

Welcome to St. Stephens Lutheran Summer Camp 2021

(Rising 1st - Rising 6th Graders)

Super Kid Summer

- Our Summer Camp begins Tuesday, June 1st and ends on Friday, July 30th.
- We will be closed on July 5th in celebration of July 4th.
- We are open from 7:30 a.m. - 4:00 p.m.

This packet will provide you with information that you need in order to get your child started. This will include:

- Weekly Themes & Field Trips
- Registration Forms
- Fee Information
- Liability Release Forms

We cannot wait to have an amazing summer!

Summer Camp Fees

Non-refundable registration fee - \$50 due at time of registration

Weekly Cost:

3 Days - \$100

5 Days - \$130

Friday Pizza: \$3 each week which can be paid weekly or monthly.

*Each child will have a pouch kept here for extra field trip money (food, drink, etc.). You may deposit money any time but please let staff know. This money will be carried by the summer camp director at all times.

Rising 1-6 Grade Summer Camp Program

June 1st - July 30th

Program Cost

Registration fee \$50.00 due at time of registration

Child's Name: _____

	3 Day	5 Day
June 1 - 4		
June 7 - 11		
June 14 - 18		
June 21 - 25		
June 28 - July 2		
July 6 - 9		
July 12 - 16		
July 19 - 23		
July 26 - 30		

What Do I Need To Bring

Monday - Thursday: Please bring a packed lunch, including a drink and several snacks for the day (we will have two snack times throughout the day on top of lunch). Friday's are pizza day but please bring snacks for those days as well. A packed lunch on Friday is optional.

We ask for each family to donate one bottle of sunscreen (SPF 50 or higher). If your child needs a particular sunscreen and will be bringing it, please label it and give it to a counselor. There is a permission form and medical release form that you may fill out so that we may apply as needed.

*On splash days, please bring an extra change of clothes, water shoes, and a towel.

*On Kool Park days please bring a swimsuit and a towel.

*Extra money for extra food or drinks during field trips can be given to a counselor for your student's money pouch. This money will stay with a counselor at all times.

*No electronics are allowed during summer camp

Weekly Themes

Week One: Out of this World

Week Two: The Marvelous Earth

Week Three: Deep Blue Sea

Week Four: Superheroes

Week Five: Fantastic Sports

Week Six: Star Wars

Week Seven: Amazing Race

Week Eight: Camping

Week Nine: Crazy Science

Summer Camp 2021 Field Trips

Week 1: June 1 - June 4

- Monday: Memorial Day, Summer Camp CLOSED
- Tuesday:
- Wednesday: Kool Park Pool
- Thursday: Catawba County Science Center and Art Museum
- Friday: In House Bike and Splash Day, Pizza Day

Week 2: June 7 - June 11

- Monday:
- Tuesday: Pin Station
- Wednesday: Kool Park Pool
- Thursday:
- Friday: In House Bike and Splash Day, Pizza Day

Week 3: June 14 - June 18

- Monday: Zahra Baker Park
- Tuesday:
- Wednesday: Kool Park Pool
- Thursday: Bo's Family Entertainment
- Friday: In House Bike and Splash Day, Pizza Day

Week 4: June 21 - June 25

- Monday:
- Tuesday: Discovery Place Charlotte
- Wednesday: Kool Park Pool
- Thursday:
- Friday: In House Bike and Splash Day, Pizza Day

Week 5: June 28 - July 2

- Monday:
- Tuesday: Catawba County Museum of History
- Wednesday: Kool Park Pool
- Thursday:
- Friday: In House Bike and Splash Day, Pizza Day

Week 6: July 6 - July 9

- Monday: Summer Camp CLOSED for July 4th
- Tuesday: Murray's Mill Historic Site
- Wednesday: Kool Park Pool
- Thursday:
- Friday: In House Bike and Splash Day, Pizza Day

Week 7: July 12 - July 16

- Monday:
- Tuesday: Pin Station
- Wednesday: Kool Park Pool
- Thursday:
- Friday: In House Bike and Splash Day, Pizza Day

Week 8: July 19 - July 23

- Monday:
- Tuesday: Bunker Hill Covered Bridge
- Wednesday: Kool Park Pool
- Thursday: Bo's Family Entertainment
- Friday: In House Bike and Splash Day, Pizza Day

Week 9: July 26 - July 30

- Monday:
- Tuesday: Catawba County Art Museum
- Wednesday: Kool Park Pool
- Thursday: Catawba County Science Center
- Friday: In House Bike and Splash Day, Pizza Day



St. Stephens Lutheran School
 2304 Springs Road
 Hickory NC 28601
 828 256-2166

St. Stephens Lutheran School 1st-6th Summer Camp

REGISTRATION FORM

*Registration fee of \$50.00 due at time of registration

Child's Personal Information

Last Name		First Name		Middle Name	
Birth Date (M/D/Y)			Age		
Address					
Doctor's Name		Doctor's Phone		Does your child have an Allergy? (If YES, please specify) Yes or No?	
Dentist's Name		Dentist's Phone			
Is your child taking any medications? Yes or No? (If YES, please specify)					
Insurance Carrier			Policy Number		

Parent/Guardian Information

Mother's Full Name						
Street Name & Number				City		
Home Phone		Cell Phone		Work Number		
Father's Full Name						
Street Name & Number				City		Zip
Home Phone		Cell Phone		Work Number		

Emergency Contacts and Information (In case you cannot be reached)

Primary Emergency Contact's Name		Home Phone	Cell Phone	Work Number
Secondary Emergency Contact's Name		Home Phone	Cell Phone	Work Number

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

Please Choose one: Frye _____ or Catawba Memorial _____

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian _____

Date _____



St. Stephens Lutheran School
2304 Springs Road
Hickory NC 28601
828 256-2166

St. Stephens Lutheran School 1-6 Summer Camp

Liability Release

I, the undersigned parent or legal guardian, release SSLS, or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal articles while on the premises or participating in any activity sponsored by SSLS. I also permit SSLS to seek medical treatment as deemed appropriate through EMS/911 and or local hospitals.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Field Trip & Transportation Permission

I hereby give permission for my child to be picked up from camp location in a school bus and transported to the field trip location and returned to the camp location.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From: ___/___/___ To: ___/___/___ Permission may be given for up to 12 months

Apply to:

- all exposed skin
- face only
- diaper area
- other (specify) _____

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - other (specify) _____
- We cannot accept "as needed"*

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature _____

Date _____



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Parent/Guardian Signature _____

Date _____

MEDICATION ADMINISTRATION PERMISSION & RECORD

Information about the child and the medicine
(Completed by parent/guardian)

Child's Name			Child's Date of Birth	
Medicine	Time	Date	Dosage	Route
Expiration Date:				
Special Instruction:				
Possible Reactions:				
Prescribing provider:			Phone:	
Pharmacy:			Phone:	
I give authorization to give medicine and to call the health care provider if needed. Parent/Guardian signature				Date
RETURNED to Parent/Guardian	Date	Parent/Guardian signature	Child Care Staff signature	
DISPOSED of Medicine	Date	Child Care Staff signature	Witness signature	

Medication Log
(Completed by child care provider)

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/Amount					
Route					
Facility staff's Signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date					
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/Amount					
Route					
Facility staff's Signature					