

# 2026 Superstar Summer Care for Age 4 to Kindergarten

**5009 Broadway Ave ~ Miss Becki's cell 587-877-7827**

Check the boxes for the weeks your child is attending. Our program runs from 7:00am-5:30pm daily.

Week 1 July 2-3    Week 2 July 6-10    Week 3 July 13-17    Week 4 July 20-24

Week 5 July 27-31    Week 6 Aug 4-7    Week 7 Aug 10-14    Week 8 Aug 17-21

We are closed June 29<sup>th</sup>, 30<sup>th</sup>, July 1<sup>st</sup> and August 3<sup>rd</sup>. We are also closed the final week of August to prepare for the new season.

**With the affordability grant, pricing is based on hours. 50-99 hours/month is \$230. 100+ hours/month is \$326.25.**

**Each week is based on 52.5 hours except week 1 which is 21 hours & week 6 which is 42 hours.**

**\*\*If you are not registering your child for a minimum of 50 hours in either month you would need to pay the weekly rate of \$250 (\$100 for week 1 & \$200 for week 6) as you would not qualify for the affordability grant.**

**Payment is due at the time of registration. No cancellations/refunds but weeks can be switched if there is space.**

**Child's Full Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age as of July 2026:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Allergies/Medical/Behavioral/Conditions:** \_\_\_\_\_

Immunized: YES  NO

## **Parent/Guardian Info:**

**Main Contact Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

## **Emergency Contact: (not the Parents/Guardians)**

**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

## **FOIP:**

I permit photos or videos of my child to be used by Little Star Programs for publication on social media.

I Do  I Do Not

## **First Aid:**

I give Little Star Staff permission to administer first aid to my child in the event of an accident or unforeseen event. I also permit my child to be transported in the event of an emergency to the closest hospital or, if necessary, to call an ambulance and share my child's information with emergency personnel.

## **Outings Permission:**

I give Little Star Staff permission to take my child for walks in the community and to visit parks including the spray park. I agree to provide sunscreen/insect repellent and permit Little Star Staff to apply to my child. Any field trips outside of these parameters will have a separate permission form.

**\*All food is supplied by you. Please note that we are a peanut-free facility. A water bottle, bathing suit, sunscreen, towel, bag for wet gear, and a hat must be sent daily. Please label ALL belongings.**

## **Alternate Drop Off/Pick Up People:**

**Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

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