

Summer Stretch

Completed Kindergarten through Completed 4th Grade

9am-2pm

Wed. July, 18– We will be holding a food drive at a local grocery store, touring the White Bear Food Shelf, and finishing the day with a trip to Podvin Park. \$15 _____

Wed. July, 25– We will be going to the Crystal Cave for a tour and gem mining in Spring Valley, WI. \$20 _____

Wed. August 1– We will be going to Feed My Starving Children in Eagan for a morning of service followed by a trip to the Cedar Crest Park Splash Pad. \$15 _____

Wed. August 8– We will be going to the Children’s Museum of Minnesota and Nelson’s Ice Cream. \$20 _____

Wed. August 15- We will spend the morning making blankets and toys for an animal shelter followed by an afternoon at the HealthEast Sports Center Splash Pad. \$15 _____

Tues. August 21– We will be joining the teens on a trip to the Minnesota Zoo! Please note that we will be leaving St. Stephen at 8am and returning at 3pm this day. \$20 _____

Registration begins March 15th. Registration for each week closes two weeks prior to that event. We must have a minimum of 3 kids registered for each week or we will need to cancel that week. Register for all 6 weeks at one time and receive a \$10 off.

Please provide your child a sack lunch and water bottle each week. Please apply sunblock to your child prior to arriving, we will continually apply sunblock as needed throughout the day.

See Melissa for more information.

Child's Name _____

DOB _____ Grade _____

Address _____

Phone _____

Parent/Guardian Name _____

I can drive March 12th _____ My car seats _____

I can drive March 14th _____ My car seats _____

Emergency Contact _____

Emergency Contact Phone _____

My Child has the following medical/behavioral concerns that you should know about

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

Parent Signature _____ Date _____