



S A I N T F R A N C I S O F A S S I S I S C H O O L

850 Washington Street • Braintree, MA 02184  
Phone: (781) 848-0842 • Fax: (781) 356-5309 • www.sfab.org

*Saint Francis of Assisi Mission Statement: We are a Catholic community of faith striving to follow Jesus, pledging each day to do our best by imitating Saint Francis of Assisi as "instruments of peace." Our goal is to maintain a safe and healthy environment and to be academically prepared for this technological age.*



# ***Summer 2010 Registration Form***

The registration form for the Saint Francis of Assisi Summer Program provides four options for enrollment. Please complete the form and return along with Registration Form, Emergency Contact/Medical Form, and Permission Slip for French's Common/Thayer Library to:  
***St. Francis of Assisi School, Attn: Summer Program.***

**Thank you!**

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## **SFA Summer Program 2010 Weekly Themes at a Glance**

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|-------------------------|------------------------|
| • July 5- July 9        | Toy Story 3 Week       |
| • July 12- July 16      | Jungle Week            |
| • July 19 - July 23     | Lessons for Life Week  |
| • July 26 - July 30     | Winter Wonderland Week |
| • August 2 - August 6   | Wacky Games Week       |
| • August 9 - August 13  | Food Fun Week          |
| • August 16 – August 20 | Summer Days Week       |

Please note, we require a \$200.00 non-refundable deposit which will be credited to your account during the last week your child will be attending the program. Enrollment is limited so please secure your place as soon as possible.

**[ ] OPTION 1**

This program is offered Monday- Friday, 7:45A.M.- 5:30P.M. The cost of this program is \$1,300.00. This is a \$100.00 discount for enrolling in the program for the whole summer.

**[ ] OPTION 2**

This program is offered Monday- Friday, 7:45A.M.- 5:30P.M. The cost of this program is \$200 per week. You may sign up for an additional week at a last minute rate of \$250.00 per week when space is available.

**Please circle the week/s your child will be attending:**

JULY 5-9 TOY STORY 3 WEEK	AUGUST 2-6 WACKY GAMES WEEK
JULY 12-16 JUNGLE WEEK	AUGUST 9-13 FOOD FUN WEEK
JULY 19-23 LESSONS FOR LIFE WEEK	AUGUST 16-20 SUMMER DAYS WEEK
JULY 26-30 WINTER WONDERLAND WEEK	DETAILS FOR EACH WEEK ARE ON OUR WEBSITE.

**[ ] OPTION 3**

You may sign up for specific days during the week, but you are making a commitment for the entire summer. This program is offered Monday- Friday, 7:45A.M- 5:30P.M. The cost is \$50.00 per day and must be paid by Thursday the week before your child attends.

**Please circle the days your child will be attending:**

**Monday Tuesday Wednesday  
Thursday Friday**

-You may sign up for an additional day at a last minute rate of \$60.00 per day when space is available.

**[ ] OPTION 4**

You may sign up for half days during the week. This program is offered Monday, Wednesday and Friday from 7:45A.M-12:00P.M. The cost of this program is \$25.00 per day and must be paid by Thursday the week before your child attends. *Please note: The half-day program is not available on Tuesday or Thursday due to field trips.*

**Please circle the days your child will be attending:**

**Monday Wednesday Friday**

-You may sign up for an additional day at a last minute rate of \$30.00 per day when space is available.

*There is an additional \$40 weekly field trip and transportation fee due at the time of registration. The fee will be based on the number of weeks in which you enroll your child.*

1 Week= \$ 40	5 Weeks=\$200
2 Weeks=\$ 80	6 Weeks=\$240
3 Weeks=\$120	7 Weeks=\$280
4 Weeks=\$160	

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Option# \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Check# \_\_\_\_\_

**St. Francis of Assisi Summer Program**  
**Emergency Contact Information**

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Parent/Guardian #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cellphone#: \_\_\_\_\_

**Parent/Guardian #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cellphone#: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts and/or Pickup:**

	<b><u>RELATIONSHIP</u></b>	
<b><u>NAME</u></b>	<b><u>TO CHILD</u></b>	<b><u>PHONE#</u></b>
1.	_____	_____
2.	_____	_____
3.	_____	_____

# MEDICAL AND BEHAVIOR INFORMATION

**Medical History/ medications: (optional)**

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**Allergies:**

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**Please list any behaviors in which the staff should be aware of:**

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**When your child is upset how does he/she react?:**

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**What is the best way to calm your child down when they are upset?:**

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**On the lines below please feel free to elaborate if there is anything else the staff should know in order to better meet your child's needs:**

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## Permission Slip for Summer Program 2010

I hereby give my child \_\_\_\_\_ permission to go to French's Common\* and Thayer Library\* with the St. Francis of Assisi Summer Program Staff during the 2010 Summer Program.

1. \*French's Common (for sports days and free play time)
2. \*Thayer Library (for special events and free reading time)

Parent/Guardian

Signature: \_\_\_\_\_



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## **Summer Program 2010**

### **Field Trip Permission Slip**

I hereby give my child, \_\_\_\_\_, permission to ride on a Braintree Public School bus to participate in any and all field trips provided by the St. Francis of Assisi Summer Program. The bus will leave at approximately 9:00 a.m. and return no later than 3:00 p.m. every Tuesday and Thursday.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_