

Leaps & Bounds

Do you want your child to grow academically by Leaps & Bounds over the summer?

Register now
For JFK's

Are you concerned about your child losing ground over the summer?

Leaps & Bounds

Summer sessions focusing on reading and math for currently enrolled Kindergarten - 5th grade students

Three summer sessions available

Attend just one or any number of these sessions

Licensed, certified instructor with a 7:1 or lower student-to-teacher ratio

Register now as space is limited*

Please complete the attached enrollment form and return it with your payment.

8:00-11:30 a.m.

Session	Dates	Cost, includes snack*
#1	June 11-29 (3 weeks)	\$270
#2	July 9-20 (2 weeks)	\$180
#3	July 30-August 10 (2 weeks)	\$180

*Leaps & Bounds is approx. \$5.00 per hr. Other local summer programs range from approx. \$8.30-\$15 per hr.

*A minimum number of enrollments are required for the session to be held.

Check all that apply	Session	Dates	Cost, includes snack*	Time	Total for each session
	1	June 11-15 June 18-22 June 25-29	\$270	8:00AM - 11:30AM Use the school's main entrance.	
	2	July 9-13 July 16-20	\$180		
	3	July 30-Aug 3 Aug 6-10	\$180		
Grand Total					\$

Payment is due upon registration.

CONTACT INFORMATION:

(This information is available to the staff and, in the event of an emergency, may be given to an appropriate emergency care provider.) One form is required for each child.

Child's Name _____

Birthdate _____ Grade _____

Child's Address _____

Home Phone _____

Mother's Name _____

Father's Name _____

Mother's Cell Phone _____

Father's Cell Phone _____

Mother's Work Phone _____

Father's Work Phone _____

Mother's E-mail _____

Father's E-mail _____

PAYMENT PROCEDURES

Return this form, along with cash or a check payable to Our Lady of Victory to the school office.
A \$30 fee will be added to the balance due for Leaps and Bounds if your check is returned due to insufficient funds.

Please continue on the reverse side

PERSONS AUTHORIZED TO PICK UP CHILD (INCLUDE YOURSELF)	RELATIONSHIP TO CHILD	CELL PHONE NUMBER	WORK PHONE NUMBER
1.			
2.			
3.			
4.			

EMERGENCY CONTACT (Person to assume care of your child if you cannot be reached.)

Name _____ Relationship _____ Phone _____ Cell Phone _____
 Name _____ Relationship _____ Phone _____ Cell Phone _____

MEDICAL INFORMATION

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Please inform us of any medical conditions of which we should be aware:

Asthma/breathing problem Allergies (medicines, foods, insect bites) Please list usual reaction:
 Seizures _____
 Diabetes _____
 Heart condition _____
 Attention Deficit Disorder _____
 Other (please explain) _____

Medications that your child will be required to take while attending Leaps and Bounds: _____

STUDENT ILLNESS

A child should not attend Leaps and Bounds if he/she has symptoms of or has been diagnosed with an illness such as, but not limited to, the following: fever (100° or higher,) vomiting or diarrhea within the past 24 hours, cough, runny nose or any such contagious or non-contagious illness which may prevent the child from participating in activities or that may be harmful to the other children in attendance at the program.

TERMINATION OF SERVICES

John F. Kennedy School may cancel the child's participation in Leaps and Bounds with a one-day notice for non-compliance with its policies or rules or if the child is a danger to him/herself or others. The policies and rules of JFK school apply to all enrolled students and families. (View the Parent/Student policy handbook @ www.olvjfk.com)

I understand the drop-off and pick-up procedures and times for Leaps and Bounds. I understand that the school discipline policy and procedures may apply to this program, and I understand and agree that any violation of these rules and policies may result in my child not being allowed to attend Leaps and Bounds.

Parent Signature _____ Date _____