



# SummerDiscoveryCamp

**For Children Entering  
Grades 1 – 6**

**June 11 – August 17, 2018**

**Hours: 7 a.m. to 6 p.m.**



# Some Things We'll Be Doing



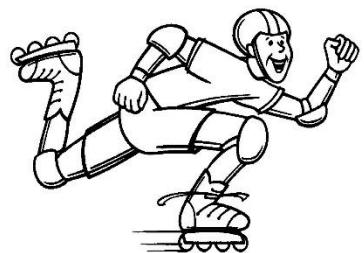
Daily Devotions  
ZOO



Arts and Crafts

Swimming  
Museums

Mini-Golf  
BOWLING



Roller Skating

...and MUCH more!

For a complete list of activities, times and registration information visit our website at:  
<http://trinitymcs.com>. For specific questions, contact us via email at  
<mailto:summer.camp@trinityroselle.com>



# TRINITY

LUTHERAN SCHOOL

January 2018

Dear Parent and/or Guardian,

It's time to be thinking about summer fun and Discovery Camp! Everything from daily devotions, field trips, arts and crafts, vacation bible school and open swim days will keep your child engaged all summer long!

Enclosed are the registration materials for this year's summer camp. Please return forms with your registration fee (check or cash) payable to Trinity by Friday, May 4, 2018. After April 30th the registration fee will increase to \$75.00. Your first week's tuition will be due by May 18, 2018, or you can pay at time of registration.

The registration form includes a summer attendance schedule. This will assist us in estimating the number of students to expect in camp each week so that sufficient staff coverage is maintained. You will need to verify your schedule each week during the summer. The schedule confirmation/change form should indicate what days your child(ren) will be attending camp the following week. This can be done via email ([summer.camp@trinityroselle.com](mailto:summer.camp@trinityroselle.com)) or by hard copy. Wednesday mornings will be the last day to change your schedule for the upcoming week! At this time, you will be expected to pay for the time which you are planning on having your child(ren) attend camp; no refunds will be given for days you have registered but your child does not attend. Weekly payments can be made by check, cash, or credit card via Headmaster.

On the first day of camp your child will receive a t-shirt to be worn on ALL field trips. On Monday, Wednesday, and Friday the camp will be walking to Roselle's Kemmerling Pool, which is 2 blocks from Trinity's campus. For safety, each child should, in addition to suits and towels, have some sort of shoes for the pool and CREAM-type sunscreen labeled with their name; this can be kept at Trinity. Please show your child how to apply the sunscreen. We will change clothes at Trinity before heading over to the pool. We will leave for Kemmerling shortly before 1 p.m. and return to Trinity before 3:30 p.m.

If your child has any allergies or is on any medications, please let us know. We are not allowed to administer any medication to your child without written doctor permission. Please remember that all medication needs to be in its original prescription bottle with clearly marked dosage instructions.

Additionally, if you need to add or delete anyone from your authorized pick-up list, please let us know as soon as possible. We will not release your child to anyone who is not on your list. We are open until 6 p.m. Any child that is not picked up by 6 p.m. will be charged \$1/minute until they are picked up. This charge will appear on your next bill.

If you have any questions, please feel free to contact us. Summer Camp can be reached by calling 630.894.3263 x205 or via email at [summer.camp@trinityroselle.com](mailto:summer.camp@trinityroselle.com).

That's all the news for now!

Together in Christ,

Cory Kelly  
Discovery Camp Director



## Cost:

Registration Fee Per Child through April 30th:	\$60
Registration Fee Per Child After May 1st:	\$75
Plan 1 Weekly	\$200
Plan 2 Daily	\$50
Plan 3 Half Day ( <i>half day 7 – 12:30 or 12:30 – 6pm</i> )	\$40
Plan 4 Drop-In ( <i>subject to openings</i> )	Full Day \$60 Half Day \$45

The last day for schedule changes is the Wednesday of the week before by noon. If you are paying by credit card, payment is due by 5:00pm on Friday. Billing for credit card payments will be available via Headmaster on Thursday by 3:00pm. Payments are due a week in advance. **Class sizes are limited and applications will be accepted on a first come, first serve basis.**

***Please Note: Refunds will not be given for days that you have previously registered but that your child does not attend.***

## Daily Schedule - Sample:

7:00 – 8:30	Free Choice (Interest Center Activities)
8:30 – 9:30	Devotions/Craft
9:45	Snack
10:15 – 11:30	Outdoor Play
12:00	Lunch
1:00- 1:30	Devotions
1:30 – 3:30	Roselle Pool* (M, W, F) Special Events/Field Trips (T, Th)
4:00	Snack
4:30 – 6:00	Free Choice (Interest Center Activities)

*\* Safety is our number one concern. Certified lifeguards along with our own identified camp counselors will be vigilant in providing a safe environment while at the pool. Trinity campers will be allotted a specific pool deck space.*



# Summer Discovery Camp Registration Sheet 2018

(Please Print)

Discovery Camp Program

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_ Father's Work \_\_\_\_\_

Home Phone \_\_\_\_\_ Trinity Member  Yes  No

If not a Trinity member, please list the name and city of the church you attend:

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Authorized Drop off & Pick Up/Emergency Contacts:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Child's First Name	Child's Last Name	Drop Off Time	Pick Up Time	Age	Grade Entering 18-19



Please indicate with an "X" the dates your child(ren) will be attending. Any changes to your weekly schedule must be completed by Wednesday at noon prior to the start of each week.

Name	6/11	6/12	6/13	6/14	6/15		Name	6/18	6/19	6/20	6/21	6/22

Name	6/25	6/26	6/27	6/28	6/29		Name	7/2	7/3	7/4	7/5	7/6

Name	7/9	7/10	7/11	7/12	7/13		Name	7/16	7/17	7/18	7/19	7/20

Name	7/23	7/24	7/25	7/26	7/27		Name	7/30	7/31	8/1	8/2	8/3

Name	8/6	8/7	8/8	8/9	8/10		Name	8/13	8/14	8/15	8/16	8/17



SPECIAL NOTES ABOUT YOUR SUMMER:

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Registration Fee: \$60 x \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

Registration Fee After April 30th: \$75 x \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

First Week's Tuition \$200 x \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

First Week's Tuition (Daily) \$50 x \_\_\_\_\_ #Days x \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

First Week's Tuition (1/2 Days) \$40 x \_\_\_\_\_ #Days x \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_

VBS (week of 6/25-6/29) TBA

Camp Shirt Size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

(SHIRTS ARE ADULT SIZES – ONE SHIRT PER CHILD INCLUDED)

Additional Camp Shirts \_\_\_\_\_ x \$10 \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

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*By way of signature, I agree that the information provided is complete and correct to the best of my knowledge and I agree to terms of payment of tuition and fees.*

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*Signature*

*Date*

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*Name of Signee (Please Print)*

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*Relationship to Child(ren)*



## FIELD TRIP FORM

### REQUIRED

**Please complete the requested information below to the best of your ability and return the original signed copy to the school office for our files. The school office must receive a separate copy for each student. In accordance with our school policy, you will also receive a separate permission slip that must be signed and returned for each individual field trip – we must have a copy of both signed forms on file or your child will not be able to participate.**

**(PLEASE PRINT)**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I, the parent or legal guardian of the student listed above, do hereby release Trinity Lutheran Church and School and the Northern Illinois District of the Lutheran Church, Missouri Synod and any and all adult supervisors, or school staff in the event of any accident en route, during or returning from Trinity sponsored field trips. I further express my appreciation for the organization of these events and the adults who give up their time in order to make the field trip happen. I will also pray for the safety and growth of all participants during the field trip.

### **Medical Authorization**

I give permission for my child (listed above) to participate in all of the scheduled field trips sponsored by Trinity Lutheran Church and School. Should any emergency medical treatment be necessary, I authorize one of the staff or adult leaders of Trinity Lutheran Church and School to act on my behalf and approve appropriate emergency medical treatment for my child.

**Allergies:** \_\_\_\_\_

**Allergies Notes:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Medical Notes:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Insurance Policy:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Mother** **Father** **Other/Guardian** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Mother** **Father** **Other/Guardian** \_\_\_\_\_

**Home Phone 2:** \_\_\_\_\_ **Work Phone 2:** \_\_\_\_\_ **Cell Phone 2:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Parent/Guardian)



## Kemmerling Pool

### FIELD TRIP PERMISSION FORM

#### Please complete one form per summer camper

I, the parent or legal guardian of \_\_\_\_\_ Entering Grade \_\_\_\_\_,

(Name of child)

age \_\_\_\_\_, do hereby release **Trinity Lutheran Church and School** and any and all adult supervisors,

or school staff in the event of any accident; enroute, during and returning from Trinity to Kemmerling Pool,

400 S. Prospect St., Roselle, IL. Campers will visit Kemmerling Pool each Monday, Wednesday, and Friday

between June 11, 2018 and August 17, 2018.

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(Signature of parent/guardian)

(date)

(phone)

#### MEDICAL AUTHORIZATION

I, \_\_\_\_\_, give permission to my son/daughter \_\_\_\_\_

born on \_\_\_\_\_ to participate in the scheduled Kemmerling Pool field trips sponsored by Trinity Lutheran Church and School. Should emergency medical treatment be necessary, I authorize the staff of Trinity Lutheran Church and School to act on my behalf and approve appropriate medical treatment for my child.

**My child may go in the pool**

YES \_\_\_\_\_ NO \_\_\_\_\_

**TELEPHONE NUMBERS WHERE I CAN BE REACHED:**

HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

\*Please note the following allergies, daily medications, other medical or behavioral concerns for the sake of my child's safety and the safety of others:

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Doctor's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Policy Name and Number \_\_\_\_\_



## Summer Discovery Camp Policies

### At summer camp I agree to.....

- Use appropriate words & actions
- Respectfully listen to staff & other camper's ideas and opinions
- Treat church property properly, carefully & appropriately
- Demonstrate behavior & attitude that reflects our Christian values at church & on field trips
- Always follow directions
- Be compliant to all rules & guidelines given for (and at) field trips, including transportation
- Keep all personal belongings at home unless specifically directed otherwise
- Take responsibility of materials I use, returning them to their appropriate place before moving on to another activity
- Bring a personal container of cream bug repellent and sunscreen, labeled with their name. This will be kept at camp. Children are responsible for applying the product themselves.
- Payment for the program is due on the Wednesday prior to the week's attendance along with your Schedule Confirmation/Change Form.
- Arrive at the scheduled time and report to the Fellowship Hall (church basement) unless otherwise directed. (\$1 per minute will be charged for campers being picked up after 6:00 p.m.)
- Camp T-Shirts must be worn on all field trip days.
- I understand that behavioral information will be shared in writing with campers and parents. Inappropriate behavior may jeopardize a camper's participation in field trips or special activities or possibly continued enrollment at camp.

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Student Signature

Date

Parent Signature

Date

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Camp Director