We are excited to offer a summer supervision opportunity for kids!

Tales and Trails Summer Camp 2020

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

- » A quality, Christ-centered summer supervison 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 1-5... Go Garden

We will be Creation Enjoyers and Earth Keepers as we plant a garden to care for all summer long.

June 8-12... Make It | Take It

We will be Beauty Makers as we create and craft.

June 15-19... Summer Science

We will be Order Discoverers as we use science in the great outdoors.

June 22-26... Insects & Animals

We will be Creation Enjoyers as we explore insects and animals in God's creation.

June 29-July 2... National & State Parks

We will be *Creation Enjoyers* as we explore what our amazing country has to offer. *No camp on Friday, July 3.*

July 6-10... Lego Mania

We will be Order Discoverers, Beauty Makers, and Community Builders as we work together to create.

LEGO masterpieces.

July 13-17... Wonderful Water

We will be Creation Enjoyers as we discover water in God's world.

July 20-24... Matter Matters

We will be Order Discoverers as we use science in the lab.

July 27-31... Summer Camp Olympics

We will be Image Reflectors as we put on our very own Olympics.

August 3-7... Amazing Architecture

We will be Order Discoverers as we build with different materials.

August 10-14... Drama Days

We will be Word Appliers as we have a fun week of one-act plays.



Children who are 5-11 years of age by June 1, 2020 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.

Daily Schedule

7:30-8:30: Check-in and free play

8:30-9:00: Morning devotions and singing 9:00-10:00: Group activity based on theme

10:00-11:00: Snack and outdoor play

11:00-11:45: Craft or Activity based on theme

11:45-12:45: Lunch and reading time 12:45-3:30: Exploring Sioux Center

3:30-4:00: Video/quiet time

4:00-5:30: Free play

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 in the afternoon. 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 11 weeks this summer.

Half days (7:30-12:30 or 12:30-5:30) are \$95 per week per child.

Full days (7:30-5:30) are \$165 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.

Note: There will be a convenient DROP BOX by the Summer Camp building for all weekly payments.

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.**

Students may attend just one week or all eleven 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 age-appropriate teaching, learning, and behavior techniques.

Camp directors: Mrs. Cheri Horstman chorstman@siouxcenterchristian.com
Mrs. Jaci Van Den Berg jvandenberg@siouxcenterchristian.com





CAMP REGISTRATION 2020

Please complete one form for <u>each child</u> 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:// Curren	t Grade:	School: _		
Address:	City/ST:		ZIP:	
Camp weeks (X your session choices for this child)	Half Day 7:30-12:30 \$95	Half Day 12:30-5:30 \$95	Full Day 7:30-5:30 \$165	Rate for this week
June 1-5 Go Garden				
June 8-12 Make It Take It				
June 15-19 Summer Science				
June 22-26 Insects & Animals				
June 29-July 2 National & State Parks				
July 6-10 Lego Mania				
July 13-17WonderfulWater				
July 20-24 Matter Matters				
July 27-31 Summer Camp Olympics				
August 3-7 Amazing Architecture				
August 10-14 Drama Days				
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: \$76	Half days balance: \$76	Full days balance: \$132	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 and must be put in the DROP BOX located inside the camp base.

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

HILD 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 included 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 Signature: 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. Printed name: _____ I give permission for my child to travel in school vehicles or walk to off-campus sites during camp. I understand that if my child displays unacceptable behavior during camp, it may result in time away from camp. **Emergency Contacts** Please list two emergency contacts (other than parents/guardian) Name: _____ Contact Number: _____ Relationship: _____ Contact Number: _____ Name: _____ Contact Number: _____ Relationship: _____ Contact Number: _____ Child's Primary Doctor: _____ Phone: _____ Phone: _____ Child's Primary Dentist: ______ Phone: _____ Phone: _____ Other medical professionals who may need to be contacted in an emergency Family Information 1) Parent/Guardian Name: _____ Address (if different than child): ______ Mobile Phone: _____ Text: Yes No Home Phone: _____ Place of Employment: _____ Work Phone: _____ Email you check regularly: ______ 2) Parent/Guardian Name: ______ Mobile Phone: ______ Text: Yes No Home Phone: _____

Email you check regularly: _____



Place of Employment: ______ Work Phone: _____