

What are *you* doing this spring break?



The CSS REF Spring 2010 Program is a week long program of structured recreation and activity that is open to students from **PK3 to 5th grades**.

Children will spend the week learning and growing through sports and structured recreation. The Spring REF program runs from 8:00 AM to 4:00 PM from Monday, April 5th – Friday, April 9th. The program fee includes all costs of the program, including recreation activities and afternoon snacks. In addition, there is the possibility of aftercare if there is enough interest. There is an after care interest form included in the application packet.

Monday, April 5th – Friday, April 9th

(During Cardinal Shehan School's Spring Break)

Program Information

- Structured recreational activities covering sports and fitness.
- Other activities include arts & crafts, technology activities, cultural awareness, dramatic reading, character development, math skills review, and more!
- Afternoon snack provided, but students will need to bring their own lunch daily.
- Monday – Friday 8:00 AM – 4:00 PM
- Fees:
 - Program Fee \$100.00
 - Application Fee \$10.00 (Non-Refundable)
 - Total Cost \$110.00

More information and applications are available at the front office or by contacting one of the coordinators:

Ms. Rosh�e Jones	rjones@cardinalshehanschool.org	410-433-2775 x216
Mr. Douglas Weimer	dweimer@cardinalshehanschool.org	410-433-2775 x219
Mr. Steve Bower	sbower@cardinalshehanschool.org	410-433-2775 x231



Spring REF 2010 Payment Plan

Program Fee (includes activities and afternoon snacks)	\$100.00
Application Fee (Non-Refundable)	\$10.00
Total Cost	\$110.00

In order to guarantee a spot for your child in the Spring REF Program, the non-refundable \$10.00 application fee is due when the application is turned in. In order to hold the spot for your child, 50% of the program fee (\$50.00) will be due no later than Monday, March 15th. The remainder of the fee (the remaining \$50.00) will be due no later than Monday, March 29th. Here is a summary of payments and when they are due:

Due Date	Fee
When Application is turned in (as spots are available)	\$10.00 (Application Fee)
No later than Monday, March 15 th	\$50.00 (first half of the program fee)
No later than Monday, March 29 th	\$50.00 (second half of the program fee)

For each payment, please pay with cash, check, or money order. If you pay by check or money, **please make them payable to either “Roshae Jones” or “Douglas Weimer.” DO NOT make checks payable the school.** Checks or Money Orders made payable to the school will not be accepted.

Spring REF After-Care



Spring REF will offer after care for any student that needs it in the afternoons from 4:00 PM up to 5:30 PM, at a cost of \$25 for the entire week. However, this will only be offered if there are enough students interested. If you will need after care, please fill out and detach the bottom of this form and return it with the application.

You will be notified when a decision about offering After Care has been made.

Student Name _____

Yes, I am interested in after care for my child during the Spring REF program. I will need after care from 4:00 until _____ (no later than 5:30).



Spring REF 2010 Application / Emergency Contact Information

Child's Last Name First Name Middle Name Gender

Street Address City State Zip Code

Home Phone Number Age Birth Date

Social Security Number Grade _____

Child Lives With: Both Parents _____ Father _____ Mother _____ Legal Guardian _____
 Step-mother _____ Step-father _____ Other _____

Father's Name: _____ Work Phone # _____

Cell Phone # _____

Mother's Name: _____ Work Phone # _____

Cell Phone # _____

Legal Guardian: _____ Work Phone # _____

Cell Phone # _____

Please indicate two additional emergency contacts:

1. Name _____ Phone # _____

Relationship to Child: _____

2. Name _____ Phone # _____

Relationship to Child: _____

In case of emergency, I hereby give permission for my child to be taken to the hospital.

Legal Guardian's Signature _____ Date _____

*****HEALTH INFORMATION ON REVERSE SIDE*****

Health Information (please circle all that apply):

Arthritis	Mild	Severe
Asthma	Mild	Severe
Allergies (specify type at the bottom)	Mild	Severe
Bladder Condition	Mild	Severe
Convulsive Seizures	Mild	Severe
Diabetes	Mild	Severe
Fractures	Mild	Severe
Hearing Impairment	Mild	Severe
Heart Condition	Mild	Severe
Internal Irregularities	Mild	Severe
Kidney Condition	Mild	Severe
Sight Impairment	Mild	Severe
Surgical Procedure	Mild	Severe
Wears Glasses	Yes	No

Other Health Information: _____

Does your child receive daily medication _____ at home? _____ at school?

Name of medication and dosage information _____
