



Summer Elementary Camp

- May 29th- August 2nd , 2019 7:00 am- 6:00 pm
- Fees:
 - \$115/week (additional child \$100)
 - 3 days \$90/ week (additional child \$80)
- Location: Marie Schaefer School
- Grades: Outgoing kindergarten through current fifth grade
- Snack provided/ students must BRING a lunch from home daily.

May 29-31: schedule)	Welcome to summer fun! (prorated \$90 fees due to shortened schedule)
June 3- June 7	Imagination Station
June 10-14	STEM... Take a walk on the science side...
June 17-21	Let's take flight...
June 24-28	Let's Go Camping
July 1-5	4 th of July (no camp Thursday July 4 th)
July 8-12	Super Heroes
July 15-19	Gardening
July 22- 26	Beach and Ocean Fun
July 29- Aug. 2	Time travelers



Join the summer fun as District #90 launches its' Fifth Year of Elementary Summer Fun Camp. We are ready to welcome the summer sun, put on our shades, and get down to business! We have some exciting adventures planned, lots of fun and games, some enrichment time (so we don't forget all those skills we learned over the school year), and some cool water fun. We hope you will join us as we blast into summer fun!!

Simply fill out the attached registration sheet and return to your school office, Before and After Care location, or drop at Marie Schaefer School (Attention: Gina Harding, Jenny Spengler, or Kami Komm) gharding@of90.net , jspengler@of90.net or kkomm@of90.net For more information contact Gina, Jenny, or Kami or the Before and After Care staff at each building...

O'Fallon CCSD #90
Registration Form
SUMMER CAMP

SCHOOL: _____ Current Grade _____

Please Print:

Student's Name: _____ DOB: _____ Age: _____

Home Address: _____ Phone: _____

Email Address: _____ Grade: _____

PARENT/ GUARDIAN INFORMATION:

Child lives with: Mother & Father Father Mother Step-father Step-mother Grandparents Guardian

Adults with who the child lives:

1. _____
First Name Last Name Relationship to child

Place of employment Work Phone Number Cell Phone

2. _____
First Name Last Name Relationship to child

Place of employment Work Phone Number Cell Phone

IS there someone who, by court order, is not permitted to be in contact with this child? yes No
If yes, please fill out the following information and provide a copy of the court order.

Name Address Relationship to child

EMERGENCY CONTACTS (in the event you cannot be reached)

Name Relationship to child Phone Number
1. _____
2. _____
3. _____

OTHER:

Does your child have a disability or active IEP? Yes No If yes, explain _____

Does your child require any special accommodations or modifications in the classroom? Explain

Please list any medical conditions, current medications, or allergies: _____

I understand the Before and After Care Handbook contains all policies and procedures for participating in the O'Fallon CCSD #90 school age care programs. I have received a copy of the handbook and understand it is my responsibility to read and become familiar with the policies and procedures detailed within. Additionally, I agree to follow all billing and payment procedures required for my child's participation in the program. My child will adhere to the same behavioral expectations as during the school day; including but not limited to dress code, school rules, and conduct. Families will be removed from the program in the event the district policies and procedures are not followed.

Signature _____ Date: _____

Please circle care options:

Mon Tues Wed Thurs Fri

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SCHOOL: _____ Current Grade _____

Student: _____

FIELD TRIP PERMISSION FORM for Walking Field trips

I give my permission for my child to leave Marie Schaefer school for supervised trips walking to local areas walking around school. (ex. Woods Bakery, Ice Cream, O'Fallon Garden, library)

Restrictions on such trips for my child include:

Parent Initial _____

SUNSCREEN RELEASE

I will make sure my child has sunscreen applied to their person prior to arriving at camp daily. In the event extra sunscreen is needed, I give the summer camp staff permission to use Coppertone Sport 30 spf spray on my child. Lotion based sunscreens will not be applied by any school staff.

Parent Initial _____

PHOTO RELEASE

I give my permission for my child to be photographed while in attendance at summer camp.

Parent Initial _____

Please circle care options:
Mon Tues Wed Thurs Fri