



Trinity Episcopal School
1504 N. Moody
Victoria, TX 77901
361.573.3220
Fax: 361.573.2964
www.tesvictoria.org

Dear Parents/Guardians:

Trinity Episcopal School will offer Summer Care for the 2019 season. Summer Care will be offered **June 1 through July 26 from 7:00 a.m. – 5:30 p.m. in the PALS Room and is available for children entering K3 through 4th grade. No camp will be offered the week of July 1-5th.** We are excited to offer a weekly theme, which will incorporate a variety of activities and will give the children something to look forward to each week. The daily schedule will include planned activities (water fun, Movie Monday, various field trips), free play, rest time (age-appropriate), and snack time. **Registration deadline is May 3,2019.**

2019 Summer Camp Rates

All Summer Care fees must be paid in advance for the 2019 summer session. Weekly payments are due by the first day of drop-off each week and should be given to the Summer Care staff or left in the drop box by 5:30 p.m. A fee of \$10.00 will be applied for any late payment. If you would like to pay by credit card, please see the business office prior to June 1. Please make checks payable to Trinity Episcopal School (TES) and indicate “PALS Summer Camp” in the memo line.

Weekly rates

- \$50 registration and supply fee per child – one-time fee that includes camp shirt
- \$95 per week for half days (7:30-12:30 OR 12:30-5:30)
- \$150 per week for full days
- **We staff our summer care based upon contracted days, so you are responsible for the weekly contracted fee whether your child attends or does not attend during a particular week. _____ Initials**
- **Any unpaid fees (due to absence) will be charged to student account for the 2019-20 school year if left unpaid. _____ Initials**

***A fee of \$5 will be added for every minute after 5:30 p.m. _____ Initials**

If you are interested in Summer Care and would like to register, please fill out the attached registration form and either hand deliver, mail, or fax (361-573-2964) it to the PALS Staff. If you have any questions, please contact Angelica Kurtz at akurtz@tesvictoria.org.



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2019 Summer Care Contract

Student Name: _____ Grade 2019: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Address/City/State/Zip: _____

Emergency Contact: _____ Phone #: _____

I, undersigned, attest that the child named above enjoys generally good health and is able to participate fully in the Summer Care program. I give permission herewith for school personnel to render first aid as needed in the event of injury, or to transport my child to the nearest available medical facility for treatment. I have read and understand the rates and fees for which I will be responsible when sending my child to summer care.

Parent/Guardian Signature: _____

Please review the schedule below and check the weeks you plan to send your child to Summer Care. For scheduling purposes, please choose the days of the week and all time blocks your child will attend. *This is a tentative plan and can be adjusted as needed.*

Date	Time	Theme	Check all that apply
June 3-7		Fun with Books	
June 10-14		All Around the World	
June 17-21			
June 24-28		Cooking Camp	
July 1-5	NO CAMP	NO CAMP	NO CAMP
July 8-12		Science	
July 16-20		PALS care	
July 22-26		STEAM/Video Game	

**** A minimum of 15 students must be registered each week in order to take field trips during that week.***