

# Excell Academy Summer Science, Math, Art, Reading, Trips

## and Summer fun **S.M.A.R.T.S. 2010**

June 21, 2009 through August 7, 2010

(Program will not take place on July 5<sup>th</sup> )

### Features:

- Breakfast and Lunch provided
- Reading, Math, and Language Arts skill building
- Weekly field trips
- Enrichment, Outdoor, and Physical activities
- Full day/Full week program

### Daily Schedule:

8:30 am - 9:00 am	Breakfast
9:00 am -12:00 pm	Reading, Math, Science and Language Arts skill building
12:00 pm - 12:30 pm	Lunch
12:30 pm - 4:00 pm	Enrichment, Outdoor, Physical Activities, and Creative Play

### Cost for Program for Early Registration only by April 1, 2010

*Registration fee must accompany enrollment forms:*

\$15.00 Registration Fee plus...

\$69.00 Weekly rate (8:30 am - 4:00 pm)

\$84.00 Weekly rate (6:30 am - 4:00 pm or 8:30 am - 5:45 pm)

\$99.00 Weekly rate (6:30 am - 5:45 pm)

(Breakfast, lunch, and field trips are included in cost !!)

### Cost for Program after April 1, 2010

*Registration fee must accompany enrollment forms:*

\$15.00 Registration Fee plus...

\$84.00 Weekly rate (8:30 am - 4:00 pm)

\$99.00 Weekly rate (6:30 am - 4:00 pm or 8:30 am - 5:45 pm)

\$114.00 Weekly rate (6:30 am - 5:45 pm)

(Breakfast, Lunch, and field trips are included in cost !!)

- Sibling Discount (\$20.00 off **regular weekly fee** for one child)
- Limited "Partial" Scholarships available ( *participation in spring fundraiser required*)
- Hennepin County childcare assistance accepted

# Excell Academy's Summer S.M.A.R.T.S. Program 2010

*Open to the Public*

Pre-K - 6<sup>th</sup> Grade

Ages 4 – 12

**REGISTRATION:** A non-refundable registration fee of \$15.00 per child (registration fee includes program T-Shirt) must accompany the completed registration form.

Weekly Program Fee	COST: \$84.00 Per Week (\$69.00 per week if registered by April 1 <sup>st</sup> )
Hourly Rate	COST: \$7.00 Per Hour
Daily Rate	COST: \$35.00 Per Day
Before Care 6:30am – 8:30am	COST: \$15.00 Per Week
After Care 3:30pm – 5:45pm	COST: \$15.00 Per Week

## **PAYING FEES:**

Fees must be paid two weeks in advance. All payments are non-refundable. Full payment is due whether or not your child is in attendance. No refunds will be made due to absences. A two week notice must be given before pulling your child from the program. If a two week notice is not given you will be billed for all services. There will be a \$30.00 returned check fee on all returned checks.

## **FIELD TRIPS:**

Children will participate in a variety of field trips on Fridays and throughout the week. Some field trips will be walking field trips. For trips over one mile children will be transported in staff vehicles or school bus. Although our staff will insure that the highest level of care and safety will be given to your child(ren), the Summer Smarts Program, Excell Academy, or their staff will not be held liable for any injuries that may occur to, from, or during field trips.

**LATE PICK-UP PENALTY:** Any parent arriving after 4:00 pm (or 5:45 pm for after care participants) must pay a fine of \$1.00 for each additional minute.

- If your child(ren) is not picked up after ½ hour of overtime the late fees will double and your child(ren) may be taken to the nearest children's shelter or Brooklyn Park Police.
- In case of an accident or emergency resulting in a late pick-up, the coordinator, or teacher must be notified, and the late fee may be waived.
- Parents must pick-up their child(ren) on time everyday. If late pick-up is consistent, parents will be asked to remove the child(ren) from the Program. Parents are also required sign their children in and out everyday.

**BEHAVIOR:** Students are expected to maintain good behavior at all times during the Summer Smarts Program and Before and After Care. If the behavior is not appropriate, students will be given two warnings along with a conference with parents. If after the warnings the behavior does not improve the child(ren) will be asked to leave the Program. Excell Academy will not tolerate inappropriate / misbehavior in the Summer Smarts or the Before and After Care Program.

Again, our staff will insure that the highest level of care will be given to your child(ren) at the Summer Smarts Program, however the Summer Smarts Program, Before and After Care, Excell Academy, or their staff will not be held liable for any injuries that may occur during the Summer Smarts Program.

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**I have read and agree to adhere to the policies and regulations of Excell Academy's Summer Smarts Program and Before and After Care.**

**Parent Print Name**

**Parent Signature**

**Date**

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**Excell Academy's**  
**Summer S.M.A.R.T.S. Program 2010**  
*Open to the Public*

**2010 OFFICIAL REGISTRATION FORM**

**A non-refundable registration fee of \$15.00 per child is required and is due at time of registration (Registration fee includes price of program T-Shirt). Please review the fee policy before registering.** Space may be limited. Spots are filled on a first come, first serve basis. Please remember tuition is due in advance (bi-weekly/monthly). **Your first payment is due by Monday, June 7, 2010.** The Summer Smarts Program is open to the community and not limited to Excell Academy students. All payments are non-refundable. **The program will not take place on July 5<sup>th</sup>.**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

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 Social Security # \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Grade Entering Sept. 2010 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (please include area code) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Please circle below indicating which programs your child will attend and place a check mark next to each week your child will attend the program. My child(ren) will attend:**

<b>(circle programs that apply)</b>	<b>(check off weeks that apply)</b>	
Summer Smarts Program 8:30 am – 4:00 pm	___ week of June 22 <sup>nd</sup>	___ week of June 29 <sup>th</sup>
Before Care from 6:30 am – 8:30 am	___ week of July 6 <sup>th</sup>	___ week of July 13 <sup>th</sup>
After Care from 4:00 pm – 5:45 pm	___ week of July 20 <sup>th</sup>	___ week of July 27 <sup>th</sup>
Summer Smarts, Before Care, & After Care	___ week of August 3 <sup>rd</sup>	

**NOTE: (No program on July 5<sup>th</sup>)**

1. I give permission to call my child's doctor / dentist in case of illness or emergency if I cannot be reached.

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

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

Does child(ren) have any physical problems we should know about? ( asthma, allergies, etc ):

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Is child(ren) taking any special medication? \_\_\_\_\_

Emergency contacts (other than parents ) :

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Persons authorized to pick up my child(ren):

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\* Persons **NOT** authorized to pick up my child(ren):

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### Field Trips

I, \_\_\_\_\_ the parent or guardian of  
(Print parent/guardian name)

\_\_\_\_\_ give permission for my child to  
attend any and all field trips during the Summer SMARTS Program for the summer of 2010.

Parent (print) Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_