

Camp will be held for **5 weeks** this summer with an AM session and a PM session offered each day. You may come for one or two or all the weeks and can come to one or both of the daily sessions

Each week's activities will be centered on a common theme for the AM sessions and a different theme for the PM sessions. Age appropriate groups will be formed and the students will engage in language arts, crafts, science, art, games and cooking activities based on the theme.

The Camp is open to all students from  $Pre-K - 8^{th}$  grades. Children must be 4 years of age and able to use the bathroom facilities independently to attend camp.

<u>Cost</u>: One session/week for \$125 per camper; 2 sessions/ week \$225 per camper

<u>Session times</u>: AM Session 9 AM- 12 PM PM Session 1:00 PM- 4:00 PM Lunch will be from 12-1:00 for those staying all day. A snack and drink will be provided daily during each session.

If your child is attending only one session and would like to join us during lunch a \$10.00 fee per child, per day will be charged. Pizza may be ordered on Fridays for an additional fee.

Registrations are due from now until 2 weeks prior to the start of each Camp week. Weeks may be cancelled due to low enrollment.

Sorry - No refunds for missed days.

## St. Norbert Community Summer Camp 2018 Registration Form

Please submit both the registration form and medical/permission form for <u>each</u> child. Additional copies of the forms can be found at: school.stnorbert.org Child's name \_\_\_\_\_

School		Grade as of 9/1/1	8
CAMP WEEK	Check weeks child will be attending & AM or PM	Lunch Bunch \$10.00 per child per day (12:00 - 1:00 PM (note which days)	Week Total
June 18 – June 22 AM – Can You Name the Artist? PM – Curious about Animals.	AM PM		
June 25 - June 29 AM - Holiday Foods Around the World. PM - Let's Travel to Europe!	AM		
July 9 - July 13 AM - Come Travel the Solar System. PM - Twisters, Blizzards and Crazy Weather!	AM		
July 23 – July 27 AM – Let's Go to the Beach! PM – Charlie Brown and Friends.	AM PM		
July 30 – Aug. 3 AM – Oh, the Stories They Tell. PM – Winter Wonderland	AM PM		

For more information contact Kathi Palma 610-644-1670 <u>kpalma@stnorbert.org</u>

## St. Norbert Community Summer Camp Medical/Permission Form

Child's name	Nickname	
Age as of 6/01/18 Gender M F		
	Grade as of 9/1/18	
Address	City	
State/zip		
Home phoneE	Email (required)	
Parent/guardian Name	Work #	
	Cell #	
Parent/guardian Name	Work #	
	Cell #	
Preferred method of contact:work phone	home phone cell phone email	
Adults authorized to pick up child (other	than parent/guardian)	
Name		
	phone #	
Name	relationship to child	
	phone #	
Name		
	phone #	
Is there anyone your child may NOT be pick	ed up by?	
Emergency Contacts		
Name	relationship to child	
phone #		
Camper's Medical Information		
Physician's name		
Phone		
Name of health Insurance Coverage for Chil	d	
Policy Number		
allergies (including food and medical rea	sfainting heart problems hearing	
medications taken at home:		

## Parent Permissions-Please initial the following

I give permission for St. Norbert CSC to administer medications to my child supplied by
parent (if applicable). Must be in original container with written instructions.
Type & dosage

I give permission for the St. Norbert CSC to administer minor first aid treatment to my child.

I give permission to St. Norbert CSC to seek medical treatment for my child in the event of an emergency.

\_\_\_\_\_ I understand that a charge for late pick -ups after sessions will be charged.

\_\_\_\_\_ All camp payments must be paid in full prior to the start of camp.

I understand that changes to my child's registration must be submitted in writing 7 days before the start of each of my child's camp week.

I hereby release and discharge St. Norbert, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at St. Norbert. I authorize St. Norbert, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge St. Norbert from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow St. Norbert CSC permission to use photographs taken for promotional usage only and expect no payment in return. Parent/guardian signature:

Date:

\*\*\*Registration will not be accepted without a properly signed waiver.\*\*\* For more information, please contact Kathi Palma 610-644-1670 or kpalma@stnorbert.org