

# 2026 Superstar Summer Care for Grades 1-6

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

Check the boxes of 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 4<sup>th</sup>. We are also closed the final week of August to prepare for the new season.

**All weeks are \$250.00 except Week 1 which is \$100 and Week 6 which is \$200.00. Payment is due at the time of registration. No cancellations/refunds but weeks can be switched if there is space.**

We are a licensed facility that can accept subsidy for those that qualify.

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