



OSL 2022 SUMMER ADVENTURE CAMP

ENROLLMENT OPEN TO COMMUNITY STARTING APRIL 1 !

When is camp?

May 31– August 5 Hours 8:00 a.m.-3:30 p.m.

What ages can attend?

Ages 2 years old (by August 1, 2022) through 5th grade

What is offered?

Safe/affordable care

Flexible schedule

Weekly themes

Low adult/child ratio

What is the cost to attend?

Enrollment fee \$40

Students 2**-4 years old \$175/weekly (5 day) \$140/weekly (4 day) or \$40 daily

Students Kindergarten*-5th grade \$150/weekly (5 day) \$120 /weekly (4 day) or \$35 daily

***as of August 1*

** entering kindergarten August 2022*

Is there before and after care available?

Yes! extended care is available with no additional enrollment fee!

Cost for extended care:

age 2-entering Pre-K \$5.50 per hour (for minutes used)

Kindergarten-5th gr \$4.50 per hour (for minutes used)

How do I pay for summer camp?

Prepay weekly or monthly before your child attends camp for the week.

What are the requirements for enrollment?

All accounts with OSL need to be paid in full

Complete the registration forms

All immunizations need to be up-to-date and on file with OSL

Limited space is available! Enrolling on a first come-first served basis!

Registration forms are available online. If you have additional questions contact Gail in the school office (636) 343-7511 gkeeeve@oursaviorlcs.org.



OSL 2022 SUMMER ADVENTURE CAMP

Weekly Themes

SAFARI ADVENTURE 5/31-6/3 (4 days)

Lions and tigers and bears! Oh my! This week will be an adventure as we explore some of God's fuzzy and furry creatures, plus a few scaly ones too!

DINOSAUR DELIGHT 6/6-6/10 (5 days)

Who doesn't love a great story or to learn a bit more about these prehistoric creatures. This week will be full of dino-mite activities and discoveries about dinosaurs and reptiles.

ROAD TRIP! 6/13-6/17 (5 days)

Time to hit the road to favorite vacation destinations including the beach, the mountains, and so much more.

H2O-LET'S GO! 6/20-6/24 (5 days)

Water, water everywhere! God blessed us with this amazing resource and this week will sure to be a wet one.

GOD BLESS THE USA! 6/27-6/30 (4 days)

Baseball is America's favorite pastime, but what else makes the USA special! This is a fun week to learn a little about AMERICA.

ALPHABET SOUP 7/5-7/8 (4 days)

This week is a little about A-Z but also a little about cooking too! Put on your chef's hat and let's get to work.

BUILDING FOR THE FUTURE 7/11-7/15 (5 days)

This week is full of discovering what can happen combining materials and a little imagination. STEM activities will allow campers to explore endless possibilities with a variety of materials.

WIDE WORLD OF SPORTS 7/18-7/22 (5 days)

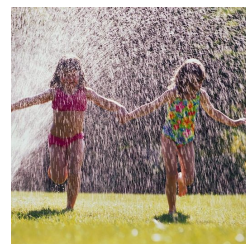
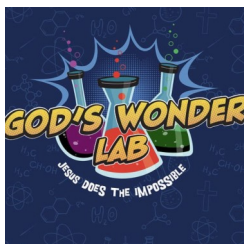
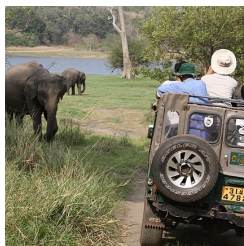
The Olympics may be over but this week we celebrate all types of sports including both individual and team sports.

WONDER LAB VACATION BIBLE SCHOOL 7/25-7/29 (5 days)

Put on your lab coat as we discover that Jesus does the impossible.

HIGH-FIVE HOEDOWN 8/1-8/5 (5 days)

This week campers will hop on their saddles and head to the ranch to discover things about cowboys and life on a ranch.





2022 SUMMER ADVENTURE CAMP

Child's Name _____ Female/Male _____ Birthdate _____ Grade Entering _____

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Camp fee payment (Must be paid in advance; extended care fees due the beginning of following week): ____ Monthly
____ Weekly

Child lives with: ____ both parents ____ Father ____ Mother ____ Other (please list) _____

Address _____ City _____ Zip _____

Home phone/Primary cell phone _____

Name of school attending in the Fall: ____ OSLS ____ Other: _____

Please check if you are interested in further information about:

____ School Registration for the Fall 2022

____ Church membership at Our Savior

ALL students must have enrollment fee paid in full to complete registration.

NEW students must submit - Immunization Record

APPLICANT EDUCATIONAL INFORMATION

Do you have concerns for your child(ren) in any of the following areas? (Please write *student's initials* for all that apply)

____ behavior ____ work habits ____ socialization ____ self-esteem
____ reading ____ written expression ____ oral expression ____ math

Has your child(ren) ever received any therapy of the following? (Please write *student's initials* for all that apply)

____ Occupational ____ Physical ____ Speech ____ Language ____ Play

Please describe: _____

Please print:

Father/Stepfather's name _____

Address (if different from above) _____ Cell Phone _____

Mother/Stepmother's name _____

Address (if different from above) _____ Cell Phone _____

May/June						
		31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
August						
	1	2	3	4	5	6

We are reserving this space for your child at Adventure Camp. If your child/children will not be attending, you will be charged unless we are notified one full week prior. Payment is due prior to your child attending the week of camp. Your child will not be allowed to attend until all prior fees are up-to-date.

Plan to use Extended Care: (Can adjust as needed, but please notify staff of changes as soon as possible)

___ Regularly: ___ Mornings ___:___ - 8:00 ___ Afternoons 3:00 - ___:___

___ Often/but not regularly: ___ Mornings ___ Afternoons

___ Occasionally

___ No plans to use it

Physician Information:

Name	Address	Phone Number
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Please check any health issues which you have noted on the accompanying most recent Student Health Registration Form, (allergies, prior medical conditions, etc.)

- ☐ Medical History As noted on the Student Health Registration Form
- ☐ Allergies As noted on the Student Health Registration Form
- ☐ Medication As noted on the Student Health Registration Form
- ☐ I am not aware of any allergy or medical issue regarding the health of my child.

Office Use:

Date Received _____

Enroll Fee PD _____ in Full

Check # _____

___ No outstanding money owed

Statement of Non-Discrimination

Our Savior Lutheran admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

***Complete the Health and Emergency Contact pages unless forms were turned into the office for
OSL School Enrollment this year or next year.***

Student Health Registration Form

Child's Name _____
First Last Grade Date of birth

In order to ensure the health-safety of students at OSL, we are asking for any **ALLERGIES** or other **MEDICAL CONDITIONS** which should be brought to the attention of the staff.

_____ My child has **NO** known **ALLERGIES** or **MEDICAL CONDITIONS**

MEDICAL CONDITIONS

Please check if you have ever been told by a physician or health care professional that your child has:

_____ Asthma _____ Seizure disorder _____ Bleeding disorder _____ ADHD _____ Hearing loss
_____ Eczema _____ Diabetes _____ Skin condition _____ Heart condition _____ Vision (wears glasses/contacts)

Please provide information as needed:

ALLERGIES* (please list specific allergy)

Food(s) _____

Plants _____

Animals _____ Medications _____

Bees/Insects _____

Seasonal _____ Other _____

Please describe the allergic reaction and the **treatment** for **each** checked allergy.

Please notify the staff of any changes through the summer concerning any allergy or medical condition of your child.

MEDICATION

Does your child take any medication on a regular basis? Yes* _____ No _____ If yes, name of

medication(s) _____

Purpose _____

medication(s) _____

Purpose _____

Will medication be needed at school? No _____ Yes* _____ (Complete Medication Authorization Form)

*Please call to schedule a time to speak with the teacher and/or principal if specific information will impact your child, especially during the school day.

Parent signature

Date

Emergency Procedure and Medical Release Form

Family Name _____

Student Name(s) _____

I, _____ certify that my child is in good health and can participate in all normal activities of the group and that I have noted any exceptions below.

I understand that reasonable measures will be taken to safeguard the health and safety of the boys/girls and that I will be notified as soon as possible in case of emergency. However, in the event of sickness or accident, I will not hold the group leaders of Our Savior Lutheran School responsible. In the case of sickness, or accident, after reasonable attempts to reach us or an emergency contact person fail, we, the undersigned parents of _____, minor(s), do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general special instructions of any licensed qualified physician, whether such treatment is rendered at the office of a physician or licensed hospital. It is understood that consent is given in advance of any specific diagnosis or treatment being required but is given to encourage chaperones of Our Savior Lutheran School and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment. I authorize the calling of the physician and/or the providing of other medical services at my expense.

Date

Signature of Parent/Guardian

Emergency Contacts (please list parent contact in priority order):

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (____) _____ (Home/Work/Cell)

Phone: (____) _____ (Home/Work/Cell)

Email: _____

Name: _____ Circle One: Father Mother Other _____

Work Place: _____

Phone: (____) _____ (Home/Work/Cell)

Phone: (____) _____ (Home/Work/Cell)

Email: _____

Individual(s) to notify and pick up in case of emergency if parents cannot be reached.
Please mark the box if the individual(s) is/are **also authorized to pick up child in non-emergency**.

☐

Name

Relation

Phone (Cell/Home)

Phone (Cell/Home)

☐

Name

Relation

Phone (Cell/Home)

Phone (Cell/Home)

☐

Name

Relation

Phone (Cell/Home)

Phone (Cell/Home)