

Camp Summer LEAP 2019



ALL WEEKS
INCLUDE
COOKING

- June 24-28: Great Outdoors
- July 8-12: *Holiday Extravaganza*
- July 15-19: STEAM Ahead
- August 5-9: Who Dunnit!?!
- August 12-16: Barnyard Bonanza

Times:

8:30am Drop Off
3:00pm Pick-Up
4:00pm Camp After Camp*
* Flat Rate \$50 per camper per week

Cost:

- One week of Camp:
- \$275 per camper
 - \$225 per sibling for same session
- Additional weeks of Camp:
- \$250 per camper for each session
 - \$200 per sibling for same session

Ages:

Current
Little Angels
Catholic
Preschool and
St. Bernard
School Students

St. Jeanne Jugan
Parishioners
Entering Grades
1-8 in Fall 2019

2019 Camp Themes

The Great Outdoors:

Explore the Great Outdoors! Nature activities, environmental science, and outdoor skills provide a backdrop for our first week of camp. Learn about America's National Parks, cook over an open fire, and express yourself in nature crafts.



Holiday Extravaganza:

Enjoy a different holiday each day of camp! Holiday traditions, food, crafts, and games will be part of our celebrations! Travel through a whole year of celebrating in one week!

STEAM Ahead:

Be the conductor of your own locomotive. Design and program a robot. Bring your creations to life in our Makerspace. During this week at camp, we'll be going full STEAM ahead!



Who Dunnit !?!

Can you solve an SBS mystery? Examine the crime scene, search for clues, and use your powers of deduction to determine "who dunnit!"

Barnyard Bonanza:

Discover the joys of barnyard animals, farming, and tend the school's garden. Learn about modern agriculture techniques, and explore life on a farm. Farm to table cooking activities will be a highlight of the week.



Returning campers from 2018 get \$25 off each week of 2019 camp.

Camp Summer LEAP 2019
St. Bernard School
Child Information/Emergency Consent Form

Child's Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Home Phone: _____

Session(s) Child Will Attend:

_____ June 24-28- Great Outdoors

_____ August 5-9 - Who Dunit!?!

_____ July 8-12 - Holiday Extravaganza

_____ August 12-16 - Barnyard Bonanza

_____ July 15-19 - STEAM Ahead

Camper's Shirt Size: (Please circle one) YS YM YL YXL AS AM AL AXL

Will your child attend Camp After Camp*? Yes No *Extra fee of \$50 per camper per week

Parent/Guardian Information

Mother/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Father/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Other Emergency Contacts

The person(s) to contact in the event parent/guardian cannot be reached.

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Medical Information

The CAMP SUMMER LEAP supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

Known Medical Conditions:

Known Allergies (food, medication, seasonal, animals, etc.):

Medication to be Administered:

(Must complete Authorization for Administration of Medication Form and provide forms completed by the physician.)

Any Other Information:

Type of insurance - (Please check one) ___ Blue Cross/CMS ___ Connecticare ___ Other: _____
Membership # _____

Name of child's regular physician _____ Telephone # (____) ____ - _____

Hospital Preferences: _____

Signature: _____ Date: _____

Signature: _____ Date: _____