



St. Joseph's Catholic School

15650 E Temple Ave. La Puente, CA 91744
(626)336- 2821

*"Instilling a Commitment to Faith, Encouraging the Family Spirit,
and Strengthening a Dedication to Excellence"*

Summer School Registration Information June 15, 2026 – July 9, 2026

St. Joseph's Summer School is a fun learning opportunity for children that provides a safe and familiar environment during the summer. St. Joseph School is offering a 4-week Summer School program open to all students entering grades Transitional Kindergarten-TK (age 4) through 8th Grade (age 13). Beginning with the four-year-old students, all students must be able to take care of their own personal needs (using the restroom, washing their hands, etc.).

The summer program will provide students with an opportunity to further develop their current reading, writing and math skills. Academic sessions will be held in the morning and will be individualized for each student so that he/she can be better prepared for the upcoming school year. After lunch time, students will be able to partake in sports, arts & crafts and summer fun. We will have an exciting and fun water play day to wrap up the summer.

Summer School Enrollment:

St. Joseph's Summer School will be from **June 15, 2026 through July 9, 2026**
Monday-Thursday (8:00 a.m. to 2:00 p.m.)

Schedule: Monday-Thursday

8:00am to 9:00am – Phonics, Spelling & Grammar/Sentence Structure
9:00am to 10:00am – Reading Comprehension & Writing (Summary, Opinion, Expository Text, etc.)
10:00am to 10:30am – Snack and Recess
10:30am to 11:30am – Math (Dismissal for half-day students)
11:30am to 12:00pm – Lunch
12:00pm to 2:00pm – Sports, Arts & Crafts, and Summer Fun!

Registration Fee:

The **per-child registration fee is \$100.00. The Registration Fee is due in full by Wednesday, May 20, 2026.** The remaining balance is due by **Wednesday, June 13, 2026.** If you do not register your child will not be allowed to participate in the summer program. Please attach cash or check to the registration form.

The cost for Summer School tuition is:

- **\$495 for 4 weeks for a Full Day (8am -2pm)**
- **\$350 for 4 weeks for a Half Day (8am -11:30am)**
- **\$200 for 4 weeks 12:00pm-2:00pm (Sports & Summer Fun Only)**
- **There is a discount for families with multiple children: \$25 off for each additional child.**
- ***There is no refund for days or times that are not attended***

Meals:

All students must bring a nut free snack and lunch Monday-Thursday.

If you have any questions about the Summer School program, please feel free to contact Mrs. Ramirez in the main office at (626) 336-2821 or cramirez@st-josephschool-lp.org

St. Joseph Summer School Registration 2026

STUDENT INFORMATION:

Student's Name _____ Grade just Completed _____

Gender _____ Birth Date _____ Age _____

Full Address: _____

Is this student new to St. Joseph La Puente? ____Yes ____No

Do you anticipate using Boys & Girls School? ____Yes ____No

List health precautions including any physical problem, surgeries, or allergies that may prevent your child's participation in any of the Summer School activities.

Does your child use an inhaler or other prescribed or over-the-counter medication that needs to be administered while your child is involved in the Summer School? ____ If yes, please request a *Parent/Guardian Request for the Administration of Medication prescription and nonprescription form*.

STUDENT INFORMATION: (ADDITIONAL CHILD)

Student's Name _____ Grade just Completed _____

Gender _____ Birth Date _____ Age _____

Full Address: _____

Is this student new to St. Joseph La Puente? ____Yes ____No

Do you anticipate using Boys & Girls School? ____Yes ____No

List health precautions including any physical problem, surgeries, or allergies that may prevent your child's participation in any of the Summer School activities.

Does your child use an inhaler or other prescribed or over-the-counter medication that needs to be administered while your child is involved in the Summer School? ____ If yes, please request a *Parent/Guardian Request for the Administration of Medication prescription and nonprescription form*.

PARENT/GUARDIAN INFORMATION:

Name _____ Name _____

Cell Number _____ Cell Number _____

Email _____ Email _____

Emergency Information

Emergency Contact's Name _____ Emergency Contact's Name _____

Relationship _____ Relationship _____

Phone Number _____ Alt. Phone Number _____

PAGE 1 OF 2

St. Joseph La Puente School Summer School Registration

EMERGENCY CARE FOR A MINOR

By enrolling my child/ren in the St. Joseph La Puente Summer School I understand that they will be participating in various Summer School activities that may include activities of a physical nature, and that my child(ren) have permission to participate in these activities, whether on or off campus.

I understand that the school personnel and/or agent(s) of the school will take whatever steps may be necessary to obtain emergency medical care for my child/ren, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact parent(s)/guardian(s) through any of the persons listed on the emergency information form.
3. We may do any or all of the following: a) call paramedics; b) call ambulance; c) have child/ren taken to an emergency hospital in the company of a staff member.
4. Any expense incurred under three (3) above will be borne by the child/ren's family.

I understand that St. Joseph La Puente Summer School reserves the right to refuse service to anyone and that children who fail to adhere to the Summer School rules and safety procedures may be permanently removed from the Summer School program. Families of children who are removed from the program forfeit all fees paid.

The Summer School will not be responsible for circumstances that may occur as a result of incomplete information provided at the time of registration.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date