

St. John's Lutheran School  
Preschool 3 through 4th Grade  
Summer Camp Info 2020



June 1 <sup>st</sup> – 5 <sup>th</sup>	A Camping We Will Go
June 8 <sup>th</sup> – 12 <sup>th</sup>	Celebration of Imagination
June 15 <sup>th</sup> – 19 <sup>th</sup>	Up, Up, and Away – Air & Space
June 22 <sup>nd</sup> – 26 <sup>th</sup>	Shark Week – Ocean Adventure

• **No camp June 29th through July 3<sup>rd</sup>**

July 6 <sup>th</sup> – 10 <sup>th</sup>	An Icy Arctic Adventure
July 13 <sup>th</sup> – 17 <sup>th</sup>	<b>VBS</b> – Rainforest Explorers
July 20 <sup>th</sup> – 24 <sup>th</sup>	Prehistoric Adventures
July 27 <sup>th</sup> – 31 <sup>st</sup>	The Scientist in Me
Aug. 3 <sup>rd</sup> – 7 <sup>th</sup>	The Artist in Me

**Daily Schedule and Routines**

- ❖ Structured weekly theme curriculum and choices
- ❖ Devotions and weekly Bible stories
- ❖ Outdoor classroom and garden space
- ❖ Gym time for sports and group games
- ❖ Daily activities in phonics, writing, math, science, art, music, and technology
- ❖ Specials: movie days, water play days, special event parties, guest speakers, cooking projects, walking field trips, service projects, and outdoor picnics

**Age Divisions**

<b>Explorers</b>	Students eligible for the <a href="#">Preschool 3 and Preschool 4</a> classes. Age 3 by July 31, 2020 (and toilet-trained).
<b>Adventurers:</b>	Students <a href="#">Entering Kindergarten and 1<sup>st</sup> grade</a> in the 2020-21 school year. This group <u>will not have</u> a scheduled nap time. Nap time can be requested by parents at the beginning of the summer.
<b>Voyagers</b>	<a href="#">Entering 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> grade</a> in the 2020-21 school year.

**Scheduling Options**

- ❖ Choose 2, 3, 4 or 5 days per week. Days may vary each week.
- ❖ Camp Hours are daily from **8:00 a.m. until 3:30 p.m.**
  - Before Care is available from 6:30 a.m. to 8:00 a.m.
  - After Care is available from 3:30 p.m. until 6:00 p.m.
- ❖ Please indicate your reserved days and additional before or after care needs on the **Reservation Schedule** on the enrollment form.

**Parents will need to provide**

- ❖ A nutritious lunch, two snacks, water bottle, and a non-caffeinated drink
- ❖ A backpack with folder & extra clothing to come with student each day
- ❖ Sunblock, towel, and swimsuit on water days
- ❖ A nap mat, blanket, and pillow for rest time (Explorers only)

# St. John's Lutheran School

## Summer Camp Fees 2020



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.**  
Before Camp Hours: **6:30 a.m. to 8:00 a.m.**  
After Camp Hours: **3:30 p.m. to 6:00 p.m.**

### Weekly Tuition:

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 6:30 to 8:00	After Camp 3:30 – 6:00
2	1st Child	\$54.00	\$11.00	\$17.00
2	2nd Child	\$50.00	\$11.00	\$17.00
2	3rd Child	\$46.00	\$11.00	\$17.00

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 6:30 to 8:00	After Camp 3:30 – 6:00
3	1st Child	\$81.00	\$16.50	\$25.50
3	2nd Child	\$75.00	\$16.50	\$25.50
3	3rd Child	\$69.00	\$16.50	\$25.50

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 6:30 to 8:00	After Camp 3:30 – 6:00
4	1st Child	\$108.00	\$22.00	\$34.00
4	2nd Child	\$100.00	\$22.00	\$34.00
4	3rd Child	\$92.00	\$22.00	\$34.00

Days per Week		Basic Fee 8:00 – 3:30	Before Camp 6:30 to 8:00	After Camp 3:30 – 6:00
5	1st Child	\$135.00	\$27.50	\$42.50
5	2nd Child	\$125.00	\$27.50	\$42.50
5	3rd Child	\$115.00	\$27.50	\$42.50

- A late fee of \$1.00 per minute will be applied after 6:00pm. Fee is due to summer camp staff within 24 hours. Child will be unable to return until fee is paid.

**\*\* Week of July 22nd – 26th VBS week:** 8:00 to 12:00 is a free program; child attends VBS

Days per Week	Basic Fee 12:00 to 3:30	Before Camp 6:30 – 8:00	After Camp 3:30 – 6:00	
2	\$32.00	\$11.00	\$17.00	
3	\$48.00	\$16.50	\$25.50	
4	\$64.00	\$22.00	\$34.00	
5	\$80.00	\$27.50	\$42.50	

### **Important notes**

- **Make all 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 2020**  
**Enrollment Form** (one per child)

**Child's Information**

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

Name child prefers to be called \_\_\_\_\_ Grade in 2020-21 \_\_\_\_\_ 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		Before Care	After Care
Week 1	6/1 – 6/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 2	6/8 – 6/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 3	6/15 – 6/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 4	6/22 – 6/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 5	6/29 – 7/3	NO SUMMER CAMP							
Week 6	7/6 – 7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 7	7/13 – 7/17 (VBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 8	7/20 – 7/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 9	7/27 – 7/31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Week 10	8/3 – 8/7	<input type="checkbox"/>	<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 2020 ENROLLMENT AGREEMENT

I hereby enroll my child(ren) \_\_\_\_\_  
for the St. John's Summer Camp Program for 2020, 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. 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. I agree to adhere to the stated policies and procedures of the St. John's Lutheran Summer Camp program as stated here, and give my child permission to participate fully in this program.

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

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

# CAMP WILDCAT – 2020

## 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 \_\_\_\_\_