



SHS Summer Camp 2019



Dear Parents,

We only have a few weeks of school left, then it's time for Summer Camp 2019! Attached you will find a welcome letter from our summer camp staff, registration forms, a sample field trip permission form, along with examples of weekly summer activities. Below you will find some important information regarding our program:

- First day of summer camp starts on Monday, June 3, 2019 and ends Friday, August 2, 2019.
- Drop off at the cafeteria begins at 7:00 a.m. and closes at 6:00 p.m. - Includes a morning snack, lunch, and an afternoon snack
- Cost is \$110/week or \$30/day *Sibling Discount: \$90/week per sibling. Camp fees are to be paid on a weekly basis *Please note that if you are sending a non-SHS student to the summer program, there is a one-time fee of \$10.00 per student to cover insurance.
- There will be no camp on Thursday, July 4th or Friday, July 5th. Fees for this week (Monday-Wednesday) are \$60/wk or \$30/day

If you have any questions or concerns, please feel free to contact the office at (830) 393-2117.

Blessings, Hilary Reile
Principal, Sacred Heart School



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Dear Parents and Guardians,



WELCOME TO SHS SUMMER CAMP 2019!

Now that summer is upon us, we are excited about this year's program! Before the start of camp we will provide a calendar of our activities (*subject to change*) that we have planned this summer. We have walking field trips during the week to keep the children engaged, active, and having fun! In the past years, these activities included:

**WHEN SCHOOL IS OUT,
CAMP IS IN!**

- Tuesdays, we walked to the Wilson County Library for their Free Summer Reading Program.
- Wednesdays, we had another library day.
- Thursdays, we walked to the Arcadia Theatre to enjoy the free summer movies. Each week we will be sending a permission slip with your child for the movies. At the movies, students have the option to bring money for snacks. The theatre offers a snack pack with a small popcorn, a small drink, and a fruit snack for \$8.00.

**Please note that for all field trips, the child(ren) must comply with instructions for the safety of everyone as well as have acceptable behavior on any prior field trips. We also ask that the children wear appropriate footwear for walking field trip days. If your child wears sandals, we ask that they have straps of some sort.*

We also will have designated water days. On those days, your child will need the following:

- swimsuit, towel, water shoes, sunscreen and bug spray (if needed),
- change of clothes, and a plastic bag for wet clothes and towel.

The children will also have an opportunity to attend Sacred Heart's Summer Vacation Bible School (VBS). You will need to register with the church or online, but we will escort all our campers who have registered to and from VBS. This year vacation bible school runs from June 10th -14th from 8am to 12 noon.

We look forward to having a fantastic summer!

Thank you, SHS Summer Camp Staff

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Registration Form

STUDENT INFORMATION:

Student Name: _____ Date of Birth: _____

Age: _____ Grade Completed: _____ Full Time/Drop-In _____

Taking any medication of any kind? Y / N _____

Additional Siblings Attending:

Student Name: _____ Date of Birth: _____

Age: _____ Grade Completed: _____ Full Time/Drop-In _____

Taking any medication of any kind? Y / N _____

Student Name: _____ Date of Birth: _____

Age: _____ Grade Completed: _____ Full Time/Drop-In _____

Taking any medication of any kind? Y / N _____

PARENT INFORMATION:

Parent 1 Name: _____ Occupation: _____

Contact Phone Number: _____ Email: _____

Address: _____

Parent 2 Name: _____ Occupation: _____

Contact Phone Number: _____ Email: _____

Address: _____

INSURANCE INFORMATION:If None, indicate here

Carrier: _____ Insurance Phone #: _____

Primary Insured: _____

Group # _____ ID# _____

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Health Record

Allergies: _____ Food Allergies: _____

Asthma Diabetes Heart Condition Other Please explain: _____

In case of accident or serious illness, in the event I or one of my authorized persons cannot be contacted, I DO authorize school personnel to make arrangements for emergency care of transport my child to:

Preferred Hospital (Name, city and phone #): _____

Doctor/Pediatrician(Name, city and phone #): _____

EMERGENCY CONTACTS:

In the event I cannot be reached, please contact the persons listed below:

Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

This person also has my permission to pick up my child from summer care. Y or N

Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

This person also has my permission to pick up my child from summer care. Y or N

Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

This person also has my permission to pick up my child from summer care. Y or N

I affirm all the above information is true and correct. I consent to any and all medical treatment if necessary. I also assume any financial responsibility if the need for emergency care arises.

Parent Printed Name

Parent Signature

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Permission to Distribute Medication

***This form must accompany any and all medication brought from home that you wish to be distributed to your child.**

Student Name: _____ Date of Birth: _____

Name of Medication: _____ To be taken during camp hours? Y / N

Dosage: _____ Times to take: _____

Duration of Treatment: _____ Refrigeration Required: Y / N

Does this medication need to be sent home daily? Y / N

I give permission for my child to receive the above medication as directed. I understand medication, whether over-the-counter or prescribed, cannot be distributed to my child without my written consent.

Parent/Guardian Signature

Date

FOR STAFF USE ONLY:

Date: _____ Time: _____ Dosage: _____ Staff Initials: _____

Date: _____ Time: _____ Dosage: _____ Staff Initials: _____

Date: _____ Time: _____ Dosage: _____ Staff Initials: _____

Date: _____ Time: _____ Dosage: _____ Staff Initials: _____

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Field Trip Permission Form

I hereby give my permission for my son/daughter _____ to attend the walking field trip to _____. The purpose of this trip is to explore the city, county offices, and other businesses that will enhance the children's knowledge of the world around us.

I do not hold anyone affiliated with the school or this activity responsible if anything should occur. I understand that my child(ren) must comply with the instructions given by school personnel related to this activity and he/she must have acceptable behavior on prior field trips in order to attend this trip.

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent Contact Phone Number

Date

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