0800 ext. 100
(631) 979-2037

Or Online: Go to www.scopeonline.us. Click on Child/Student Services on left hand side. Click on Island Trees Summer Child Care Program