

ST. DAMIAN SUMMER CAMP 2017

- WHO:** ALL ST. DAMIAN STUDENTS – INCOMING PRE-K THRU INCOMING 8TH GRADE
- WHERE:** EXTENDED DAY ROOM & ACADEMY WING/DIRECT LINE: 708-342-8509
- RAN BY:** THE EXTENDED DAY PROGRAM
- CAMP WEEKS:** Week #1 June 5th thru June 9th – Tie Dye Theme/Field Trip – Miniature Golf
Week #2 June 12th thru June 16th – Camp Out Theme/Field Trip - Marcus Theatres
Week #3 June 19th thru June 23rd – Camp for 2017/2018 Pre-K/Kindergarten ONLY
*Before and after care for St. Damian Day School students who are attending Totus Tuus **ONLY**
Animal Fun/Field Trip - Exploration Station or Children’s Museum
Week #4 June 26th thru June 30th-Celebrating America Theme/Field Trip - Ice Cream Shop
- NO CAMP IN THE MONTH OF JULY**
- Week #5 July 31st thru August 4th - Outdoor Theme/Field Trip - Little Red Schoolhouse or Farm
Week #6 August 7th thru August 11th – Water Theme/Field Trip - Splash Pad
Week #7 August 14 thru August 18 – Fiesta Theme/Movies – Field Trip Bowling
- CAMP HOURS:** **9:00 A.M. TO 3:00 p.m.**
- EXTENDED DAY HOURS:** **6:30 a.m. to 9:00 a.m./3:00 p.m. to 5:30 p.m.**
(BEFORE & AFTER CAMP HOURS): **Fee: \$5.50/per hour for 1 child**
\$8.50/per hour for 2 or more children
- LATE PICK UP FEE:** **\$1.00/PER MINUTE**
- ATTENDANCE:** Choose Weeks 1, 2, *3, 4, 5, 6, OR ALL 7 WEEKS
*WEEK 3 IS FOR 2017/2018 PRE-K AND KINDERGARTEN ONLY
ST. DAMIAN DAY SCHOOL STUDENTS ATTENDING TOTUS TUUS CAN ATTEND BEFORE AND AFTER CARE
- ATTENDANCE LIMIT:** 50
- DEPOSIT AND REGISTRATION DEADLINE:** **\$25.00/Per Student/Per Week - Non-Refundable Deposit**
Due on or before WEDNESDAY, MAY 24TH, 2017
Your \$25.00/Per Student/Per week deposit will be deducted from your final payment each week.
PLEASE KEEP YOUR DEPOSIT SEPARATE FROM ANY OTHER EXTENDED DAY BILLS.
- When paying on-line go to GIVECENTRAL.COM/ST. DAMIAN SCHOOL/ **SUMMER CAMP 2017.**
This includes before and after care as well.
- WEEKLY CAMP FEES:** \$135.00/PER STUDENT/PER WEEK
- FIELD TRIP FEES CASH ONLY:** \$25.00 PER STUDENT/PER WEEK
- PAYMENT:** PAYMENTS, IN FULL, ARE DUE ON THE MONDAY OF EACH CAMP WEEK. PLEASE DEDUCT YOUR DEPOSIT FROM THE CAMP FEE.
NO REFUNDS FOR MISSED WEEKS. YOU MAY SWITCH WEEKS.
CREDIT CARD ON-LINE PAYMENT/CHECK/CASH
*IF PAYMENT IS ON-LINE A COPY OF PAYMENT WITH TRANSACTION NUMBER IS REQUIRED.
- ILLNESS/ABSENCES:** **SORRY NO REFUNDS**

PLEASE BE ADVISED THAT THERE ARE NO WEEKLY WALK-INS. PRE-REGISTRATION IS REQUIRED.

INFORMATION REGARDING FIELD TRIPS

Field trips, dates and prices are subject to change. You will be notified in advance of these changes.

Field trip days will generally be on Wednesday, Thursday or Friday.

Payment for field trips are **CASH ONLY**. Payment is due on Tuesday of that camp week.

To make sure field trip and bus fees are covered we are charging \$25.00 per student/per field trip. Any unused money will be returned to you in the form of cash.

If you are attending multiple weeks we ask that you do not pay in advance for the field trips. We greatly appreciate it if you pay weekly as requested.

Please make sure your child/children's name is on the front of the envelope with the amount enclosed.

Please give to a staff member upon arrival on each Tuesday of each week of camp.

You will receive information weekly about proper attire, lunches and snacks for each field trip.

WEEKLY ACTIVITIES

Each week we will have indoor and/or outdoor fun activities, games and/or creative craft to reflect our theme for the week.

Weather permitting, we will be walking to the Oak Forest Parks for outdoor play.

We will also have access to the gym, library and the computer lab.

**SUMMER CAMP REGISTRATION FORM
C/O MRS KAMINSKI**

MY CHILD(REN) WILL BE ATTENDING THE FOLLOWING WEEK(S) OF SUMMER CAMP.
(PLEASE CHECK WHICH WEEKS)

_____ WEEK #1 _____ WEEK #2 _____ WEEK #3 _____ WEEK #4 _____ WEEK #5
_____ WEEK #6 _____ WEEK #7 _____ ALL 7 WEEKS

NAMES OF STUDENT(S) ATTENDING: _____

APPROX. DROP OFF: _____ APPROX. PICK UP: _____

CURRENT ROOM NUMBER(S): _____
(Not necessary for incoming Pre-K)

\$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED PER STUDENT/PER WEEK. EACH \$25.00 DEPOSIT WILL BE DEDUCTED FROM YOUR BILL FOR THE WEEKS YOU ARE ATTENDING. DUE DATE WEDNESDAY, MAY 24TH, 2017

CHECK # _____ AMOUNT \$ _____ DATE _____

CASH AMOUNT \$ _____

PAYMENT ON LINE AMOUNT \$ _____
TRANSACTION NUMBER _____ DATE _____

PARENT SIGNATURE: _____ DATE: _____

FINAL PAYMENT FOR EACH WEEK OF ATTENDANCE IS DUE ON THE MONDAY OF EACH CAMP WEEK YOU ATTEND

CAMP INFORMATION

- BREAKFAST:** PLEASE MAKE SURE YOUR CHILD EATS A BREAKFAST BEFORE ATTENDING CAMP. IF YOUR CHILD(REN) ARRIVE BEFORE CAMP STARTS AT 9:00 A.M., YOU MAY SEND IN A BREAKFAST FOR THEM TO EAT HERE. WE HAVE A MICROWAVE AND A TOASTER FOR HEATING UP FOOD.
- AM & PM SNACK:** PROVIDED BY PARENT
- UTENSILS:** WE WILL PROVIDE NAPKINS, SPOON, FORKS, BOWLS AND PLATES
- LUNCH:** LUNCH & DRINK MUST BE PROVIDED BY PARENT
WE ARE A PEANUT/NUT FREE ENVIRONMENT. NO PEANUT BUTTER OR PRODUCTS MADE WITH PEANUT/NUTS ALLOWED.
- WATER:** PLEASE SEND IN A REFILLABLE WATER BOTTLE DAILY WITH NAME ON BOTTLE
- SUNSCREEN:** WE WILL PROVIDE SPF 50% COVERAGE SPRAY ON SUN SCREEN. YOU MAY PROVIDE YOUR OWN IF YOU WOULD LIKE. ALL STUDENTS SHOULD ARRIVE WITH SUN SCREEN ALREADY APPLIED.
- HATS:** HIGHLY RECOMMENDED THAT ALL CHILDREN BRING A HAT FOR SUN PROTECTION. PLEASE MAKE SURE YOUR CHILD'S NAME IS ON THE HAT.
- EMERGENCY CONTACT:** MUST PROVIDE A NAME AND NUMBER OF SOMEONE WHO CAN PICK UP YOUR CHILD IMMEDIATELY IN CASE OF EMERGENCY
- ILLNESSES:** IF YOUR CHILD/CHILDREN BECOME ILL YOU WILL BE NOTIFIED AND SOMONE WILL NEED TO PICK UP YOUR CHILD IMMEDIATELY. CHILDREN CAN NOT ATTEND IF THEY ARE ILL. THEY MAY RETURN ONCE THEIR ILLNESS IS OVER. IF YOUR CHILD GOES HOME SICK WITH A FEVER HE/SHE IS NOT ALLOWED TO RETURN TO CAMP UNTIL THEY ARE FEVER FREE FOR 24 HOURS.
- HEALTH CONCERNS:** IF YOUR CHILD(REN) HAS ANY MEDICAL ISSUES OR CONCERNS PLEASE FILL OUT THE FORM ATTACHED. PLEASE BE ADVISED THAT THERE IS NO NURSE ON STAFF AND MEDICATION CAN NOT BE DISTRIBUTED OR ADMINISTERED.
- DISCIPLINE RULES:** SCHOOL HANDBOOK RULES APPLY.
IF YOUR CHILD/CHILDREN ARE SENT HOME BECAUSE OF A DISCIPLINARY PROBLEM THEY ARE NOT ALLOWED BACK INTO THE CAMP AND THERE IS NO REFUND.
- DRESS CODE:** PROPER SUMMER ATTIRE
- WATER FUN:** PLEASE PROVIDE A BATHING SUIT, COVER UP, WATER SHOES/FLIP FLOPS OR ANY TYPE OF SHOE THAT CAN GET WET AND A TOWEL WEEKLY. WE WILL BE OUTSIDE IN THE SPRINKLER, BLOW UP POOL AND SLIP AND SLIDE WHENEVER POSSIBLE.
- PRE-K/KINDERGARTEN:** YOUR CHILD MUST BE COMPLETELY TOILET TRAINED AND USE THE BATHROOM INDEPENDENTLY. IN CASE OF AN ACCIDENT YOUR CHILD MUST BE ABLE TO CHANGE THEMSELVES OR SOMEONE WILL BE CONTACTED TO PICK THEM UP. OUR STAFF MEMBERS ARE NOT ALLOWED TO CHANGE YOUR CHILD. A CHANGE OF CLOTHES ALONG WITH UNDERWEAR AND SOCKS MUST BE PROVIDED IN A ZIP LOCK BAG WITH THEIR NAME ON THE BAG. IF ANY MORE ADDITONAL ACCIDENTS OCCUR YOUR CHILD CAN NOT RETURN TO CAMP. SORRY NO REFUNDS.
- REST PERIOD OF PRE-K:** THERE WILL BE A DAILY REST PERIOD. PLEASE PROVIDE A NAPMAT/SLEEPING BAG OR BLANKET AND PILLOW.
- ELECTRONIC DEVICES:** STUDENTS FROM GRADES 1 AND UP ARE ALLOWED TO BRING THEIR ELECTRONIC DEVICES FROM HOME. THEIR NAMES MUST BE ON ALL DEVICES, GAME PIECES AND CHARGERS. WE ARE NOT RESPONSIBL FOR ANY LOST, BROKEN OR STOLEN ITEMS. IT IS THE CHILDRENS RESPONSIBILITY TO KEEP TRACK OF THESE ITEMS. DEVICES CAN BE USED BEFORE AND AFTER CAMP HOURS AND/OR DURING A BREAK FROM ACTIVITIES. ALL DEVICES WILL BE LOCKED IN A CABINET WHILE WE ARE OUT OF THE BUILDING.
- TOYS FROM HOME:** PLEASE CONSULT STAFF BEFORE BRINGING IN PERSONAL TOYS.

MEDICAL CONDITIONS

CHILDS NAME: _____

MEDICAL CONDITION: _____

IF A MEDICAL EMERGENCY ARRISES WHO SHOULD BE CONTACTED IMMEDIATELY: _____

HOSPITAL AND PHONE NUMBER OF CHOICE: _____

DOCTORS NAME AND PHONE NUMBER: _____

I AUTHORIZE THE STAFF AT ST. DAMIAN SCHOOL – SUMMER CAMP TO RENDER ANY EMERGENCY MEDICAL TREATMENT NECESSARY FOR MY CHILD WHILE ATTENDING ST. DAMIAN SUMMER CAMP. I UNDERSTAND THAT THERE IS NO NURSING SERVICES AVAILABLE AND SOMEONE ON MY EMERGENCY CONTACT LIST WILL BE AVAILABLE IMMEDIATELY TO PICK UP MY CHILD IF THEY ARE SICK. I UNDERSTAND THAT STAFF MEMBERS ARE NOT AUTHORIZED TO DISTRIBUTE OR ADMINISTER ANY TYPE OF MEDICATION.

PARENT SIGNATURE: _____ DATE: _____

PLEASE RETURN WITH REGISTRATION FORM

PICK-UP AND EMERGENCY CONTACT INFORMATION

IF ANYONE OTHER THAN A PARENT IS PICKING UP YOUR CHILD/CHILDREN PLEASE PROVIDE THE INFORMATION BELOW. THE EXTENDED DAY STAFF MUST BE NOTIFIED IN WRITING OR PHONE CALL THAT SOMEONE ELSE, OTHER THAN A PARENT, WILL BE PICKING UP YOUR CHILD. PLEASE BE AWARE THAT WE WILL ASK FOR IDENTIFICATION SO MAKE SURE YOU TELL YOUR PICK-UP PERSON TO BRING THEIR ID OR LICENSE WITH THEM.

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

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NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

IS THERE SOMEONE WHO IS ABSOLUTELY ***NOT*** ALLOWED TO PICK UP YOUR CHILD:

NAME: _____ RELATIONSHIP: _____

PLEASE PROVIDE AN EMERGENCY CONTACT NUMBER. THIS PERSON SHOULD BE AVAILABLE AT ANYTIME TO RECEIVE AN EMERGENCY CALL OR PICK UP YOUR CHILD/CHILDREN:

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

***PERMISSION SLIP
TO WALK TO THE OAK FOREST PARKS & FIELD TRIPS***

My child/children _____ has my permission to walk to the Oak Forest Park District Parks and to attend any Camp Field Trips.

Signature: _____

Emergency Contact & Phone Number: _____

PLEASE RETURN WITH REGISTRATION FORM