

# SCS

# Summer of WOW

## 2019

### World of Wonder

**We'll be exploring the wonders of the world in God's creation, including amazing animals, people, historical events, and places. We'll focus in Bible on the miracles performed by God and Jesus in both the Old and New Testaments.**

**June 3-August 2**

**7:00 am- 6:00 pm**

**Students exiting Kindergarten—exiting 6th**

<b>Registration - per student</b>	<b>\$60</b>
<b>Full Day - 20 day punch card</b>	<b>\$650</b>
<b>Full Day - daily rate coupons</b>	<b>\$45</b>
<b>Half Day - 20 day punch card</b>	<b>\$550</b>
<b>Half Day - daily rate coupons</b>	<b>\$40</b>

**\*No School July 4-5**



**Register in the SCS MAIN SCHOOL OFFICE starting April 1st**

**Complete attached forms; then submit to MAIN OFFICE w/ \$60 registration fee**

**Purchase coupons or punch cards in Main Office BEFORE JUNE 3rd**

**Make sure to get a receipt for your tax purposes**

**Please note that there are no refunds for unused summer program days**

**Summer Program Admin: Leslie Manning 661.205.4993**

**Summer Program Activities: Alyshia Kizer 661.496.1360**

**Summer Program Email: scsummerdaycare@gmail.com**

**Tax ID #: 95-1855661**

# SCS

# Summer of WOW

## World of Wonder

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### SUMMER SCHEDULE 2019

<b>7:00-8:00</b>	<b>Open; Inside free play</b>
<b>8:00-9:00</b>	<b>Outside free play</b>
<b>9:00-12:00</b>	<b>Academics &amp; PE Stations (grade level)</b>
<b>12:15-1:00</b>	<b>Lunch</b>
<b>1:00-2:30</b>	<b>Resting &amp; Reading (blankets/pillows for K-2; books for all grade levels)</b>
<b>2:30-3:00</b>	<b>Snack break &amp; recess</b>
<b>3:00-5:00</b>	<b>Theme-related lessons, arts/crafts, gym, games</b>
<b>5:00-6:00</b>	<b>Recess</b>
<b>5:30-6:00</b>	<b>Free Play; Close at 6pm</b>

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#### FUN DAYS

**Monday/Wednesday—Wheels Day**

**Tuesday—Dodgeball Day**

**Thursday—Water Play**

**Friday—Movie/Snack Day**

#### DAILY ACTIVITIES

**Bible Lessons**

**Reading, Writing, Math**

**Physical Fitness**

**Arts, Crafts, Theme Lessons**

#### Dress Guidelines

**Boys - No baggy or saggy pants. No piercings.**

**Girls - No tank tops, spaghetti straps, tube tops, midriff tee shirts, or leggings. Shorts should be no shorter than three inches above the center of the knee.**

**Swim suits should be modest, with one-piece suits preferred.**

## SCS SUMMER PROGRAM 2019

PLEASE FILL OUT & RETURN INFORMATION TO THE SCHOOL OFFICE; **1 form per child**

(Grade Exiting)

CHILD:

AGE:

GRADE:

### PLEASE READ CAREFULLY AND INITIAL EACH

\_\_\_\_\_ I KNOW THAT HALF DAY STUDENTS MUST BE PICKED UP BY, OR MAY NOT BE DROPPED OFF BEFORE 12:30, OR A FULL DAY WILL BE CHARGED AT THE TIME OF PICK UP.

\_\_\_\_\_ I HAVE ATTACHED THE \$60 REGISTRATION FEE, WHICH INCLUDES SUMMER ENRICHMENT BOOK FEE PER CHILD AND ALL FORMS.

\_\_\_\_\_ I UNDERSTAND THAT I MUST PURCHASE A CARD OR COUPON(S) IN THE SUMMER SESSION ROOM OR THE SCHOOL OFFICE, **KEEP MY RECEIPTS FOR TAX PURPOSES**, AND PRESENT A CARD OR COUPON DAILY IN ORDER FOR MY CHILD(REN) TO ATTEND THE PROGRAM.

\_\_\_\_\_ I UNDERSTAND THAT I **CANNOT JUST "DROP OFF" MY CHILD**. I MUST SIGN IN AND PRESENT A CARD OR COUPON AT THE TIME OF ARRIVAL. **NO "IOU'S"!!!**

\_\_\_\_\_ I UNDERSTAND THAT MY CHILD NEEDS TO BRING A LUNCH, AND IF MY CHILD IS EXITING KINDERGARTEN – SECOND GRADE, I ALSO NEED TO PROVIDE A BLANKET, PILLOW, AND READING BOOK. OLDER STUDENTS MUST BRING A CHAPTER BOOK DAILY.

\_\_\_\_\_ I UNDERSTAND THAT IF I AM LATER THAN 6 PM, I MUST PAY THE WORKER ON DUTY \$5 FOR BEING 1-5 MINUTES LATE, AND \$1 PER MINUTE AFTER THAT. MY LATE PAYMENT WILL BE DUE AT THE TIME OF PICK UP.

### DISCIPLINE

#### GENERAL STATEMENT

The Stockdale Christian School Summer Program is dedicated to the training of students in a program of study, activity, and living that is "applied Christianity." We believe that all students should be taught to feel a God-given responsibility to walk honorably. Our discipline procedures are always viewed in a positive and restorative sense. Our staff will maintain standards of behavior in the classroom with kindness, love, and genuine regard for their students. The Matthew 18 Principle will be used. However, when disobedience occurs, and disciplinary action becomes necessary it will be firmly and fairly carried out. Students shall be responsible for their own behavior. They will be expected to obey all rules and regulations developed by the staff for the orderly operation of our program. Therefore, each student is personally responsible for behaving in a way that helps create a positive learning environment that is not degrading to himself or to others. **The administration reserves the right to deal with any and all actions not covered by these policies and procedures.**

#### PARENT AGREEMENT

Any parent whose child is enrolled in the Stockdale Christian School Summer Program must agree to our discipline and training policies in order to be enrolled in the program. Please be assured that these policies will be applied consistently and fairly by our staff. You must remember that this is not our unique way of child training, but it is God's way of child training, for we are claiming the scripture promise to "train up a child in the way he should go and when he is old he will not depart from those ways." Proverbs 22:6

As a parent, I agree to support the Stockdale Christian Summer Program staff. My child and I understand that attending Stockdale Christian School's Summer Program is a privilege and that if undesirable behavior persists; my student can lose the privilege of attending Stockdale Christian School's Summer Program.

Parent/Guardian: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STOCKDALE CHRISTIAN SCHOOL SUMMER PROGRAM

## EMERGENCY FORM; 1 PER CHILD

*TO BE COMPLETED BY PARENT OR GUARDIAN*

CHILD'S NAME:	DOB:
ADDRESS:	GRADE EXITING:
FATHER'S NAME:	CELL #
MOTHER'S NAME:	CELL #
MOTHER'S WORKPLACE:	WORK #
FATHER'S WORKPLACE:	WORK #

Student resides with \_\_\_\_\_.

**WHO SHOULD BE CALLED IN CASE OF AN EMERGENCY?**

NAME	RELATIONSHIP	PHONE #

**PRIMARY CARE PHYSICIAN**

NAME:	PHONE:	ADDRESS:

**PLEASE INDICATE WHAT YOU WOULD LIKE FOR US TO DO IF YOU OR THE PHYSICIAN CANNOT BE REACHED (NAME OF HOSPITAL WE SHOULD TAKE THE CHILD TO).**


**PLEASE LIST ALL PERSONS AUTHORIZED TO TAKE CHILD FROM OUR FACILITY. (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN).**

NAME	RELATIONSHIP

**IS THERE ANY FURTHER INFORMATION THAT WE NEED TO BE AWARE OF SUCH AS ALLERGIES, ILLNESS, SPECIAL FAMILY CIRCUMSTANCES OR CURRENT MEDICATION?**

**PLEASE LIST:**


**MEDICAL AUTHORIZATION FORM NEEDS TO BE COMPLETED IF CHILD WILL BE TAKING MEDICATION DURING SUMMER SESSION. PLEASE OBTAIN FROM SCHOOL OFFICE.**

# HEALTH HISTORY 2019

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

HAS HE/SHE HAD:	YES	NO		YES	NO
An Attack of appendicitis			Severe Allergies		
Asthma or hay fever			Scarlet Fever		
Hernia (rupture)			Significant disease, injury or operation		
Rheumatic fever			Is his/her activity restricted due to medical reasons?		
Diabetes			Is he/she under medical care requiring medication?		
<b>IS HE/SHE SUBJECT TO:</b>					
Sinus Trouble			Allergic to aspirin		
Fainting Spells			Poison Ivy, Oak or Sumac		
Ear Trouble			Reaction to penicillin		
Convulsions			Nervousness or easily upset		

If "YES" answered to any Health History questions, please explain here:

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List any physical restrictions \_\_\_\_\_

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# Stockdale Christian School

4901 California Ave.

Bakersfield, Ca 93309

(661)327-3927

## Annual Field Trip Release/Emergency Medical Form

***This form will be on file with the Summer Program Administrator for the duration of the summer. An additional Permission to Participate form will be sent home prior to each off-campus trip.***

I give my permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours' notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand delivered to the teacher more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless STOCK-DALE CHRISTIAN SCHOOLS, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature Date

\_\_\_\_\_  
Mother/Guardian's Signature Date

Name Printed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

If the child lives with both parents, the release must be signed by both parents/guardians.

Physician: \_\_\_\_\_

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

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

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

Health insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Under the name of: \_\_\_\_\_

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

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated?

\_\_\_\_\_  
\_\_\_\_\_

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## Annual Field Trip Release/Emergency Medical Form (continued)

Student's home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_

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

### **Office use only**

\_\_\_ all forms in

\_\_\_ registration fee

\_\_\_ Card(s) purchased