



# Summer Cardinal Care

Enjoy indoor & outdoor activities!  
We will utilize playgrounds, gymnasium and special outings at nearby businesses and parks. Weekly themes (weather permitting) are listed on back of this page.

**R  
A  
T  
E  
S**  
Half Day-up to 4 hrs.  
Full Day-more than 4 hrs.  
1 child—\$25 Half Day; \$40 Full Day  
**Late fee: \$1 per minute after 6 PM**



## DIRECTOR

**Laura Kushner**  
lkushner@allsaintskenosha.org





# Summer Cardinal Care Theme Calendar

SESSION	CAMP THEMES
 June 17-21	<b>Under the Sea</b> 
 June 24-28	 <b>Goey Goey Science</b>
 July 3-5	<b>Stars &amp; Stripes</b> CLOSED JULY 3-5 
 July 8-12	 <b>S'mores-n-more</b>
 July 15-19	<b>Going Green</b> 
 July 22-26	 <b>Christmas in July</b>
 July 29-August 2	<b>Summer Olympics</b> 
 August 5-9	 <b>Around the World</b>
 August 12-16	<b>Spirit Week</b> 



# ALL SAINTS CATHOLIC SCHOOL

## Summer Care Program Registration Form

List Allergies, Asthma, etc. on back ...

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**The following individuals are authorized to pick up my child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for the All Saints Catholic School/Cardinal Care staff to seek medical attention in case of an accident or emergency, including dialing 9-1-1.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Cardinal Care Summer Care

One form per child

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child is enrolled at ASCS for Fall, 2024 (K4-8)  Yes  No

## JUNE 2024

MON	TUE	WED	THU	FRI
27	28	29	30	31
3	4	5	6	7
Cardinal Care				
10	11	12	13	14
17 Summer Care Starts	18	19	20	21
24	25	26	27	28
Camp Invention Week				
1	2	3	4	5

## JULY 2024

MON	TUE	WED	THU	FRI
1	2	3	4	5
Summer Care Closed				
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31	1	2

## AUGUST 2024

MON	TUE	WED	THU	FRI
			1	2
5	6	7	8	9
12	13	14	15	16 Summer Care Ends
Closed for Cleaning				
19	20	21	22	23
26	27	28 1st Day of School & Cardinal Care	29	30

### Information:

- Please write the child's drop-off and pick-up time on the days he/she will be in attendance.
- Without a 24 hour notice, you will be billed for these contracted days, even if not in attendance.
- Drop-off care is available throughout the summer if space is available, please contact the director for details.
- Send snacks/lunch/beverage each day.
- Send water bottle each day.
- Send backpack, if desired.
- Apply sunscreen before arriving. Send with child for reapplication as necessary.