

St. Ignatius of Loyola Early Childhood Center Summer Fun 2026



Dear Parents and Guardians,

Thank you for signing your child up for our summer program! We are excited to offer a fun and engaging experience filled with crafts, learning centers, stories, music, and songs.

The program will include snack time, lunch, and rest time for our 2- and 3-year-old students. Classes will meet on Tuesdays, Wednesdays, and Thursdays from 9:30 a.m. to 2:30 p.m.

Children ages 2 through 7 are eligible to attend. Families may select the weeks that are most convenient for them. Please note that space is limited.

Program Cost and Themes:

The cost of the program is \$100 per week. Each week will feature a special theme, with songs, stories, and activities centered around that theme. A Bible story or lesson will also be incorporated weekly.

What to Bring:

Children are required to bring:

- A snack (finger foods only)
- Lunch (finger foods only)
- A change of clothes

Additional requirements by age:

- 2-year-olds must also bring diapers, wipes, and a mat for rest time.
- 3-year-olds must be fully potty trained and bring a mat for rest time.
 - If a child is not fully potty trained, they will not be placed in the 2-year-old class.

Please note that teachers will not be able to spoon-feed children, so all food must be finger foods.

Communication: Brightwheel App:

We use the Brightwheel app as our paperless system for attendance, check-in and check-out, and all parent communication. You will receive an invitation via email to sign up. If you do not receive an invitation, please let us know so we can resend it. Brightwheel is our primary mode of communication, so please download the app once you receive the invitation.

Registration and Payment:

At the time of registration, families must pay the full amount of \$100 per week for each week their child will attend.

- **Early Registration Fee:** \$100 per week if registered by May 1, 2026
- **After May 1st:** The weekly fee increases to \$110

Spaces are limited, so we encourage you to register early.

If you have any questions, please feel free to reach out. We look forward to a wonderful summer with your children!

Donna Quiambao



Summer Fun 2026 Tuition Agreement

Child's Name: _____

Please check the weeks that your child will be attending:

_____ June 9-11

_____ July 7-9

_____ June 16-18

_____ July 14-16

_____ June 23-25

_____ July 21-23

Consent and Agreement:

By submitting this form, I acknowledge that I have read the Summer Fun policies, including session dates, and fee structure. I understand that:

- Each camp costs \$100 and due upon registration. The registration fee is non-refundable and non-transferable.
- If I pick up my child after 2:30 pm, a \$1 a minute fee per child will be charged and needs to be paid the following day. Late fee will be based on the check out time registered on Brightwheel app.

I agree to pay all required fees and comply with all the policies.

Parent/Guardian Signature: _____

Date: _____

This section to be completed by Office Staff:

Registration Date: _____

Summer Fun Fee: _____ Type of Payment: _____

Summer Registration Form 2026-2027 (For Students NOT Enrolled to ECC)

Children will not be assigned to a class until all lines and forms are completed

Child's Full Name _____
First _____ Middle _____ Last _____ Nickname _____

Date of Birth _____ Age (as of **September 1, 2026**) _____ Gender _____

Best Contact Number _____

Child's Home Address _____ City, State, Zip _____

Child Lives with (Circle One): Both Parents Mom Dad Guardian

Custody Order on File? Yes No *If Yes, a current copy of your court order **MUST** be attached or we will not be able to enforce the court order.*

Are you registered parishioner of St. Ignatius of Loyola? Yes No

Primary Language spoken at home: _____

Father/ Guardian's Full name _____

Best Contact Number _____ Father's Work Phone Number _____

Father's Email address _____

Mother/Guardian's Full Name _____

Best Contact Number _____ Mother's Work Phone Number _____

Mother's Email address _____

I authorize St. Ignatius to **release my child to leave the child care operation **ONLY** with the following persons (not a parent).
Everyone approved to pick up must have their own Brightwheel account and check in code.
Do not turn in paperwork until all lines are completed.**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Receipt of Written Operational Policies:

I acknowledge receipt of the Parent’s Handbook and read the following the policies in the handbook (Check all that apply).

- Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hot website
- Discipline and Guidance
- Dismissal from the program
- Emergency plans
- Procedures for conducting health checks
- Safe sleep policy for infants
- Procedures for parents to discuss concerns with the Director
- Promoting of indoor and outdoor physical activity including criteria for extreme weather
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements
- Meal and food service practice
- Procedures to visit the center without securing prior approval
- Procedures for inclusive services
- Procedures for parents to contact Child Care Regulations (CCR), DFPS, Child Abuse Ho website

SchoolPolicies Agreement

Brightwheel App

I understand that the Brightwheel App is used as the main communication for our preschool. I understand that I am **prohibited** from posting pictures or videos from Brightwheel that include children other than my own.

Cellphone Usage

I agree to not be talking on my cell phone during drop off and pick up of my child/children, as I need to use my phone to check in and want to be attentive to my child while dropping off or picking up.

Photo Release

I understand that pictures (individual and group) will be taken during the school year. I give permission for SILECC to take photographs for the newsletter, St. Ignatius of Loyola website and Brightwheel.

Signature of Parent or Legal Guardian

Date Signed

Receipt of Parent’s Right:

I acknowledge I have received a written copy of my rights (page 19 in the Parent Handbook) as a parent or guardian of a child enrolled at St. Ignatius of Loyola Early Childhood Center.

Signature of Parent or Legal Guardian

Date Signed

Child's Special Care Needs (check all that apply) 0 None

- Environmental allergies
- Food intolerances
- Existing illness
- Previous serious illness
- Injuries and hospitalizations (*past 12 months*)
- Limitations or restrictions on child's activities
- Reasonable accommodations or modifications
- Adaptive equipment (*include instructions below*)
- Symptoms or indications of complications
- Medications prescribed for continuous long-term use

Other: _____

Explain any needs selected above: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information line at 800 514-0301 (voice) or 800 514-0383 (TTY)

Is your child able to swim without assistance?

Yes No

Does your child have any physical, health, behavioral or other conditions that would put them at risk while swimming? Yes No

Do you want your child to wear a life jacket while in or near a swimming pool?

Yes No

St. Ignatius does not use swimming pools of any type.

Water Activities

I give consent for my child to participate in the following activities (Check all that apply)

water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Food Allergy

Does your child have diagnosed food allergies? Yes No

Food Allergy Emergency Plan Submitted Date: _____

Immunization:

I have attached the current immunization record of my child.

I have attached the affidavit stating that I decline immunization **AND** the medical statement from the medical doctor stating the reason child cannot have vaccines.

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize St. Ignatius of Loyola ECC and its staff to take my child to obtain any necessary emergency care medical care at:

Name of Physician _____ Address: _____ Phone: _____

Name of Emergency Care Facility: _____

Address: _____

Signature of Parent or Legal Guardian

Date Signed

Medical Statement of Health Form

Attention: This part needs to be completed by a Physician or Healthcare professional in order for your child to start at SILECC.

Child's Full Name: _____

Date of Birth: _____

Date of well exam: _____

Thereby certify that the above named child had been examined by me and found to be in good health, free of communicable diseases. He / She may participate in St. Ignatius of Loyola Early Childhood Center and cleared for all activities.

Physician's Name: _____

Physician's Signature _____ Date: _____

Address: _____

City, State, Zip: _____

***** PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORDS*****

***** PLEASE ATTACH A COPY VISION AND HEARING TEST RESULT***
REQUIRED FOR PREK 4AND KINDER**

This form may be faxed to our office to St. Ignatius of Loyola. The fax number is 281-290-4616.