

Parkway Community School Presents a FunTastic Summer at

Parkway Camp FunTastic!

Green Trails Elementary School ♦ 170 Portico Drive ♦ Chesterfield, MO 63017

June 4th through July 13th ~ 9 a.m. - 3 p.m.

Sign up by the week or the entire 6-week session!

(Before and after care Y-Club is available for an additional fee through the West County YMCA)



Parkway Camp FunTastic Green Trails 2012

Registration Information

SPACE IS LIMITED!!! We will accept both mailed and walk-in registrations until program space is full.

Please include payment with registration.

30% down payment is also accepted

(full payment due by first day of camp please).

Checks should be made out to Parkway Community Education. MasterCard and Visa are encouraged.

Sorry, NO REFUNDS will be permitted after June 1, 2012

For camp questions or more information, please contact:

Jodi Glassman, Director 314-415-4268 or

Shelley Greenfield, Assistant Director 314-740-6565

sdgreenfield@sbcglobal.net

YMCA After Care Debbie Wolfe 636-532-6515 ext.261

Camp FunTastic Traditional Summer Day Camp Program

(For children entering Kindergarten to those completing 6th grade)

Our program offers all of the traditional elements of a summer day camp as well as educational fun! The campers will enjoy crafts, sports & games, dancing, cooking, world cultures, technology, and science. Every Friday, our campers participate in an all-camp "campfire" with sing-a-longs, skits, lots of laughs, and prizes too! Best of all, the campers receive

daily swimming instruction at the West County YMCA!

♦♦♦♦♦ Your child will need to bring a lunch (with a drink), a swimsuit, and towel each day.

**You may sign up by the week or select the entire 6 week summer session and SAVE \$100!

#	Time	Dates	Weeks	Cost
# 0800	9:00 a.m. – 3:00 p.m.	6/4 – 7/13	Weeks 1 – 6	\$800**
# 0801	9:00 a.m. – 3:00 p.m.	6/4 – 6/8	Week 1	\$150
# 0802	9:00 a.m. – 3:00 p.m.	6/11 – 6/15	Week 2	\$150
# 0803	9:00 a.m. – 3:00 p.m.	6/18 – 6/22	Week 3	\$150
# 0804	9:00 a.m. – 3:00 p.m.	6/25 – 6/29	Week 4	\$150
# 0805	9:00 a.m. – 3:00 p.m.	7/2 – 7/6	Week 5	\$150
# 0806	9:00 a.m. – 3:00 p.m.	7/9 – 7/13	Week 6	\$150



Camp FunTastic Sports Skills Camp Program

(For children who have completed grades 2nd - 6th)

This sports camp is the sports enthusiasts dream! Whether you are a serious athlete or just like to toss a ball around, this camp is for you! We will be playing a variety of sports such as soccer, floor hockey, basketball, softball, volleyball, football, and track & field to name just a few! The sports skills campers will get to cool off every day with **swimming instruction at the West County YMCA!**

♦♦♦♦♦ Your child will need to bring a WATER JUG, lunch (with a drink), a swimsuit, and towel each day.

**You may sign up by the week or select the entire 6 week summer session and SAVE \$100!

#	Time	Dates	Weeks	Cost
# 0807	9:00 a.m. – 3:00 p.m.	6/4 – 7/13	Weeks 1 – 6	\$800**
# 0808	9:00 a.m. – 3:00 p.m.	6/4 – 6/8	Week 1	\$150
# 0809	9:00 a.m. – 3:00 p.m.	6/11 – 6/15	Week 2	\$150
# 0810	9:00 a.m. – 3:00 p.m.	6/18 – 6/22	Week 3	\$150
# 0811	9:00 a.m. – 3:00 p.m.	6/25 – 6/29	Week 4	\$150
# 0812	9:00 a.m. – 3:00 p.m.	7/2 – 7/6	Week 5	\$150
# 0813	9:00 a.m. – 3:00 p.m.	7/9 – 7/13	Week 6	\$150



Parkway Disclaimer: The course content and opinions expressed by speakers and instructors are their own and do not necessarily reflect the views of Parkway School District or any of its sponsoring organizations.

Parkway Camp FunTastic at Green Trails Registration & Health Form

Return completed registration form to:
Green Trails Elementary School – Attn. Parkway Camp FunTastic
170 Portico Drive, Chesterfield, MO 63017

***** Please fill out a separate form for EACH child being registered *****

Circle selected camp: **Summer Day Camp 2012** or **Sports Camp 2012**

Session #'s: _____ Total Fee \$ _____
** Sorry, NO REFUNDS will be permitted after June 1st, 2012*

Form of Payment: Check (make check payable to Parkway Community Education) Check # _____ Cash
 MasterCard Visa Acct. Number _____ Expiration Date: _____

Student's Name: _____ Grade completed in 2012: _____ Home School: _____

Parent's Name(s): _____

Parent E-mail Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell or Work Phone(s): _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Pick-Up Information: If your child is going to be picked up by someone other than you, please include their name and phone numbers. Your child will not be permitted to leave with any unauthorized person.
*******Also, please indicate if your child is staying for the YMCA Y-Club After Care Program:**

SUMMER PROGRAM HEALTH INFORMATION SHEET

Student's Name: _____ M _____ F _____ Grade Entering: _____

Is your child on medication? No _____ Yes _____ If yes, please specify: _____

Does your child have any food allergies or other allergies? No _____ Yes _____ If yes, please specify: _____

Please provide other health information which would help us meet the needs of your child. Include such things as: asthma, diabetes, ear or eye problems, heart conditions, and seizure disorders.

Emergency Authorization

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE THE SCHOOL TO MAKE SUCH ARRANGEMENTS AS NECESSARY. I ALSO AUTHORIZE THE HOSPITAL/PHYSICIAN/DENTIST TO PERFORM NECESSARY PROCEDURES.

I prefer my child to be taken to: _____ or a nearby hospital if necessary.
I UNDERSTAND THE COST OF MEDICAL ATTENTION & AMBULANCE ARE THE RESPONSIBILITY OF THE PARENT.

Parent/Guardian Signature

Date

Internal Use: <u>F329</u>
Date Recd. _____
Pmt. Recd. _____
Staff: _____