



# CAMP WILDCAT - 2021

Welcome to Summer,

We are excited to have you enrolled for our Summer Camp program! This letter is designed to give your family

more information about our time together. I know that our time this summer will be amazing and I can't wait to hear about all the adventures and projects that you will complete. If I can be of service in any way, please contact me at [dcaughlan@sjlarnold.org](mailto:dcaughlan@sjlarnold.org) or 314-795-9195.

In His Service,  
Diane Caughlan, Camp Director

## Camp Operation:

Students may attend camp Monday through Friday from 8:00 a.m. to 3:30 p.m. After care is available each day from 3:30 p.m. to 5:30 p.m. Last day will be on Friday, August 6<sup>th</sup>.

- A late fee of \$1.00 per minute will be applied on the second and any additional late pick-ups. You will receive a late pick up notice at the time of the occurrence. Fee will be paid (in cash) to the staff member that stayed with your child. If the fee goes unpaid for more than 24 hours, camp attendance may be in jeopardy.

It is the goal of our program to be flexible. A different number of days may be reserved each week. Staff schedules are made on Monday's, one week prior to camp. If changes are needed, the Director needs to be notified by the Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 14<sup>th</sup>, and you want to add two more days, the Director would need to be contacted by June 4<sup>th</sup>.

This is essential so that we can provide adequate staffing and enough materials and supplies for the week. It is possible to add days within a current week **if space is available and the change has been approved by the Camp Director.**

Payments are due the **Friday before** attendance. There is a drop box located on the wall behind Mrs. Hendrickson's desk in the school lobby. Payments can be left there. If we have not received payment prior to scheduled attendance, your student can be denied access to camp. All scheduling and billing inquiries should go through Liz Hendrickson. You can reach her at [lhendrickson@sjlarnold.org](mailto:lhendrickson@sjlarnold.org). **You must email all scheduling changes to Mrs. Hendrickson so that we have a record for communication and accounting purposes.**

Group Dynamics: To attend, students must turn 3 by 7/31/2018 and be fully toilet trained.

- Campers moving into **PS-3, PS-4 and Kindergarten** classes in the fall will be in one group. (Explorers) This group will have a rest/nap time.
- Campers moving into **1<sup>st</sup> through 4<sup>th</sup> grade** in the fall will be in one group. (Adventurers)
- If the group is too large then there will be a division for 1<sup>st</sup> and 2<sup>nd</sup> (Adventurers) and 3<sup>rd</sup> and 4<sup>th</sup> (Voyagers)
- Attendance sheets will be on clipboards at the front desk. You will need to sign your student in and out every day.

Camp Faculty: Barb Obermeyer, Dorothy Albrecht, Tim Whittler, Sara Panagos, Laura Clouser, Nicole Tindall, Shao Mae Tagliavia and Rose Rorie.

What will you need each day?

***Please label all items with your child's name.***

- Back pack with several full sets of extra clothes.
- Bottle of sunscreen. *No spray or aerosol – lotion only.* It would be best if you could put on a layer of sunscreen each morning before coming into camp, and we can add to it later in the day.
- Lunch box with cooling packs, drink, lunch, and two snacks. (It would be helpful to staff if you label which items are for snack.) Your child will need a water bottle each day as well. *No soda please.*
- One Piece bed roll – Sorry, stuffed animals will not be permitted.

Encouraged Dress:

Children should wear shorts, shirts, and dresses that fit well and will not inhibit active play. To insure modesty, we ask that girls wear shorts under sun dresses. Due to concrete on the playground, and active play in the gym, we **highly encourage** rubber soled, closed toe shoes every day. (No flip flops)

Special Days and Activities:

There will be special days planned throughout the summer. You will be kept informed in a weekly email. Special days could include water play days, service projects, cooking projects, and movies.

On Water Days: Your child should come in with their suit on under their clothes. Please apply sunscreen as they get dressed in the morning and consider clothes that your child can get on and off easily. Be sure to send in a labeled towel and a plastic bag for wet clothes. \*\*Water shoes can be worn on water play days.

Communication:

In an attempt to be green, we would like to do all communication through email and Facebook. We have set up a St. John's Camp Wildcat page and we will share information through email and this Facebook account. We will communicate any behavior concerns with you through notes home, email and/or text messages. We will have several individual and group behavioral rewards in place. The behavior goals for each camper will be to make choices that are responsible, respectful, and safe.

Authorized Pick Up:

Camp staff is only authorized to release children to those listed on the camp registration paperwork and the Authorized Pickup Form. If someone besides a parent will be picking up your child please indicate this on the daily sign in sheet. A **photo I.D. will be needed for pick up until staff is familiar with authorized adults.**

No Toys from Home: We ask that students do not bring in items and toys from home. Thank you!

## St. John's Lutheran School

### Summer Camp Fees 2021



One time **Registration Fee of \$55.00 per child** (non-refundable).  
Registration fee is due with enrollment form.

Basic Camp Hours: **8:00 a.m. to 3:30 p.m.**  
After Camp Hours: **3:30 p.m. to 5:30 p.m.**

#### Weekly Tuition:

Days per Week		Basic Fee 8:00 – 3:30	After Camp 3:30 – 5:30
2	1st Child	\$66.00	\$22.00
2	2nd/3rd Child	\$59.40	\$22.00

Days per Week		Basic Fee 8:00 – 3:30	After Camp 3:30 – 5:30
3	1st Child	\$99.00	\$33.00
3	2nd/3rd Child	\$89.10	\$33.00

Days per Week		Basic Fee 8:00 – 3:30	After Camp 3:30 – 5:30
4	1st Child	\$132.00	\$44.00
4	2nd/3rd Child	\$118.80	\$44.00

Days per Week		Basic Fee 8:00 – 3:30	After Camp 3:30 – 5:30
5	1st Child	\$165.00	\$55.00
5	2nd/3rd Child	\$148.50	\$55.00

- A late fee of \$1.00 per minute will be applied after 5:30 p.m. Fee is due to summer camp staff within 24 hours. Child will be unable to return until fee is paid.

#### Important notes

- Payment can be made with cash, check, and credit card. Checks payable to St. John's Lutheran School.
- Weekly fees are due **in advance**. Payment must be made to the school office no later than **the Friday prior** to each week the child attends. Payments can be placed in the black mailbox behind the front desk at any time.
- Fees are due each week **for days reserved**, not days attended. When a child does not attend on a reserved day (including sick days), the fee will not be refunded.
- A different number of days may be reserved each week. Staff schedules are made on Monday's one week prior to camp. If changes are needed, the Director needs to be notified by the Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 15<sup>th</sup>, and you want to add two more days, the Director would need to be contacted by June 5<sup>th</sup>. Please request changes in an email, so that we have a written record.

**Questions?** Please contact Diane Caughlan @ [dcaughlan@sjlarnold.org](mailto:dcaughlan@sjlarnold.org) or the school office at 636-464-7303 ext.119 or [school@sjlarnold.org](mailto:school@sjlarnold.org).

**Summer Camp 2021**  
**Enrollment Form** (one per child)

**Child's Information**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_ Grade in 2021-2022 \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email \_\_\_\_\_

Child's T-Shirt size: ☐ Youth XS (4-6) ☐ Youth S (6-8) ☐ Youth M (10-12) ☐ Youth L (14-16)

**Parent(s) and/or Guardian(s) and/or Custodian(s)**

*Please list in the order you like us to contact in case of emergency.*

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Child's Name \_\_\_\_\_

**Family Physician Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I further release the Summer Camp Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Allergic Reactions**

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

Other medical concerns \_\_\_\_\_

NOTE: PARENTS AND DOCTORS MUST FILL OUT A MEDICATION REQUEST FORM IF MEDICATION IS TO BE DISPENSED AT SUMMER CAMP.

**Reservation Schedule.** *Please check all the dates for your child's attendance and whether you will need extended care each week. You may request schedule adjustments at least one week in advance by emailing the school office.*

*\*Students may attend 2, 3, 4 or 5 days per week.*

		MON	TUE	WED	THU	FRI			After Care
Week 1	6/7 – 6/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 2	6/14 – 6/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 3	6/21 – 6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 4	6/28 – 7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 5	7/5 – 7-9	No Summer Camp							
Week 6	7/12 – 7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 7	7/19 – 7/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 8	7/26 – 7/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Week 9	8/2 – 8/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

**Registration payment due at time of enrollment**

## Summer Camp 2021 ENROLLMENT AGREEMENT

I hereby enroll my child(ren) \_\_\_\_\_  
for the St. John's Summer Camp Program, and I have read and understand the following:

1. I understand that I am responsible for payment of weekly fees that are due on or before **the Friday prior to each week** for which I've reserved days. I will give 7 days' notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.
2. I understand that children are expected to behave in accordance with Christian standards and expectations.
3. I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not actual time in attendance.
4. I will update my child's file information promptly.
5. I understand that I must notify the camp director or school secretary by email if I need to change my scheduled days (a different number of days may be reserved each week).

NOTE: Staff schedules are made on Monday's one week prior to camp. If changes are needed, the Director or secretary need to be notified by the Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 15<sup>th</sup>, and you want to add two more days, we would need to be contacted by June 5<sup>th</sup>. Please request changes in an email, so that we have a written record.

6. The program staff will assume full responsibility for my child from the time she/he is signed in with the camp staff until my child leaves the program according to the written instructions for departure.
7. I understand that once a child has been signed out of the Summer Camp program, she/he is signed out for the day. The person signing him/her out assumes all responsibility for that child.
8. I understand that if a medical emergency arises, the program staff will first attempt to contact the people in the order listed on the enrollment form. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
9. COVID-19. I affirm that I have read the Camp Wildcat Health and Safety Plan. I certify that I consent to and will submit to the afore mentioned plan.
10. I agree to adhere to the stated policies and procedures of the St. John's Lutheran Summer Camp program as stated here, and I give my child permission to participate fully in this program.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## Authorized Pickup Form

Students Name: \_\_\_\_\_ Grade 20-21: \_\_\_\_\_

Students Name: \_\_\_\_\_ Grade 20-21: \_\_\_\_\_

Students Name: \_\_\_\_\_ Grade 20-21: \_\_\_\_\_

Please list all people you authorize to pick up your child(ren).

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_