



St. Cyprian School Summer Program



5133 E. Arbor Rd. Long Beach, CA 90808
(562) 425-7341

Enrolling Grades TK-5
No Uniform Required
June 27th – July 29th

Academic Cost:

Academics- 8:00 am – 12:00 pm Monday-Friday

\$325.00 for 5 weeks (\$65 a week)

- Payments for Academics will be made in 2 installments or in 1 full payment.
- Registration and Payments can be made in the school office or via mail
 - * Payment 1 – Due May 13, 2016 (\$162.50)
 - * Payment 2- Due June 10, 2016 (\$162.50)

Day Care Cost:

EDC Available- 7:00 am – 8:00 am AND 12:00 pm – 6:00 pm

Morning ONLY

7:00 am – 8:00 am- \$100 for 5 weeks

Afternoon ONLY

12:00 pm – 6:00 pm- \$250 for 5 weeks

Morning AND afternoon

7:00am-8:00am AND 12:00pm-6:00pm- \$300 for 5 weeks

Payment due in full no later than Monday, June 27th

Multiple Children Discount:

- Academics- \$500 (\$150 discount)
- EDC- Morning ONLY- \$150 (\$50 discount)
- EDC- Afternoon ONLY- \$400 (\$100 discount)
- EDC- Morning and Afternoon- \$450 (\$150 discount)



St. Cyprian School Summer Program



Agreement

Agreement Due: May 6th

Payments can be made in full or two payments:

1st Payment (\$162.50) Due- May 13th

2nd Payment (\$162.50) Due- June 10th

Daycare morning and afternoon available

Family Name: _____

Name of Student: _____

Grade entering: _____

Name of Student: _____

Grade entering: _____

Name of Student: _____

Grade entering: _____

Please indicate which session your child(ren) will be attending below:

My child(ren) will be attending Summer School Academics *ONLY* (8am-12pm)

My child(ren) will be attending MORNING DAYCARE *AND* Summer School.

My child(ren) will be attending Summer School *AND* AFTERNOON DAYCARE.

My child(ren) will be attending BOTH DAYCARE sessions *AND* Summer School.

PARENT CONTACT INFORMATION:

Mother/Guardian's Name: _____

(Work) _____

(Cell) _____

Father/Guardian's Name: _____

(Work) _____

(Cell) _____

Summer School Registration Checklist

- ___ Summer School Program Agreement
- ___ Summer School Emergency Form
- ___ Summer School Academics Payment- \$325
- ___ Summer School Daycare Payment (if attending)
- ___ Summer School Daycare Field Trip Permission Slip (if attending)
- ___ Summer School Daycare Payment

You can pick up copies of this paperwork from the school office.

For Your Information:

- **Classes begin on Monday, June 27th at 8:00 AM.**
- **Classes are held Monday through Friday, from 8:00 am to 12:00 pm.**
- **The last day of summer school will be Friday, July 29th.**
- **Students should come to class prepared with age appropriate materials: pencils, pens, crayons and paper.**
- **Students will have recess / nutrition breaks. They should bring snacks, including drinks.**
- **Students are allowed appropriate free dress - t-shirts, shorts and tennis shoes. Boys are not allowed "baggie" shorts. Girls are not allowed "short" shorts or reveling tank tops (three-finger strap width). For safety, we ask that all students wear tennis shoes. If a student is dressed in an unacceptable manner, parents will be asked to bring a change of clothing.**
- **Students should not be dropped off on campus any earlier than 7:45 am. If students arrive earlier than 7:45, they must be checked into Daycare for an additional fee.**
- **Teachers will remain in their classrooms until 12:10 pm. Students who are still on the campus at that time will be checked into Daycare, where they will remain until a responsible adult picks them up. Parents will be billed at a rate of \$5.00 per hour unless they are registered with our Summer Daycare Program.**
- **Report Cards will be sent home with your child on the last day of summer school. A copy will be sent to your student's current school.**
- **Please feel free to contact the school office, 562-425-7341 if you have any further questions.**

God Bless!

Summer School Emergency Form

***Due with Daycare Payment**

BELOW PLEASE LIST THE NAMES OF INDIVIDUALS AUTHORIZED TO RELEASE CHILD(REN) FROM SUMMER SCHOOL/DAYCARE. NO CHILD WILL BE ALLOWED TO LEAVE WITHOUT WRITTEN AUTHORIZATION FROM PARENT/GUARDIAN AND WITHOUT SIGNATURE OF THE AUTHORIZED ADULT AT THE DAYCARE OFFICE. EMERGENCY CONTACT INFORMATION:

1. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

2. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

3. NAME: _____ RELATIONSHIP TO CHILD: _____

CONTACT NO.: _____ (HOME) _____ (CELL)

I understand that I, the undersigned give full permission to the above-referenced individuals to pick up my child(ren).

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount Enclosed: \$ _____

Check/Cash