

# MCES 2026 Summer Program Registration Form



Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M F 2025-20256 School Grade: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Family at MCES: Yes \_\_\_\_\_ No \_\_\_\_\_ Known Allergies (not seasonal): \_\_\_\_\_

Student Lives With: Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other: \_\_\_\_\_ Shirt size \_\_\_\_\_

### Parent(s) / Guardian

Custody Arrangements (if Applicable): \_\_\_\_\_

Father Last Name: \_\_\_\_\_ Father First Name: \_\_\_\_\_

Father Address (if different from Child) \_\_\_\_\_

Father Occupation: \_\_\_\_\_ Father Employer: \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_

Father Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Mother Last Name: \_\_\_\_\_ Mother First Name: \_\_\_\_\_

Mother Address (if different from Child): \_\_\_\_\_

Mother Occupation: \_\_\_\_\_ Mother Employer: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Mother Work Phone: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

### Schedule & Rates

Program will run from 6:30am until 6:00pm Starting June 3<sup>rd</sup>- August 14<sup>th</sup>

ALL MCES programs will be closed June 29<sup>th</sup>-July 3<sup>rd</sup>

**NO SUMMER CAMP OR LATCHKEY SERVICES AVAILABLE AUGUST 17<sup>TH</sup>-21<sup>ST</sup>**

Non-Refundable Registration and Supply Fee of \$100 per student. You will be charged for each day (\$65 daily rate) your child is scheduled to attend per this enrollment form. \*Summer Program closes at 6:00 pm. \$5 per minute will be charged for every minute after 6:00pm.\*

Drop off Time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

Week 1 June 3<sup>rd</sup>-5<sup>th</sup> \$65 per day W\_\_\_ Th\_\_\_ F\_\_\_

Week 2 June 8<sup>th</sup>-12 \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 3 June 15<sup>th</sup>-19<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 4 June 22<sup>nd</sup>-26<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 5 June 29<sup>th</sup>-July 3<sup>rd</sup> **CAMPUS WIDE SHUT DOWN WEEK**

Week 6 July 6<sup>th</sup>-10<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 7 July 13<sup>th</sup>-17<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 8 July 20<sup>th</sup>-24<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 9 July 27<sup>th</sup>-31<sup>st</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 10 Aug 3<sup>rd</sup>-7<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Week 11 Aug 10<sup>th</sup>- 14<sup>th</sup> \$65 per day M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_

Latchkey Health Waiver

I hereby certify that: \_\_\_\_\_

- > My child is in good health with no activity restrictions
  - > My child's immunizations are up to date
- My child's immunization record is on file with the school office

**Parent Initials:** \_\_\_\_\_

Policy Signature Form

A written information packet is provided at the time of enrollment at: **Parent Initials** \_\_\_\_\_ <http://www.mcesmonroe.com/early-childhood-parent-handbook.html>.

The packet includes all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.

Photo Release

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ Give **Monroe Catholic Elementary Schools (MCES)** permission to use photographs of my child to be used on the school website, in brochures, or other means of publicity. I also understand that my child **will not** be identified by name when photos are used for publicity purposes.

Licensing Notebook

**Notebook Child Care Organizations Act, 1973 Public Act 116 Department of Human Services**

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. > The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. > The notebook will be available to parents for review during regular business hours.

Licensing inspection and special investigation reports from at least the past two years are available on the Department of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I, the undersigned, verify that I wish to contract service with MCES Summer Program. I have completed the registration packet to the best of my ability, addressed any concerns not included therein, and agree to abide by the policies thereof.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Primary Phone (    )	Parent/Legal Guardian's Name (Optional)	Primary Phone (    )
Home Address (if not child's address)	2 <sup>nd</sup> Phone (if applicable) (    )	Home Address (if not child's address)	2 <sup>nd</sup> Phone (if applicable) (    )
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address (optional)	
Employer Name	Work Phone (    )	Employer Name	Work Phone (    )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number (    )	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)			

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	(    )	(    )
2.	(    )	(    )
3.	(    )	(    )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	(    )	2.	(    )
3.	(    )	4.	(    )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian

Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	



# Summer Camp Sunscreen and Walking Permission 2026

Dear Parent,

Please sign and return this permission form allowing us to apply sunscreen to your child while in attendance at our summer camp program. Please inform us if your child has allergies or sensitivity to sunscreen and needs to have a particular kind of sunscreen applied. If this is the case, please label your child's sunscreen so we can apply it to him/her only. **Also, please apply a first coat of sunscreen to your child in the morning before arrival to our program.** The children will be spending a great deal of time outside walking and playing.

I, \_\_\_\_\_, give the MCES Summer Program staff permission to apply sunscreen to my child \_\_\_\_\_

\_\_\_\_\_ Parent's Signature Date \_\_\_\_\_

### Field Trips

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: School Year Activities**

**Destination: St. Michael Campus and Church, Front St., O'Brien St., and Island St.**

**Designated Supervisor of Activity: MCES Summer Camp Caregivers**

**Date and Time of Departure: Various times throughout summer camp (June 3-August 21st) multiple times**

**daily Method of Transportation: Walking**

**Student Cost: 0**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release **MCES School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees")**, from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim

**\*Your child must be enrolled in the summer program to participate in these activities.**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Jack's Bike (Preschool and School Age)**

**Destination: St. Michaels School 510 W. Front Street Monroe Mi, 48161**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure: Thursday June 4<sup>th</sup> Pre-K 9:00AM-9:30 AM  
School Age 9:30AM-10:00AM**

**Method of Transportation: NONE**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Y on the Fly @ St. Mikes (Preschool and School Age)**

**Destination: St. Michaels School 510 W. Front Street Monroe Mi, 48161**

**Designated Supervisor of Activity: MCES Summer Staff**

<b>Date and Time of Departure: Friday</b>	<b>June 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup></b>	<b>Pre-K 9:00AM-10:00 AM</b>
	<b>July 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup></b>	<b>School Age 10:00AM-11:00PM</b>
	<b>August 7<sup>th</sup>, 14<sup>th</sup></b>	

**Method of Transportation: NONE**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\***STATEMENT OF CONSENT**\*\*\*\*\*

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Dorsch Library (School Age ONLY)**

**Destination: Dorsch Library 18 E 1<sup>st</sup> Street Monroe, MI. 48162**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure: Tuesday June 16<sup>th</sup>, 23rd, July 7<sup>th</sup>, 14th, 2st      Depart: 10:30AM Return 12:30PM**

**Method of Transportation: Walking**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\***STATEMENT OF CONSENT**\*\*\*\*\*

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

I would like to chaperone this field trip: \_\_\_\_\_

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Metro Park Learning Center "Crawling Cuties" (Preschool and School Age)**

**Destination: St. Michaels School 510 W. Front Street Monroe Mi, 48161**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure Thursday June 25th      Pre-K 10:00AM-11:00 AM  
School Age 11:00AM-12:00PM**

**Method of Transportation: NONE**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

I would like to chaperone this field trip: \_\_\_\_\_

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Game day at SMCC (School Age Only)**

**Destination: 108 W Elm Ave, Monroe Mi 48162**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure: Friday July 10<sup>th</sup> Depart: 9:30AM Return: 12:30PM**

**Method of Transportation: Walking**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

I would like to chaperone this field trip: \_\_\_\_\_

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Lucy's Frozen Custard (Preschool & School Age)**

**Destination: Lucy's Frozen Custard 1004 W Elm Ave Monroe, MI. 48162**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure: Wednesday July 15th: Preschool: Leave @ 10:45 Return by 12:00PM**

**School Age: Leave @ 11:30 AM Return by 12:30PM**

**Method of Transportation: Walking**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

I would like to chaperone this field trip: \_\_\_\_\_



Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

**Name of Event: Ann Arbor Hands on at St. Mikes "Magnificent Magnets" (Preschool and School Age)**

**Destination: St. Michaels School 510 W. Front Street Monroe Mi, 48161**

**Designated Supervisor of Activity: MCES Summer Staff**

**Date and Time of Departure: Wednesday August 5<sup>th</sup> Pre-K 9:00AM-9:45 AM  
School Age 10:00AM-11:00PM**

**Method of Transportation: NONE**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

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Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

I would like to chaperone this field trip: \_\_\_\_\_

## June 2026 (School Age Summer Camp)

**Must provide a packed lunch, refillable water bottle and 2 extra snacks daily. Morning and afternoon snacks are NOT provided!**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31 <b>WEEK 1</b>	1 *NO CAMP OR LATCHKEY*	2 *NO CAMP OR LATCHKEY*	3 FIRST DAY OF SUMMER CAMP	4 JACKS BIKE SAFETY 9:30-10  BIKE DAY *REMEMBER HELMETS*	5 Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	6
7 <b>WEEK 2</b>	8 LEGO DAY (AM)  WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	9	10 BOOKMOBILE 9:00-10:30  ART DAY	11  BIKE DAY *REMEMBER HELMETS*	12 Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	13
14 <b>WEEK 3</b>	15 LEGO DAY (AM)  WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	16 LIBRARY DAY LEAVE : 10:30 LIBRARY: 11:00-12:00 RETURN BY: 12:30	17  ART DAY	18  BIKE DAY *REMEMBER HELMETS*	19 Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	20
21 <b>WEEK 4</b>	22 LEGO DAY (AM)  WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	23 LIBRARY DAY LEAVE : 10:30 LIBRARY: 11:00-12:00 RETURN BY: 12:30	24 BOOKMOBILE 9:00-10:30  ART DAY	25 BIKE DAY *REMEMBER HELMETS*  METRO PARK LEARNING CENTER @ ST.MIKES "CRAWLING CUTIES" 11AM-12PM	26 Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	27

## July 2026 (School Age Summer Camp)

**Must provide a packed lunch, refillable water bottle and 2 extra snacks daily. Morning and afternoon snacks are NOT provided!**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
WEEK 5	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*	*CAMPUS WIDE SHUT DOWN WEEK. ALL PROGRAMS CLOSED*
5	6	7	8	9	10	11
WEEK 6	LEGO DAY (AM) WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	LIBRARY DAY LEAVE : 10:30 LIBRARY: 11:00-12:00 RETURN BY: 12:30	BOOKMOBILE 9:00-10:30  ART DAY	BIKE DAY *REMEMBER HELMETS*	WALKING FIELD TRIP GAME DAY @ SMCC LEAVE: 9:30 AM RETURN: 12:30PM  MOVIE DAY (PM) POPCORN PROVIDED	
12	13	14	15	16	17	18
WEEK 7	LEGO DAY (AM) WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	LIBRARY DAY LEAVE : 10:30 LIBRARY: 11:00-12:00 RETURN BY: 12:30	WALKING FIELD TRIP LUCY'S FROZEN CUSTARD LEAVE: 11:30AM RETURN: 12:30PM	HULA DANCE DAY W/MRS. MANIACI @ST. MIKES 10-12  BIKE DAY *REMEMBER HELMETS*	Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	
19	20	21	22	23	24	25
WEEK 8	LEGO DAY (AM) WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*	LIBRARY DAY LEAVE : 10:30 LIBRARY: 11:00-12:00 RETURN BY: 12:30	METRO PARK LEARNING CENTER @ ST.MIKES "STARS AND STORIES" 11AM-12PM	BIKE DAY *REMEMBER HELMETS*	Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	
26	27	28	29	30	31	1
WEEK 9	LEGO DAY (AM) WATER PLAY (PM) *BRING TOWEL, WATER SHOES AND CHANGE OF CLOTHES*		BOOKMOBILE 9:00-10:30  ART DAY	BIKE DAY *REMEMBER HELMETS*	Y ON THE FLY 10am-11am  MOVIE DAY (PM) POPCORN PROVIDED	

## August 2026 (School Age Summer Camp)

**Must provide a packed lunch, refillable water bottle and 2 extra snacks daily Morning and afternoon snacks are NOT provided!**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3 WATER PLAY	4 LEGO DAY	5 ANN ARBOR HANDS ON @ ST.MIKES "MAGNIFICENT MAGNETS" 11AM-12PM	6 BIKE DAY *REMEMBER HELMETS*	7 Y ON THE FLY 10am-11am MOVIE DAY (PM) POPCORN PROVIDED	8
9	10 WATER PLAY	11 LEGO DAY	12 ART DAY	13 BIKE DAY *REMEMBER HELMETS*	14 Y ON THE FLY 10am-11am PIZZA PARTY MOVIE DAY (PM) POPCORN PROVIDED	15
16	17 SHUT DOWN WEEK NO SUMMER CAMP OR LATCHKEY	18 SHUT DOWN WEEK NO SUMMER CAMP OR LATCHKEY	19 SHUT DOWN WEEK NO SUMMER CAMP OR LATCHKEY	20 SHUT DOWN WEEK NO SUMMER CAMP OR LATCHKEY	21 SHUT DOWN WEEK NO SUMMER CAMP OR LATCHKEY	22
23	24 FIRST DAY OF SCHOOL	25	26	27	28	29