

# Reserve Your Space NOW!



**School Age  
Winter Camp**



**KEEP THE KIDS ACTIVE WHILE SCHOOL IS OUT!**

**Dec. 24<sup>th</sup> – Jan. 7<sup>th</sup>**

# WINTER BREAK



2018/2019



DECEMBER 24<sup>TH</sup> – JANUARY 7<sup>TH</sup>

Please check the days your child will be here

- Monday 12/24
- Wednesday 12/26
- Thursday 12/27
- Friday 12/28
- Monday 12/31
- Wednesday 1/2
- Thursday 1/3
- Friday 1/4

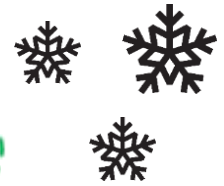
Monday 1/7

\*In-Service Day

## Winter Camp Rates

Program	Rate	# of Weeks	Total Amount
Student Camp 2 Day	\$130	_____	\$_____
Student Camp 3 Day	\$145	_____	\$_____
Student Camp 4 Day	\$180	_____	\$_____
In-Service Day (Monday 1/7)	\$15	_____	\$_____

\*Tuition is due on Monday of each week. A late payment fee of \$30 is assessed at noon on the following business day.



## School Age Camp Program

**Camp Hours 6:30 am – 6:30 pm**

### Camper Information

Name \_\_\_\_\_

Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Photo Consent \_\_\_\_\_

Allergies/Food Restrictions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



### Parent (Guardian)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

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## School Age Winter Camp



### Monday 12/24

#### Twas' the Night Before Christmas

- Christmas Tree Cones
- STEM: Build Santa a Chimney; Solo Cup Christmas Tree
  - Christmas Carol Chaos
- Christmas Tree Drawing Contest
- Crafting Holiday Masks

### Tuesday 12/25



### Wednesday 12/26

#### Candy Cane Land

- Peppermint Bark
- Minute to Win It Games: Candy Cane Pick Up; Peppermint Stack
- STEM: Dissolving Candy Canes; Candy Engineering
- Candy Cane Paint

### Thursday 12/27

#### Jingle All the Way

- Minute to Win It: Jingle Bell Junk; Ornament Destruction
- Paper Plate Christmas Tree
- STEM: Create a Jingle Bell Maze
- Rice Krispy Santa Hat Treats
  - Field Trip: Bowling

### Friday 12/28

#### Merry Grinchmas

- Pin the Heart of the Grinch
- Oven Mitt Present Unwrap
- Minute to Win It: Chopsticks & Marshmallows; Reindeer Line Up
- Craft Grinch Mask & Enjoy Merry Grinch Mix

**Dec. 24<sup>th</sup> – Dec. 28<sup>th</sup>**





# Reserve Your Space NOW!

## School Age Winter Camp



**Monday 12/31**

Polar Bear Express

- Newspaper Polar Bear Craft
- Polar Bear Graham Crackers
- STEM: Marshmallow Engineering
- Minute to Win It: Snowball Toss

**Tuesday 1/1**

**HAPPY  
NEW YEAR**  
School Closed

**Wednesday 1/2**

Snow Day

- Making Fake Snow
- Growing Crystal Snowflakes
- Minute to Win It: Shoveling Snow
  - Name Art Snowflakes
- Cinnamon Sugar Snowflakes

**Thursday 1/3**

Do You Want to Build a Snowman?

- STEM: Marshmallow Igloos
  - Winter Snowman Craft
- Melted Snowman Sugar Cookies
- Minute to Win It: Toilet Paper Snowman; Snowman Toss
- Field Trip: Obstacle Warrior Kids

**Friday 1/4**

Penguin Huddle

- STEM: Icy Ramps Exploration; Ice Fishing
  - Paper Plate Penguin Craft
    - Penguin Bananas
- Minute to Win It: Penguin Parents



**Dec. 31<sup>st</sup> – Jan. 4<sup>th</sup>**

# CAMP REGISTRATION FORM



## Camper Information

Camper's Name \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Camper's Birth Date \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Child in custody of (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
 Child lives with (Please check one)  Both parents  Mother  Father  Other Specify) \_\_\_\_\_  
 Does your child know how to swim?  Yes  No Do you give permission for your child to swim in camp programs?  Yes  No  
 Do you give permission for your child to attend and participate in all activities on camp field trips?  Yes  No

## Medical Information

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) \_\_\_\_\_  
**Health History** – (Mark all that apply & provide copies of all immunizations)  Ear Infection  Convulsions  Asthma  Bleeding/Clotting Disorder  
 Allergies  Pollen  Poison Oak/Ivy/Sumac  Penicillin  Insect Stings (List Type) \_\_\_\_\_ Foods (List Type) \_\_\_\_\_ Other (List Type) \_\_\_\_\_  
 Operations, serious injuries, diseases, or restrictions on physical activity: \_\_\_\_\_  
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)  
 \_\_\_\_\_  
 Behavioral conditions or problems of which camp staff should be aware \_\_\_\_\_

## Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_  
 Name : \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_