

# 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 session focusing on reading and math for currently enrolled Kindergarten - 5<sup>th</sup> grade students

One summer session available

8:00-11:30 a.m. Monday-Friday

**Register now as space is limited\***

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

Session	Dates	Cost includes snack*
#1	July 13-17 & July 20-24	\$200

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

### **DROP OFF PROCEDURES:**

Students may be dropped off at the front door of JFK School at 7:55am.

### **PICK UP PROCEDURES:**

Students will be taken to the parking lot at 11:30am through the front door. Leaps and Bounds staff will wait with the students until they are safely picked up.

## Leaps & Bounds Registration Form: Summer 2026

Student's Name \_\_\_\_\_ Current grade level \_\_\_\_\_

Session	Dates	Cost, includes snack*	Time
1	July 13-17 July 20-24	\$200	8:00AM - 11:30AM  Use the school's main entrance.

Payment is due with the registration.  
Make check payable to SCCS.

### LEAPS AND BOUNDS STUDENT INFORMATION SHEET 2025-26 SUMMER

#### 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 \_\_\_\_\_

Please continue to the next page.

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

**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

\_\_\_ Seizures

\_\_\_ Diabetes

\_\_\_ Heart condition

\_\_\_ Attention Deficit Disorder

\_\_\_ Allergies (medicines, foods, insect bites) Please list usual reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ 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 within the past 24 hours(100.3° 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.olvifk.com](http://www.olvifk.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 \_\_\_\_\_