

- Weekly Field Trips & Picnics
- Lunch & Snacks Included
- Summer Enrichment
- Caring Staff Members
- Special Theme Days



en-
day in
nurturing, loving,
Christian environment
with their friends!

Your chil-
dren will
joy
spending their
a

Marquette Manor Baptist
Academy

Summer Program

333 75th Street

Downers Grove, IL 60516

(630) 964-5363 Fax: (630) 964-5385

www.marquettemanoracademy.org



May 18 - August 14, 2020 7:00 AM - 6:00 PM
for children just finishing K3-6th

Financial Information

- Weekly charge for pick-up at 3:00 PM
\$120 - 3 days/week; \$175 - 5 days/week
- Weekly charge for pick-up at 4:30 PM
\$130 - 3 days/week; \$190 - 5 days/week
- Weekly charge for pick-up at 6:00 PM
\$140 - 3 days/week; \$205 - 5 days/week

Note: Daily rates are not available; only 3 day and 5 day rates.

Payments are made each week during the summer and are due every Monday (or the first day your child attends during the week.)

A charge of \$6.00 per hour will be assessed through 6:00 PM for each child who is not picked up on time. A charge of \$5.00 per quarter-hour will be assessed for each child who is here after 6:00 PM.

We will be closed Monday, May 25, for Memorial Day.



Dress Code

In keeping with our commitment to maintain a wholesome Christian atmosphere, we ask that children attending our program dress in a modest, conservative manner. Boys and girls may wear loose-fitting shorts that extend to the knee but may not wear sleeveless shirts, tank tops, halters, or clothing with inappropriate advertising.

Register Now!

Complete this form and return it with the \$50 per child registration fee. Register on or before April 1, 2020, and receive a 15% discount off your first week of our program. Register on or before May 1, 2020, and re-

Registration

Child's Name _____ Age _____ Birthday _____
Address _____ City _____ Zip _____

Cell (Mom) _____ Work _____
Cell (Dad) _____
Email _____ Address _____

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Emergency

I herewith authorize the _____ treatment of the minor _____ listed above by a qual- ified, licensed medical doctor in _____ the event of a medi- cal emergency which, in the _____ opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impair- ment, or undue discom- fort if delayed. I grant this authori- ty only after reasonable effort to reach me has been made, and with the sole purpose of authorizing necessary emer- gency medical treatment in my absence. First aid may be given at sum- mer childcare.

Transportation Re-
lease for childcare out- ings.

Insurance

Insurance _____ Company _____ Policy Number _____
Known Allergies _____
Emergency Contact _____ Phone _____
Parent/Guardian Signature _____ Date _____

Summer Schedule (Changes may be made at any time during the summer!)

Mark the Box	Circle Days	Choose Pick-Up Time
<input type="checkbox"/> May 18-22	3 days 5 days	3:00 4:30 6:00
<input type="checkbox"/> May 26-29(closed May 25)	3 days 5 days	3:00 4:30 6:00
<input type="checkbox"/> June 1-5	3 days 5 days	3:00 4:30 6:00
<input type="checkbox"/> June 8-12	3 days 5 days	3:00 4:30 6:00
<input type="checkbox"/> June 15-19	3 days 5 days	3:00 4:30 6:00
<input type="checkbox"/> June 22-26	3 days 5 days	3:00 4:30 6:00