



St. Alban's Pre-School

1 Church Lane
Oakland, New Jersey 07436
(201) 337-5928
Teresa M. Ercan, *Director*

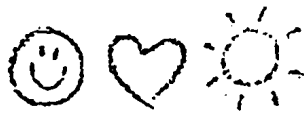
JOIN US FOR SUMMER FUN!

The Summer Session at St. Alban's Pre-School begins Monday, June 25th and ends on Friday, August 17th. We are anticipating a fun-filled summer consisting of free play, crafts, cooking, nature study, physical education, music/movement, and water fun.

A minimum enrollment of two weeks is required, but the weeks need not be consecutive. We will offer half days from 9 AM - 12 PM or full days from 9 AM - 3 PM. Campers can stay for lunch and/or additional hours from 9-3 PM at a rate of \$9.50 per hour. A minimum of three days is required. Selection of weeks must be made at the time of registration. There is a \$30 registration fee for children not enrolled at St. Alban's for the 2018-2019 school year. There will be no second child discount during summer camp.

Applications are available on our website: www.stalbansflow.org. All summer camp forms, including medical records, must be returned along with payment at the time of enrollment.

We look forward to a fun filled summer!



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Here is our schedule and themes. If you would like to send in an item, book or snack related to our theme, please discuss it with a teacher or Miss Teresa.

SUMMER CAMP SCHEDULE

| | |
|--------------|---------------------------------------|
| 9:00 - 9:50 | Free Play |
| 9:50 - 10:00 | Clean Up |
| 10:00 -10:15 | Circle Time |
| 10:15 -10:40 | Project |
| 10:40 -10:55 | Snack |
| 10:55 -11:10 | Books/Story Time |
| 11:10 -11:50 | Playground– Water Fun Indoors– Gym |
| 11:50 -12:00 | Dismissal |
| 12:00 - 1:00 | Lunch / Quiet Time |
| 1:00 -3:00 | More Fun Activities |

SUMMER CAMP THEMES

| | |
|---------|----------------------|
| Week 1: | Fun with Food |
| Week 2: | Red, White & Blue |
| Week 3: | Art with Recyclables |
| Week 4: | Beach and Ocean |
| Week 5: | World of Animals |
| Week 6: | Simply Science |
| Week 7: | Read and Create |
| Week 8: | Beach and Ocean |

*Our schedule & themes are flexible and subject to change.

*This is a general guideline.

2018 SUMMER CAMP TUITION RATES

HALF DAYS (9-12)

Five Day

8 weeks = \$983
7 weeks = \$865
6 weeks = \$754
5 weeks = \$635
4 weeks = \$518
3 weeks = \$392
2 weeks = \$265

Four Day

8 weeks = \$835
7 weeks = \$735
6 weeks = \$637
5 weeks = \$537
4 weeks = \$439
3 weeks = \$334
2 weeks = \$226

Three Day

8 weeks = \$717
7 weeks = \$631
6 weeks = \$547
5 weeks = \$462
4 weeks = \$380
3 weeks = \$289
2 weeks = \$196

Flexible Scheduling Available!

**Fees for lunch or additional camp hours
between 9AM - 3PM at \$9.50 per hour.**

FULL DAYS (9-3)

Five Day

8 weeks = \$1,704
7 weeks = \$1,601
6 weeks = \$1,422
5 weeks = \$1,192
4 weeks = \$964
3 weeks = \$726
2 weeks = \$488

Four Day

8 weeks = \$1,646
7 weeks = \$1,448
6 weeks = \$1,248
5 weeks = \$1,046
4 weeks = \$846
3 weeks = \$640
2 weeks = \$430

Three Day

8 weeks = \$1,402
7 weeks = \$1,233
6 weeks = \$1,062
5 weeks = \$892
4 weeks = \$723
3 weeks = \$547
2 weeks = \$369

ST. ALBAN'S PRE-SCHOOL

1 Church Lane, Oakland, NJ 07436
201- 337-5928 * FAX: 201- 651-9486

SUMMER SESSION APPLICATION 2018

Child's Name: _____ M [] F [] Date of Birth: _____

Address: _____

Home Phone #: _____

Father's Name: _____

Mother's Name: _____

Telephone: _____

Telephone: _____

Cell#: _____

Cell #: _____

Child's Doctor: _____ Telephone: _____

Allergies/Medical Conditions _____

Two local persons to be notified in an emergency (if parents cannot be located):

1) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

2) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

HALF DAYS (9-12) _____ **OR** **FULL DAYS** (9-3) _____

Week of:

CIRCLE:

Days Needed

| | | | | |
|-------------------|--------|--------|--------|-------|
| June 25- June 29 | 5 Days | 4 Days | 3 Days | _____ |
| July 2-6 (no 7/4) | N/A | 4 Days | 3 Days | _____ |
| July 9-13 | 5 Days | 4 Days | 3 Days | _____ |
| July 16-20 | 5 Days | 4 Days | 3 Days | _____ |
| July 23-27 | 5 Days | 4 Days | 3 Days | _____ |
| July 30- Aug. 3 | 5 Days | 4 Days | 3 Days | _____ |
| Aug. 6-10 | 5 Days | 4 Days | 3 Days | _____ |
| Aug.13-17 | 5 Days | 4 Days | 3 Days | _____ |

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2018 SUMMER CAMP REMINDERS

Please make sure that we are aware of any medical conditions or allergies that your child may have. Since many of our students have life threatening allergies, we are a nut-free school. We ask that you **do not use items that are labeled "processed in a plant with nuts or may contain nuts."** If you are bringing in food items from home or the store they must have a clear ingredients label that can be read. This will ensure the safety of all of our students.

Please dress your child in his/her swimsuit, cover-up/t-shirt and water shoes or sneakers that can get wet every day --- regardless of weather! We are asking that your child **not** wear sandals, clogs, flip flops or "Crocs" to school. We have had numerous students fall, lose shoes while trying to run, and the mulch and dirt get inside their shoes which is uncomfortable. Water shoes or sneakers will allow them to play freely and safely without worry. Please be sure that your child's towel is labeled with first and last name. Place the labeled towel in any of the laundry baskets in the hallway. If your child's towel is hanging on the fence at the end of the day, then you can take it home to wash it. If it is in the basket still, then it is clean and may remain at camp.

Please apply sunscreen in the morning and provide a hat and glasses if your child is sensitive to the sun.

Students should bring a labeled backpack every day. In the backpack place an extra set of labeled clothes, diapers, wipes, etc. Please make sure all items are LABELED with your first and last name.

Camp hours will be 9 AM to 3 PM. Campers can stay for lunch and/or additional hours from 9-3 PM at a rate of \$9.50 per hour. Children will need to bring lunch in an insulated bag with their name on it. Due to limited space in our refrigerator, please send your child's food in a hot/cold container. Our staff will not be warming any food since this will take valuable time away from the children. Please do not send glass bottles and refrain from sending peanut butter/nut products due to life threatening allergies. If your child is staying for lunch, please let the teachers know and place his/her lunchbox on the shelf in the Yellow Room.

We also ask that when you come to pick up your child you enter the building and wait for your child to be dismissed from the classroom. When parents are waiting outside by the playground fence and pre-school door it makes it difficult for the teachers to line up the students and bring them into the school. We are also concerned that a child will be tempted to run to a parent.

Please do not allow your child to bring toys from home. It is difficult to keep track of them.

MINIMUM: 2 weeks, not necessarily consecutive and a MINIMUM of 3 days per week.

As always we appreciate your cooperation. The safety of all of our students and staff is a top priority.

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AUTHORIZATION FOR CHILD PICK-UP

I authorize the following people to pick up my child from St. Alban's Pre-School. All others must present a written request from me for my child to be discharged into their hands, and such in writing absolves St. Alban's Pre-School from responsibility after the child leaves the school. All written request will remain on file at the school. St. Alban's Pre-School has the right to verify identification by asking for proof, such as a driver's license.

_____ (Date) _____ (Parent's Signature)

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

PARENTAL CONSENT TO ADMINISTER MEDICINE

Medication shall only be administered by St. Alban's Pre-School personnel upon my written request and will only be that prescribed by a physician. When I authorize St. Alban's Pre-School personnel to administer medication to my child during school hours, I hereby absolve St. Alban's Pre-School from any responsibility for any ill effects that may occur from the administration of such medication.

_____ (Date) _____ (Parent's Signature)

PARENTAL CONSENT FOR EMERGENCY TREATMENT

I hereby authorize St. Alban's Pre-School to call an emergency ambulance in case of accident or acute illness, and to allow possible emergency care if I am not immediately available. In the case of an emergency, if I and/or my physician cannot be reached, I hereby authorize the Administrator/Director of St. Alban's Pre-School to provide any necessary medical treatment. It is understood that I will be advised of the nature and extent of such treatment.

(Date)

(Parent's Signature)

PARENT RECEIPT OF INFORMATION:

- ❖ **General Information Letter**
- ❖ **Information to Parents Document**
- ❖ **Policy on the Release of Children**
- ❖ **Positive Guidance and Discipline Policy**
- ❖ **Policy on Methods of Parental Notification**
- ❖ **Policy on Communicable Disease Management**
- ❖ **Expulsion Policy**
- ❖ **Policy on the Use of Technology and Social Media**

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name

Signature

Date