

IMMANUEL SUMMER CAMP

Weekly Child Care

June 1 through July 30
with daily activities and weekly themes.

Hours: 7:00 am to 5:00 pm

Ages: 3 yrs old (must be potty trained) to completing 4th grade

Where? At Immanuel
1930 N. Bowman Ave.
Danville, IL 61832

Call: 217-442-5036

Fun Days!

Mondays are water days! Bring your swimsuits and play in the sprinkler, slip 'n slide, and other water activities!

Tuesdays are Science days!
Learn more about how things work with amazing science activities!

Wednesdays are bike days!
Bring your bikes or scooters from home and ride in the back parking lot!

Thursdays are baking days! Kids become bakers making tasty treats!

Fridays are game days! More fun than a barrel of monkeys! We may broaden your definition of "game"!!



Keep this cover page for your info!

You signed up for:

___ 5 day ___ 4 day



Session 1 (payment due May 20)	Session 2 (payment due June 15)
<input type="checkbox"/> June 1	<input type="checkbox"/> July 5
<input type="checkbox"/> June 7	<input type="checkbox"/> July 12
<input type="checkbox"/> June 14	<input type="checkbox"/> July 19
<input type="checkbox"/> June 21	<input type="checkbox"/> July 26
<input type="checkbox"/> June 28	

Lunch

Hot Lunch is \$3.00 daily;
or bring a sack lunch.

Hot lunch will include a variety of sides, beverage, dessert, and main course:

Mondays: Chicken nuggets

Tuesdays: Mac-n-cheese and little smokies

Wednesdays: Hot dogs

Thursdays: Pizza

Fridays: Sub sandwich



Registration for Immanuel Summer Camp

A \$35 (non-refundable) registration fee must accompany this registration form in order to secure your spot!

Parent/Guardian Information

Parent/Guardian Name: _____ **Cell ph:** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Work ph:** _____

Employer: _____ **Occupation:** _____

Parent/Guardian Name: _____ **Cell ph:** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Work ph:** _____

Employer: _____ **Occupation:** _____

Child (student) Information

Child's Full Name: _____ **Preferred Name:** _____

Date of Birth: _____ **SSN:** _____ **Gender:** ☐ male ☐ female

Address (if different): _____

Child resides with: ☐ Mother ☐ Father ☐ Both ☐ other: _____

Parents are: ☐ married ☐ separated ☐ divorced ☐ other: _____

Custody Alert: ☐ yes ☐ no **If yes, explain:** _____

Class or grade just completed? _____ **Siblings (age):** _____

Emergency Information

Does your child have any known health problems? ☐ no ☐ yes: _____

List any regular medications for your child and when they should be given. Please note that prescription and over the counter medications must be in the original bottle/container and only the recommended dosage on the bottle can be administered. Attach another sheet if needed.

Medication: _____ **Dose:** _____ **Time:** _____

Medication: _____ **Dose:** _____ **Time:** _____

Allergies: _____

Any dietary needs/restrictions: _____

Doctor's Name: _____ **Doctor's ph:** _____

Please list all emergency contacts in order of priority (including yourself):

	Name:	Relationship to child:	Phone:
1.			
2.			
3.			

Authorized Pick Up List

Your child will only be released to his/her parents or the people on this list. If our teacher does not recognize the person picking up your child, a state issued identification card with photo is required, and will be checked with this list.

Name: _____ Cell ph: _____

Relationship to Child: _____ Other ph: _____

Name: _____ Cell ph: _____

Relationship to Child: _____ Other ph: _____

Name: _____ Cell ph: _____

Relationship to Child: _____ Other ph: _____

Summer Camp Options

A separate Summer Camp Registration form and registration fee is required for each student. Spaces are limited. We are offering a 4 day option, Monday through Thursday, and a 5 day option, Monday through Friday. **Please check ALL the boxes for the weeks you would like to attend** during each session. Payment for the entire session is due prior to each session. Turn your payments (cash or check only) in to the school office. Please make checks payable to Immanuel Lutheran School. If you have any questions, please contact Mike or Sue Heidle (office: 217-442-5036; cell: 217-516-0085).

Meals & Snacks: Morning and afternoon snacks are included. Hot lunch is available for just \$3.00 per day. Please send a sack lunch on days your child is not eating hot lunch.

5 Day Option

Session 1 (payment due May 20)	Session 2 (payment due June 15)
<input type="checkbox"/> June 1 – 4 \$115	<input type="checkbox"/> July 5 – 9 \$140
<input type="checkbox"/> June 7 – 11 \$140	<input type="checkbox"/> July 12 – 16 \$140
<input type="checkbox"/> June 14 – 18 \$140	<input type="checkbox"/> July 19 – 23 \$140
<input type="checkbox"/> June 21 – 25 \$140	<input type="checkbox"/> July 26 – 30 \$140
<input type="checkbox"/> June 28 – July 2 \$140	

4 Day Option (Monday – Thursday)

Session 1 (payment due May 20)	Session 2 (payment due June 15)
<input type="checkbox"/> June 1 – 3 \$90	<input type="checkbox"/> July 5 – 8 \$115
<input type="checkbox"/> June 7 – 10 \$115	<input type="checkbox"/> July 12 – 15 \$115
<input type="checkbox"/> June 14 – 17 \$115	<input type="checkbox"/> July 19 – 22 \$115
<input type="checkbox"/> June 21 – 24 \$115	<input type="checkbox"/> July 26 – 29 \$115
<input type="checkbox"/> June 28 – July 1 \$115	

Parent/Guardian Signature: _____ date: _____

Get ready for some summer FUN!!!