

Southpoint Academy

2020 Summer Quest for Knowledge

Enrichment Day Program

Information Sheet

Enroll your child now for a fun-filled summer at Summer Quest for Knowledge Day Program, sponsored by Southpoint Academy. Each week will be packed with fun filled educational and recreational activities.

WHO: Entering Kindergarten

DATES: June 15 – August 14 (Monday-Friday)

TIME: 7:30 a.m. – 5:30 p.m.

Campers need to be present by 9:00 a.m. each day.

COST: Includes materials, activities, and meals.

\$75 early registration (Non-refundable). After 2/28/19, \$100.00 registration fee.

\$250/week (includes morning snack, lunch, afternoon snack, & activities).

\$60/day for part-time (2 days or less); more than 2 days full weekly rate is charged

\$1/minute late pick-up charge

WHAT TO BRING: Mat or towel for Quiet time.

QUESTIONS: Contact Southpoint Academy (919) 544-5652.

- Weekly fees are due the Friday preceding the upcoming week your child attends.
- Part-time fees are due first attended day of week.

Daily Schedule

7:30-8:30 a.m. - Arrival Activities

8:30 a.m. - Morning Snack

9:00 a.m. - Academic Based Activity

-Letters & Numbers

(Recognition & Writing)

-Classroom Transitioning Skills

-Character Development Skills

-Phonics / Reading Skills

-Fine Motor Skills

-Other Fun Activities

11:00 a.m. - Recreational Activities

12:00 p.m. - Lunch

1:00 p.m. - Quiet Time / Reflection
Time

2:00 p.m. - Activity Time

(Character Class/Arts/Crafts)

3:00 p.m. - Afternoon Review

4:00 p.m. - Departure Activities

5:30 p.m. - Program end time

Note: Students entering K5, academics will consist of activities and concepts to better prepare them for a successful transition for the school year (i.e. Alphabets, Numbers, Phonics, Reading Skills, Writing, Fine Motor Skills, Classroom Management, etc.).

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Enrichment Registration Form

Name of Camper: _____ Date of Birth: _____ Age: _____

School: _____ Completed Grade: _____

Parent/Guardian's Name(s): _____

Address: (Include City, Zip Code) _____

Phone Numbers: Dad (H): _____ (W) _____ (C) _____

Mom (H): _____ (W) _____ (C) _____

Email Address: _____

Emergency Contact: _____

Physician's Name _____ Phone _____

Health Insurance Company: _____

Policy Number: _____ Phone _____

Allergies: _____

Please check the appropriate week(s) your child will attend the program. It is highly recommended the child attends at least 8 of the 9 weeks.

- | | |
|--|--|
| <input type="checkbox"/> June 15 - 19 | <input type="checkbox"/> July 13 - 17 |
| <input type="checkbox"/> June 22 - June 26 | <input type="checkbox"/> July 20 - 24 |
| <input type="checkbox"/> June 29 - July 2 (Closed July 3 – Observing Independence Day) | <input type="checkbox"/> July 27 - July 31 |
| <input type="checkbox"/> July 6 - 10 | <input type="checkbox"/> August 3 - 7 |
| | <input type="checkbox"/> August 10 - 14 |

We are financially responsible for the weeks we reserve and will pay on Friday preceding upcoming week or the first day attended. If our child needs medical services, staff members of Southpoint Academy have our consent to take our child to a properly licensed practicing physician or to call EMS. We release Southpoint Academy and its staff from any and all liability in such situations.

Enclosed is our Registration Fee of \$_____ (\$100 per child, non-refundable).

Please make check payable to **Southpoint Academy** and bring or send to:

7415 Fayetteville Street, Durham, NC 27713

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____