Spend your summer with your Holy Trinity friends at Kids Connection! Kids Connection is available for Holy Trinity Students ages 5 and up (children entering kindergarten in the fall are eligible). There will be a younger group of children (those entering K and 1st grades) and an older group of children (those entering 2nd-6th grades). Depending on the number of summer enrollments, this grouping may change.

**Summer hours:** Monday-Friday, 7:00 AM-6:00 PM.
Kids Connection will be closed on Tuesday, July 4th for the 4th of July.

**Daily Happenings:**
At Kids Connection, your summer days will be filled with arts and crafts, indoor activities, outdoor games, free play and numerous field trips. Examples of field trips include, but are not limited to:

- Indoor and Outdoor swimming ● Climb Iowa ● Area Parks ● Pump It Up ● Roller-skating ● Bowling ● Adventureland ● Fishing ● Blank Park Zoo ● Iowa Cubs Game

We will walk to neighborhood attractions, but offer bus transportation to and from all of our other field trips.

**Meals:**
Students is offered a morning snack at 8:30 each morning. Lunches are to be brought each day by families. Refrigerators are available, however microwaves are NOT. Staff will encourage children to eat the majority of their lunch. Milk is available for lunch each day. Pop/soda is not allowed in lunches. A snack is served each afternoon by Kids Connection staff. Kids Connection will follow the snack guidelines as required by CACFP.

**Student Expectations:**
Kids Connection will hold the same expectations for students during the summer as in the school year. Both children and staff will ensure a safe, caring, Christ centered, and fun environment for all those at Kids Connection.

If you are interested in Kids Connection for this summer, please complete and return the attached forms. We look forward to spending our summer with you!

Questions?
Jenith Burry, Kids Connection Director
255-3162 ext 2203 (work) ● 229-6408 (cell) ● jburry@htschool.org
**Weekly Fees-Summer 2017**

<table>
<thead>
<tr>
<th></th>
<th>One Child</th>
<th>Two Children</th>
<th>Three or More</th>
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<tbody>
<tr>
<td>Full Time</td>
<td>$203</td>
<td>$365</td>
<td>$517</td>
</tr>
<tr>
<td>4 Days / Week</td>
<td>$164</td>
<td>$295</td>
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<tr>
<td>3 Days / Week</td>
<td>$125</td>
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<tr>
<td>2 Days / Week</td>
<td>$83</td>
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</tr>
<tr>
<td>1 Day</td>
<td>$44</td>
<td>$79</td>
<td>$112</td>
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**Payments**
Weekly fees include child care, breakfast, snacks, craft materials and field trips (except Adventureland). Kids Connection billing is done via FACTS. You may pay online directly to FACTS or you may pay by check, cash, or cashiers check. Checks may be made out to Kids Connection and given to Jenith. Payment is due by the Friday of each week of service.

**Additional Payment Information**
Balances from the 2016-2017 school year MUST be paid in full before your child is allowed to attend 2017 Summer Kids Connection. During the summer, payments are to be made weekly. If you fall behind more than 3 weeks, your child will not be allowed to attend Kids Connection until your balance is paid in full.

**Vacation Time**
A **two week** written (e-mail is fine) notice is required for all vacation time. There will be no charge for the time you are gone, but I must know ahead of time. If you are gone for a day or your child is ill, your set weekly payments will still apply.

I have read and agree to the following terms listed above:

__________________________  ________________________________
Parent Signature             Date
Family’s Last Name__________________________ Parent’s Names______________________________
Address________________________ City________________________ Zip________________________
Cell Phone________________________ (M)________________________ (D)
Work Phone________________________ (M)________________________ (D)

Child________________________ Grade Entering__________________________
Child________________________ Grade Entering__________________________
Child________________________ Grade Entering__________________________

Attendance (Please circle days care is needed)
____Full-Time (5 days per week)         ___2 days/ week (M T W T F)
____4 days/week (M T W T F)               ___1 day/week (M T W T F)
____3 days/week (M T W T F)               

Known Family Vacation Dates____________________________

PHOTO AND SUNSCREEN PERMISSION
I give consent for my child’s photo to be taken and used for marketing and media purposes.
Parent Signature ____________________________
I will provide sunscreen and give consent for KC staff to apply sunscreen to my child? Lotion Spray Either (please circle one)
Parent Signature ____________________________

I/We, parents or guardian of ______________________________________, request that the Holy Trinity School and Kids Connection allow my/our son/daughter to participate in all field trips with Kids Connection. We hereby release Holy Trinity School and Kids Connection and any and all of its employees from any and all liability for any and all harm arising to my son/daughter as a result of these trips.

I/We understand that all children participate in all field trips and will not be left at the school facility during such field trips.

_________________________________          ________________________________
Parent or Guardian                   Parent or Guardian

Date_____________________________          Date_____________________________

*Please designate at least 2 other individuals who have authorization to pick up your child/ren in the event that you are not able to pick up.

Name_____________________________           Phone__________________________
Name_____________________________           Phone__________________________

EMERGENCY MEDICAL AUTHORIZATION

I, ________________________________________________,
mother/father/guardian of ____________________________________________,
age ______ grade _________, do hereby give my permission and/or consent
to Holy Trinity School to secure and authorize such emergency medical care
and/or treatment as my child (above named) might require while under the
supervision of Holy Trinity School. I also agree to pay all costs and fees
contingent on any emergency medical care and/or treatment for my child as
secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of
emergency. In the event of emergency, it is necessary to have the following
information:

<table>
<thead>
<tr>
<th>DENTIST NAME:</th>
<th>PHYSICIAN NAME:</th>
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<table>
<thead>
<tr>
<th>DENTIST CONTACT:</th>
<th>PHYSICIAN CONTACT:</th>
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Requested Hospital: _____________________________________________

I agree to this authorization for the period of time that my child attends Holy
Trinity School and will inform the school as to any change in name of doctor
or hospital.

(Signed) ___________________________ (Date) _______________