



We are excited to offer a NEW summer supervision opportunity for your TK - 5th grade students!

Tales and Trails Summer Camp

Tales and Trails will be both EDUCATIONAL and FUN - all from a Christian perspective!

- » A quality, Christ-centered summer supervision and educational experience for kids.
- » Kids will participate in a variety of theme-related experiences each week, plus enjoy times of outdoor play to stay active and engaged during their time at camp.
- » Fun learning activities will be planned each week for the students.
- » Families have a cost-friendly place to confidently bring students this summer.

Tales and Trails Summer Camp Themes

June 3-7... Sports Spectacular

We will explore how our bodies are made by God, and how we can be *Image Reflectors*.

June 10-14... Rockin' Rhythm

We will explore music and rhythm and how God made us to be *Beauty Makers*.

June 17-21... Sensational Science

We will explore God's amazing creation using experiments and science by being *Order Discoverers*.

June 24-28... Excited Explorers

We will explore God's creation by being *Creation Enjoyers*.

July 1-5... Patriotic Parade

We will discover how we can be *Community Builders* in our country. *No camp on Thursday, July 4.*

July 8-12... Amazing Animals

We will explore the creatures God has made and be *Creation Enjoyers* and *Earth Keepers*.

July 15-19... Games Galore

We will focus on all kinds of games and how to be a *Community Builder* while working with others.

July 22-26... Hometown Heroes

We will invite *Justice Seekers* from our community to teach us how to be *Servant Workers*.

July 29-August 2... Space Race

We will be *Creation Enjoyers* as we focus on God's amazing universe.

August 5-9... Drama Daze

We will be *Word Appliers* as we participate in a theater experience and stage a production.

Students who have just completed TK-5th Grade are eligible to attend Tales and Trails Summer Camp.

The camp is open to all children of the community!

Parents who commute to Sioux Center are also welcome to sign up their children.

SIGN UP

How do we sign up?

Daily Schedule

7:30-8:30: Check-in, quiet play time
8:30-9:30: Group activity based on the weekly theme
9:30-10:30: Snack, outside play
10:30-11:30: Craft based on the weekly theme
11:30-12:30: Centers based on the weekly theme
12:30-1:30: Lunch, outside play
1:30-3:30: Exploring Sioux Center
3:30-4:30: Reflection and center time
4:30-5:30: Movie/quiet play time

Tales and Trails Summer Camp home base will be on the Sioux Center Christian School campus, with the community as an extended classroom.

“Exploring Sioux Center” includes: Parks, pool, library programs, community events, etc. on Tuesdays, Wednesdays, and Thursdays. Weekly Theme times will be on Mondays & Fridays
[Note: Exploring SC may also occur in the morning, depending on opportunities available.]

- » Safe transportation for field trips will be provided by school, if walking isn't an option.
- » Students must bring their own lunch and snacks.
- » Each student must have a pool pass.
- » Students will be escorted to and from SCCS Summer school (in SCCS building).

DETAILS

Camp will run Monday through Friday for 10 weeks this summer.

Half days (7:30-12:30 or 12:30-5:30) are \$90 per week per child.

Full days (7:30-5:30) are \$160 per week per child.

A \$25 nonrefundable registration fee per child is due at registration.

20% of total weekly camp fees are due at time of registration.

Remaining balance for each week (80%) is due Monday morning when your child is dropped off at camp.

Registration is for either half or full days, no matter if your child will miss part of the week.

After 5:35pm, there is a \$2 per minute charge for extended care.

Tales and Trails Summer Camp is limited to 30 students per week.

WEEKS WILL FILL ON A FIRST COME, FIRST SERVED BASIS.

We may add more spots depending on demand.

Students may attend just one week or all ten weeks, or anything in between!

We hope your child can join this fun summer camp opportunity!

Complete a registration form for each child and drop off or mail to the school office, including the registration amount due. Register soon!

All students will be under the direct supervision of the Tales and Trails staff at all times. The staff are employed by Sioux Center Christian School, have experience working with children and are trained in CPR and first aid as well as age-appropriate teaching, learning, and behavior techniques.

Camp directors: Mrs. Cheri Horstman and Mrs. Jaci Van Den Berg
Assistant Camp director: Mrs. Hannah Van Den Top





TALES AND TRAILS



SUMMER CAMP HOSTED BY SIOUX CENTER CHRISTIAN SCHOOL

CAMP REGISTRATION

Please complete one form for each child who will be attending Tales and Trails Summer Camp.
Return the completed registration form to the school office with the registration amount due, as calculated below.

Child's Name: _____ Nickname/Preferred name: _____

Date of Birth: ____ / ____ / ____ Current Grade: _____ School: _____

Address: _____ City/ST: _____ ZIP: _____

Camp weeks (X your session choices for this child)	Half Day 7:30-12:30 \$90	Half Day 12:30-5:30 \$90	Full Day 7:30-5:30 \$160	Rate for this week
June 3-7... Sports Spectacular				
June 10-14... Rockin' Rhythm				
June 17-21... Sensational Science				
June 24-28... Excited Explorers				
July 1-5... Patriotic Parade (no camp July 4)				
July 8-12... Amazing Animals				
July 15-19... Games Galore				
July 22-26... Hometown Heroes				
July 29-August 2... Space Race				
August 5-9... Drama Daze				
Total camp fees for this child				\$
20% of camp fees due at time of registration				Total Camp Fees x 20% = \$
\$25 non-refundable Tales & Trails Summer Camp registration fee for this child				Plus \$25
Total due at time of registration				= Total Due at Registration \$
Camp fee due each week (80% remaining):	Half days balance: \$72	Half days balance: \$72	Full days balance: \$128	Bring payment each Monday

We accept check or cash only. You may write one check for all the children you are registering.
Make checks payable to "Sioux Center Christian School".

Balance for each week is due Monday morning when your child is dropped off at camp.

For office use: Registration received on _____ (date/time) by _____ (staff).

CHILD AND FAMILY INFORMATION

Medical Information

Child Name: _____

Food Allergies/Intolerances: _____

Medication Allergies: _____

Other Allergies: _____

Medical Conditions (attention disorders, epilepsy, diabetes, physical limitations, etc): _____

Additional information you would like us to know about your child: _____

Immunizations: Tales & Trails Summer Camp program requires a current copy of immunizations to be kept on file.

I give permission for this program to obtain a copy SCCS has on file. Parent initials _____

Child Safety Information

List who will be picking up child: _____

A text, email or note to Camp staff will suffice if an individual not listed will be picking up your child.

Is this child allowed to walk or ride bike to and from Camp unaccompanied? Yes _____ No _____

Please note that Camp will not provide this supervision. If children are transporting themselves to and from the camp, the program will not take responsibility for any injury the child suffers while not in our care.

Is there anyone who is restricted from seeing or picking up this child? Please list and explain: _____

I attest that the above information is accurate and up to date to the best of my knowledge. In the event of an emergency, I give my permission to the program staff to have my child treated by medical personnel. A staff member in charge shall make reasonable attempts to call me prior to and during emergency medical treatment.

Signature: _____

Printed name: _____

Date: _____

||||| If you are registering multiple children, you may complete the below information on one form and indicate "SAME" on the other forms |||||

Emergency Contacts

Please list two emergency contacts (other than parents/guardian)

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Child's Primary Doctor: _____ Phone: _____

Child's Primary Dentist: _____ Phone: _____

Other medical professionals who may need to be contacted in an emergency

Phone: _____

Family Information

1) Parent/Guardian Name: _____

Address (if different than child): _____ City/ST: _____ ZIP: _____

Mobile Phone: _____ Text: Yes No Home Phone: _____

Place of Employment: _____ Work Phone: _____

Email you check regularly: _____

2) Parent/Guardian Name: _____

Address (if different than child): _____ City/ST: _____ ZIP: _____

Mobile Phone: _____ Text: Yes No Home Phone: _____

Place of Employment: _____ Work Phone: _____

Email you check regularly: _____

