

SUMMER REBEL CARE

Summer time is almost here! We have many exciting activities planned and we look forward to making memories with your precious children. Our summer will consist of fun themed weeks, crafts, games and food. If you have any questions, please do not hesitate to contact Rebecca Downing at rdowning@rebelmail.net or 901-496-1039

Hours of Operation

Summer Rebel Care will begin on May 24th.

We are open from 7:00 a.m.to 5:30 p.m.

Monday through Friday, unless otherwise noted on the monthly calendar. We will be closed for Memorial Day, May 31st.

We will be CLOSED the week of July 5-9.

Rates

Registration Fee—-\$35 per child. NON REFUNDABLE

We will have a 4-5 option or a 1-3 day option for the summer time. You will be billed through FACTS on the 15th & 30th of June & July.

2K & 3K Students:

4-5 days a week \$1575 4 payments of \$393.75
1-3 days a week \$945 4 payments of \$236.25

4K-5th Grade Students:

4-5 days a week \$1350 4 payments of \$337.50
1-3 days a week \$810 4 payments of \$202.50

We will have a drop in rate of \$40 a day for emergencies.

LUNCH

Students should bring a lunch that does not require heating or refrigeration. If we have a special lunch, advance notice will be given. Each Friday, we will have either pizza, Chick-fil-a or McDonalds. The money (cash only) should be sent in by Thursday mornings in a ziploc bag.

Forms

Please provide an index card with the following information on your child:

Child's full name

Emergency contact info

List of allergies

Special request

2K-5K STUDENTS

2K-5K students will have nap time everyday. Please send your child with a nap mat and blanket. We also need an extra set of clothes, in case of an accident. Please send ziploc bag with child's name the outside of the bag.

MISCELLANEOUS ITEMS

We play outside a lot and get dirty. Comfy clothes are preferred and please apply sunscreen before camp.

Your child may bring toys/electronics only on specified days. We encourage sharing, but NO SHARING ELECTRONICS. If you allow your child to bring anything from home, it must have their name on it.

REBEL CARE CONTACT INFORMATION

We look forward to a fun filled summer!

rdowning@rebelmail.net

901-496-1039

Rebecca Downing

Dear Rebel Care Parents,

Below you will find our 2021 prices for Summer Rebel Care. Our summer program is available Monday-Friday from 7:00-6:00. We will be closed for a full week (June 29-July 3).

Children will receive excellent supervision, morning and afternoon snacks, craft time, outdoor playtime, field trips and so much more.

You will need to choose one of the options below. Your child's \$35 registration fee is per student and will be billed on May 30th. Summer charges will be billed in 4 payments on June 15th & 30th and July 15th & 30th.

Attendance Options

Student Name _____ Grade _____ Student Name _____
Grade _____

Student Name _____ Grade _____ Student Name _____
Grade _____

_____ Full Time-4-5 days attendance for 2K/3K students
\$1575.00 per summer—(\$393.75deducted on the 15th & 30th of each month)

_____ Part Time-1-3 days attendance for 2K/3K students
\$945.00 per summer-(\$236.25 deducted on the 15th & 30th of each month)

_____ Full Time-4-5 days attendance for 4K-5th students
\$1350.00 per summer-(\$337.50 deducted on the 15th & 30th of each month)

_____ Part Time-1-3 days attendance for 4K-5th students
\$810.00 per summer-(\$202.50 deducted on the 15th & 30th of each month)

Emergency drop in fee is \$40 per day. The one time \$35 registration fee will also be charged on the first drop in day.

Rebel Care Registration

There is a \$35per child non-refundable registration fee that will be charged to your FACTS account. The registration fee includes new and old students.

Personal Information

Child's Name_____

Grade_____

Child's Name_____

Grade_____

Child's Name_____

Grade_____

Home

Address_____

City_____ State_____

Zip_____

Father's Name_____ Cell

Phone_____

Employer_____ Work

Phone_____

Mother's Name_____ Cell

Phone_____

Employer_____ Work

Phone_____

Pick Up and Emergency Contacts

Please list below who may pick your child up from Rebel Care and/or is able to make medical decisions for your child listed below.

Name_____

Phone_____

Name_____

Phone_____

Name_____

Phone_____

Please list all concerns, allergies or special information that we need to know about your child. _____

Doctor's

Name_____ Phone_____

Hospital

Preference_____ Phone_____

This certifies that permission is given to TRA to seek medical treatment for the names listed above, in the event that parents or emergency contacts cannot be reached immediately.

Signature of Parent/
Guardian_____Date_____