



Madonna
SUMMER SCHOOL

✧ **Summer School Period**

- 6 Weeks: 7/1/19 (Monday) – 8/9/19 (Friday)
 - 8 Weeks: 7/1/19 (Monday) – 8/22/19 (Thursday)
 - First 4 weeks (Optional)
 - Second 4 Weeks (Optional)
 - Custom Weekly Participation
- No school on July 4th & July 5th*

✧ **Age Group:**

- Prek4 Thru. 6th Grader (AS OF SEPTEMBER 2019)
- *** *Prek4 students- Born before Sep.1 2015*

✧ **Program Days: Weekly Monday to Friday**

- 8:30AM to 2:45 PM

✧ **Academic Oriented 1st week thru. 6th Week Programs & Activities:**

- English (Reading & Writing)
- Math
- Physical Education
- Music
- Arts & Crafts
- Science Experiments & STEM
- World Culture
- Field trips (See the list of places below)
- Talent show
- Education Assembly

✧ **Movement Oriented 7th week thru. 8th Week Programs & Activities:**

- Mini chefs
- Reading
- Arts & Crafts
- Cooking
- Dance
- Flag Football
- Kick Ball
- Floor hockey
- Basketball
- Soccer
- Water Play
- Ultimate Frisbee
- Track and Field
- Field day

✧ **After School (2:30PM~6PM) Programs & Activities:**

- Snacks will be provided
- Homework
- Summer Reading
- Drawing & Crafts
- Free pick activity
- Board Games

- Physical Education outdoor/Indoor Activities
- Movies

❖ **Field Trip & Activity lists:**

- Liberty Science Center 7/12/19
- Turtleback Zoo 7/19/19
- Billybeez 7/26/19
- Bergen PAC/ AMC Movie Theater (8/2/19)
- Bowler City 8/9/19
- Field Day 8/16/19

*** Home Lunch on Fridays

❖ **Tuition**

*** HOT LUNCH INCLUDED: Professionally Catered and healthy menu. MSS adheres to a nut-aware policy.

*** TUITION INCLUDES: Workbooks, Air-Conditioned, Bus Transportation for field Trip, Snacks for PM CARE, Catered Hot Lunch, 2 Uniform Camp Shirts, Camp Photo, All Craft Materials & Camper Gift.

4 Weeks Program

- Madonna Parishioner - \$715 // if no field trips - \$615
- Non- Madonna Parishioner- \$765 // if no field trip - \$665

6 Weeks Program

- Madonna Parishioner - \$1099 // if no field trips - \$925
- Non- Madonna Parishioner- \$1199 // if no field trip - \$1025

8 Weeks Program

- Madonna Parishioner- \$1399 // if no field Trips-\$1225
- Non-Madonna Parishioner- \$1499 // if no field Trips \$1325

AM Care (Begins 7:30AM)	PM Care (2:30PM~6PM)
● 6 Weeks \$200	● 6 Weeks – \$400
● 8 Weeks \$250	● 8 Weeks - \$475

*** 2nd Child registration \$100 Discount 3rd Child Registration \$200 Discount

*** No refund for any field trip due to the pre-reserved ticket policy.

❖ **Registration Period:**

- 3/23 (Saturday) 9AM~3PM At MKC Summer school building
- 4/6 (Saturday) 9AM~3PM At MKC Summer school building
- Application and Payment may be dropped off to the Rectory office at any time.
- If you want to mail the applications and payments,
Att: Madonna Summer School
340 Main Street
Fort Lee NJ 07024

❖ **Requirement**

- Signed Application Package
- \$300 deposit if you are not making a full payment (Non-Refundable)
- Universal Child health(Annual) before our first day of the program (7/1)

*** Cash or Check Payable to **Church of the Madonna (M.K.C)**

*** Early Bird – **One time full payment** before 4/30/2019 will get \$25 off for 6 weeks and \$40 off for 8 weeks from your total amount

*** Late Fee- Any registration after 5/1/2019 will be charged \$30 late fee.

✧ **Refunds will be calculated as follows.**

- A refund of 80% for withdrawal before 5/31 and No refund will be made after 6/1/2019.
- Otherwise NO REFUNDS are given unless
 - *** The program is cancelled by the Madonna Summer School.
 - *** The request is accompanied by a doctor's written medical excuse. (Medical refunds are pro-rated based on the date of notification to the Summer School)
 - *** There are no refunds after a program has ended.
 - *** A \$25 fee will be applied for all refund check.

✧ **For Additional information please contact:**

- Director: Zeno Cho
 - *** NJ Certified Teacher
 - *** Master Degree on Supervision & Administration at Montclair State University
 - *** Current Teaneck Public School Teacher
 - *** Current Leonia High School boys Soccer Coach
- Email: mkcsummerschool@gmail.com
- Website: <http://www.madonnachurch.org> (go to Summer School Web page)
- Cell/Text: 201-661-1011



***“OUR CHILDREN,
OUR FUTURE
OUR WORLD!”***



Madonna
SUMMER SCHOOL

Child

First _____ Middle _____ Last _____ Gender: Male __ Female__

Entering Grade in September 2019 _____ Birth date ____/____/____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Child #2

First _____ Middle _____ Last _____ Gender: Male __ Female__

Entering Grade in September 2019 _____ Birth date ____/____/____

Child #3

First _____ Middle _____ Last _____ Gender: Male __ Female__

Entering Grade in September 2019 _____ Birth date ____/____/____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ **E-mail** _____ **(CAPITAL LETTER)**

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ **E-mail** _____ **(CAPITAL LETTER)**

Emergency Contact person when parents are not available

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Alternate Pickup/Release

Please list those people including in addition to parents/guardians who are permitted to pick up your child/children:

- 1: _____
- 2: _____
- 3: _____

Medical Release Information

- ◇ Insurance Holder: Yes or NO
- ◇ If yes, please provide Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

◇ Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

- ◇ Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
- ◇ Yes__ No__ If yes, explain: _____

- ◇ Is your child allergic to any type of food or medication?
- ◇ Yes__ No__ If yes, explain: _____

- ✧ My child requires use of the following emergency medication:
- ✧ _____ None _____ Epi-Pen _____ Inhaler _____ Other
- ✧ Does your child receive any special services during the school year?
- ✧ Yes__ No__ If yes, explain: _____

✧ The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Madonna Summer School or MKC Learning Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the **Madonna Summer School**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes. I understand that although my child's photograph may be used for school event, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Madonna Summer School and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child/Children for official **Madonna Summer School** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The **Madonna Summer School(M.S.S)** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Field Trip consent Form

I hereby consent to participation by my child/children _____, in the field trips described above. I understand that this will take place away from the school grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates.

I also understand that this field trip may expose my child/children to some risks and I assume any such risk that may arise there from, I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. As a parent/guardian of the above named student, I hereby give my consent to ride with a director/teacher/ M.S.S employees/student and /or commercial transportation provided by M.S.S to practice the trip. I do hereby waive, release, absolve, indemnify and agree to hold harmless director/ teacher/ M.S.S employees/students transporting my student to or from for any claim arising out of any injury to my child.

Parent's/Guardian's Initials _____

School Medical Form Treatment Permission And Release

If my child requires emergency medical care and I cannot be reached, I give my consent to M.S.S to obtain the necessary medical care for my child/children. I agree to pay all of the costs associated with the medical care that my child/children receive. I understand that every effort will be made to contact to me before medical care is provided. If illness or an emergency arises, M.S.S may contact emergency contacts in the application form, if parent is not available. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to him/her.

Parent's/Guardian's Initials _____

Release And Waiver Of Liability Agreement

I, _____ (name of parent or guardian) am the parent or legal guardian of _____ (child/ children's names). I give my consent for him/her to participate in any and all events, activities and field trips sponsored and endorsed by the Madonna Summer School during the period from July 1st to August 22nd the following year of the date of the signing of this document.

I hereby release, indemnify and hold harmless the Archdiocese of Newark and the M.S.S Summer School members, clergies, employees, volunteer workers, agents, and assigns from any and all liability, injury, damage claim of any nature whatsoever arising out of or in any way related to my/my child's participating in this event. Participating in any activity is an acceptance of some risk of injury. I agree that my son's/daughter's safety is primarily dependent upon his/her taking proper care of himself/herself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in this event. Therefore, I assume all risks related to the activities. Every precaution will be taken to prevent injury or accidents. However, the M.S.S Summer School personnel cannot accept responsibility should they occur. In case of an emergency and if I cannot be reached, I do hereby authorize a medical personal or a representative of the M.S.S personnel to administer any medical procedure which in their judgment may be necessary and to act in best judgment for all emergency treatment. I hereby authorize the medical personnel (If available), Director, or a representative of the M.S.S to administer minor medications, such as Tylenol, aspirin, Ibuprofen, Pepto-Bismol, Neosporin and basic First Aid.

I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the Please notify the M.S.S staff promptly of changes in email address and other contact information. Staff and volunteers of the M.S.S will keep all information confidential.

I am aware, understand and acknowledge that participation in M.S.S program is a potentially hazardous activity and involves inherent risks of danger or injury, including but not limited to, sprains, strains, fractures, concussions, contusions, lacerations, abnormal blood pressure, heart disorders, fainting, shortness of breath, chest pain, strokes, heart attack, or even death that can occur (hereinafter collectively referred to as "RISKS"). I am voluntarily participating in M.S.S program with the knowledge of the danger involved with the RISKS and with the knowledge that staff assistance and/or medical facilities may not be available in the event of illness or injury. I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, ILLNESS, OR DEATH INHERENT IN M.S.S PROGRAM AND VERIFY THIS STATEMENT BY PLACING MY SIGANTURE BELOW.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND A LEGAL CONTRACT BETWEEN ME AND M.S.S AND THAT IT AFFECTS MY LEGAL RIGHTS. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Name of Child/Children _____

Parent / Guardian Name _____

Signature _____

Date _____

Volunteer Interest Form

If you are interested in volunteering, we would love to have your help!
Please fill out this form with the days you are available and check the types of job(s) you would like to do.

Student's Name _____ Grade _____

Phone # _____

Email Address _____