

# 2015 Good Shepherd Summer Camp

## “Around the World in 53 Days”

For children entering grades 1-8

**Purpose:**

The Good Shepherd Summer Camp will serve the campers and their families by providing; during the summer vacation, quality child care in a Christian setting for children entering grades one through eight.

**First Day:** Tuesday, May 26<sup>th</sup>

**Last Day:** Friday, August 7<sup>th</sup>

**Days of operation:** Monday through Friday with the exception of Monday, May 25<sup>th</sup> (Memorial Day) & Friday, July 3<sup>rd</sup> (Independence Day).

**Daily Hours:** 6:00 a.m. to 6:00 p.m.

**Location:**

Lower level of Good Shepherd Lutheran School. (T.R.A.C.K.S. Area).

**Attendance Limit:**

Preference will be given to the enrollment of full-time (5 days per week) summer-long campers.

**Fees:** Registration \$50.00 (per family-due with the Registration Form.)

Daily fees per camper	5 days	\$150.00
	4 days	\$140.00
	3 days	\$130.00
	2 days	\$100.00
	1 day	\$ 50.00

**Payment:** Weekly charges should be paid in full on or before the first day of the week when the camper is planning to attend summer camp. Checks, cash or money orders can be accepted by any staff member.

**Late pick up fee:** \$1.00 per minute after the program closes for the day. Late pick-up fees must be paid prior to the camper's next attendance at camp.

**Check Return:** \$20.00 per check for those returned to the program by the bank. Due when payment is made for the returned check.

**Administration:** Day-to-day operations will be the responsibility of Susan Molitor.

**Staff:** Good Shepherd teachers and Christian adults will make up the staff.

**Breakfast:** A menu will be posted weekly. Breakfast hours are between 6:00 and 8:00. Campers are welcome to bring breakfast or enjoy the daily option.

**Lunch:** Campers are to bring a sack lunch that does not require refrigeration or heating. Drinks will be provided.

**Snacks:** An afternoon snack will be served along with a drink which may be juice, iced tea or milk.

**Activities:** A mixture of indoor and outdoor, structured and free-play will be offered. A typical day will include time for students to play indoor games with other campers, group time for craft, computer, and other learning opportunities; outdoor play time, morning and afternoon snack, lunch, a quiet time in the early afternoon (great for reading or resting), and periodic day trips and special activities. The role God plays in our lives (even during the summer) will be recognized through daily prayers, Bible readings, projects and discussions (but no grades or tests!). All students will participate in the Good Shepherd Vacation Bible School.

**Dress Code:** Campers are asked to wear play clothing with respect to the school dress code: closed toed shoes with socks, shorts should extend 3-4" above the top of the knee, girls' bathing suits should be of the one piece design and boys swim wear should fit appropriately. On Wednesdays (Field Trip Day) everyone is asked to wear their camp shirt (provided upon registration) or a maroon shirt with or without the Good Shepherd logo.

**Other Information:**

Occasionally we may have days when the children are allowed to bring electronic devices, games or even pajamas, but as a general rule we discourage the bringing of toys from home. Children will be expected to participate in all camp activities. Other school rules governing student conduct apply.

**Non-Discrimination:**

Good Shepherd Lutheran School admits children of any race, gender, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

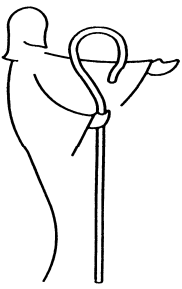
**To Enroll Your Child:**

1. Stop at the school office or TRACKS to receive enrollment and reservation materials.
2. Complete the Summer Camp Enrollment Application Form.
3. Specify the days and times the camper will be attending.
4. Attach your Registration Fee to the summer camp application.
5. Deliver all of the above with the registration fee and your attendance reservation fee to the Good Shepherd School office or Susan Molitor in TRACKS.

**All forms must be completed when returned. If the form is received incomplete, they will be returned and your reservation will then be delayed.**

You will be notified of acceptance into the camp and confirmation of your reservation.

*Thank You for Supporting Our Summer Camp!*



# Good Shepherd Lutheran Church and School

1300 Belt Line Road ♦ Collinsville, Illinois 62234

Church: (618) 344-3151

[www.gslcs.org](http://www.gslcs.org)

School: (618) 344-3153

Fax: (618) 344-3378

Fax: (618) 344-3156

## APPLICATION FOR SUMMER CAMP ENROLLMENT

**Family Name** \_\_\_\_\_

**List all children attending Good Shepherd Summer Camp** \_\_\_\_\_

**FATHER'S FULL NAME** \_\_\_\_\_

(Last) (First) (MI)

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

(Home) (Work) (Cell)

EMPLOYER \_\_\_\_\_ Work Hours \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**MOTHER'S FULL NAME** \_\_\_\_\_

(Last) (First) (MI)

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

(Home) (Work) (Cell)

EMPLOYER \_\_\_\_\_ Work Hours \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### FAMILY INFORMATION

What is the marital relationship in your home? Parents are: married and living together; \_\_\_\_\_, separated; \_\_\_\_\_, divorced \_\_\_\_\_, one parent deceased; \_\_\_\_\_, child living with natural parent and step-parent \_\_\_\_\_, other (please explain)

\_\_\_\_\_  
If parents are divorced or separated, who has legal custody of the child? (Write the name of the legal guardian if other than a parent.)

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Please list anyone who has permission to pick up your child from Summer Camp:  
Include parents and siblings**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Individual Child Information Sheet

**CHILD'S FULL NAME** \_\_\_\_\_  
(Last) (First) (MI)

Nicknames or preferred names \_\_\_\_\_

Sex: M F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

School attended last year \_\_\_\_\_ Home Phone \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

Does this child have any allergies?  
\_\_\_\_\_  
\_\_\_\_\_

Any health concerns (e.g. asthma, physical restrictions, medications, physical or intellectual disabilities, fears, other.)

Please explain in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information that will assist the staff in caring for your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle the t-shirt size for this child's Camp Shirt

YXS (4-6) YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L Adult XL

**Good Shepherd Lutheran School**

1300 Beltline Road ~ Collinsville, IL 62234 ~ (618) 344-3153 ~ Fax: (618) 344-3156  
**Parent Authorization / Request for Self-Administration of Medication**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Prescription/Over-the-Counter/Non-Prescription Medication: COMPLETED BY PARENT**

*(Additional medications may be listed on the reverse)*

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_  
*(Route) (Approx. time to be given at school)*

Possible Side/Adverse Effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_  
*(Route) (Approx. time to be given at school)*

Possible Side/Adverse Effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_  
*(Route) (Approx. time to be given at school)*

Possible Side/Adverse Effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

I am requesting that my son/daughter self-administer this medication during school hours. He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I have read and understand the school's medication policy on the reverse side. I authorize school personnel, on my behalf, to supervise the self-administration of the medication named above by my child, at school as prescribed by the physician or as described by package dosage instructions listed above. I waive any claims, damages, causes of action or injuries incurred, I might have against Good Shepherd, its employees and agents arising out of the administration or attempts to administration of said medication.

\_\_\_\_\_  
Printed Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Parent's Home/Business/Cell/Pager Phone Numbers

**EMERGENCY CONTACT INFORMATION**

Contact in case of emergency (other than parents). Please list in order of preference.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_



**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD (REN) AT ANY MEDICAL FACILITY**

Date \_\_\_\_\_

Authorization is hereby given to GOOD SHEPHERD LUTHERAN SCHOOL to consent to emergency treatment for my child(ren) \_\_\_\_\_ and to proceed with such

treatment that may be necessary in that we the parents are not available at the time of the injury or illness.

Authorization is also given for admission to the hospital, if at the time of injury or illness, in our absence, admission to the hospital is advised by our private physician or a consulting physician of his choice.

**AS PARENTS, WE PROMISE TO PAY, WHATEVER COSTS ARE NOT COVERED BY:**

\_\_\_\_\_  
Name of Insurance                                  Address for claims

\_\_\_\_\_  
Group/Plan or Policy Number                  Certificate # (usually SS#)

\_\_\_\_\_  
Signature of Responsible Party during Parent's absence as named above

\_\_\_\_\_  
(Signature of Child's Father)                                  (Signature of Child's Mother)

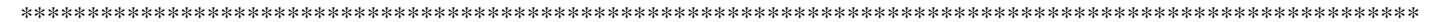


PHOTO RELEASE: I authorize Good Shepherd personnel to take and use photographs, slides or video tapes of my child as may be needed for its records and or public relations publications.

Date \_\_\_\_\_

(Parent or Guardian Signature)



**PERSON RESPONSIBLE FOR PAYMENT (circle one) Mother Father , OR complete the following information**

FULL NAME \_\_\_\_\_  
 (Last) (First) (MI)

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Home) (Work- Pager- Cell Phone)

If payments are to be split between two or more parties please contact Mrs. Molitor to make arrangements.

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I certify that the information in this application is true and complete to the best of my knowledge. I also certify that I am in agreement with the policies of Good Shepherd Lutheran Summer Camp concerning: admission and discharge, fees, programs, rules and regulations, etc. I further acknowledge that willful non-compliance with the rules and policies of the Summer Camp or furnishing any false information to the Summer Camp may result in the forfeiture of my deposit and discharge from the Summer Camp. I understand my responsibility to remit the fees incurred and the associated consequences of late payment. I also understand that this fee may change without notice.

Date \_\_\_\_\_  
 \_\_\_\_\_  
 (Parent or Guardian Signature)

**Please assist us in planning by estimating the times and days that your child will be attending Summer Camp.**

estimated	Arrival time	Departure Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week	M	T	W	TH	F
5/25-5/29	Closed				
6/01 – 6/05					
6/08 –6/12					
6/15– 6/19					
6/22 – 6/26					
6/29 – 7/03					Closed
7/06 – 7/10					
7/13 – 7/17					
7/20 – 7/24					
7/27 – 7/31					
8/03 – 8/07					

Vacation and Special Days Not Attending:  
 \_\_\_\_\_

Registration Fee: (due with application to reserve space)

\$ 50.00 (per family)

First weeks fees due on or before May 26, 2015

Camper #1 \$ \_\_\_\_\_  
 Camper #2 \$ \_\_\_\_\_  
 Camper #3 \$ \_\_\_\_\_  
 Amount Enclosed \$ \_\_\_\_\_

Daily fees per camper:  
 5 days \$150.00  
 4 days \$140.00  
 3 days \$130.00  
 2 days \$100.00  
 1 day \$ 50.00