



St. Mary's Kids Time Summer Program  
320 5th Ave SE  
Melrose, MN 56352  
(320) 256-4257, x102  
[ahellermann@smsmn.org](mailto:ahellermann@smsmn.org)

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### **Mission**

To provide a quality summer program of care where children can grow and learn in an environment that reflects the values of St. Mary's Catholic School.

### **Enrollment**

Kids Time is open to all school-aged children in Preschool-6th grade with preference given to enrolled St. Mary's School students if space becomes limited. Registration must be completed with the program coordinator 24 hours prior to the date of service for children to be part of this summer program.

### **Daily Schedule and Activities**

The children participating in Kids Time will have a schedule that includes opportunities for enjoyment and enrichment and for their continued social and physical growth. A typical day might include:

- Gardening
- Creative Activity: crafts, art, nature, etc.
- Breakfast & Snack Time
- Science Experiments
- Outdoor and Gymnasium Activities
- Field Trips
- Math, Reading, & Writing (Academic Party!)

### **Staffing**

A program coordinator and assistant and/or aide will staff the program. The program coordinator will be available from 6:00 A.M. to 6:00 P.M. every day.

### **Hours of Operation**

6:00 A.M. to 6:00 P.M.

### **Facilities**

Kids Time will be held in St. Mary's school, making use of a classroom that is designated for Kids Time, the playground, gymnasium, and computer lab.

### **Dropping Off and Releasing of Children**

Children will be released only to their parents or another adult authorized in advance by the parents on the release form provided. That individual may be required to show identification before the child will be released if it is not someone the child can identify. A parent or authorized person must sign the child out from the program.

### **Medical Emergency or Illness**

If a child becomes ill while at Kids Time, parents will be notified and asked to pick up the child as soon as possible. In the event of a medical emergency or accident, the staff will follow the procedures listed under Medical Emergencies in the St. Mary's Catholic School Parent Handbook. If your child should receive a minor injury, he/she will be given first aid and you will be notified of the type of first aid given when you come to pick up your child.



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**Use of Medication**

Please refer to the medication procedures in the St. Mary's Catholic School Parent Handbook. This handbook is available on SchoolSpeak or in the St. Mary's School Office for viewing.

**Insurance**

Health insurance for children is not covered in our program. Parents are asked to have their own insurance coverage.

**Discipline**

Discipline policies and rules in effect during the school day are enforced in the summer program. Personal toys are not to be brought to Kids Time unless the staff grants special permission (i.e. toys include technology devices, gaming systems, Pokemon cards, etc.). While the summer program is less structured, respect and responsibility will always be required if a child is to remain in the program.

**Meals**

- Breakfast: served 8:30 A.M. – 9:00 A.M.
- Lunch: 11:00 A.M. – 11:30 A.M. Child will bring his/her own lunch every day unless notified.
- A snack (fruit, granola bar, crackers, juice or milk etc.) will be served.

\*\*If your child has a special dietary need or restriction, you should send special snacks for your child and alert the program coordinator of your child's special situation.

**Fees**

Participants of the program need to commit to a schedule and pay accordingly. **If you miss a scheduled day, you will still be charged for that day if you didn't notify staff beforehand.** Staff will need at least a 24 hour notice of schedule changes, otherwise you will be charged full price.

<u>Weekly Fees</u>	<u>1 Child in Family</u>	<u>2 Children in Family</u>	<u>3 Children in Family</u>
<b>Full-Time (FT, 4-5 days/week)</b>	\$100.00	1st child fee + \$75.00	1st & 2nd child fee + \$60.00
<b>Part-Time (PT, 2-3 days/week)</b>	\$70.00	1st child fee + \$60.00	1st & 2nd child fee + \$50.00
<b>Drop-In (1 day/week)</b>	\$30.00	1st child fee + \$25.00	1st & 2nd child fee + \$20.00



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**CHILD(REN)'S INFORMATION:**

1 \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

2 \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

3 \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

ADDRESS: \_\_\_\_\_  
(Address) (City, State, Zip)

**ATTENDANCE:**

CONTRACT RATES: FT \_\_\_\_\_ (4-5 days/wk) PT \_\_\_\_\_ (2-3 days/wk) Drop-In \_\_\_\_\_ (1 day/wk)

DAYS: MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

**EMERGENCY INFORMATION:**

Father's Name (First/Last) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Employment Phone #: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name (First/Last) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Employment Phone #: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please list any health-related needs: \_\_\_\_\_

Authorized People to pick up my child(ren): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**I authorize my child(ren) to attend the Kids Time Program; in case of an emergency I authorize the school to choose a doctor/dentist in the event the parent/guardian or family doctor/dentist cannot be contacted.**

Parent or Guardian: \_\_\_\_\_  
(Signature) (Relationship) (Date)