

# Camp Summer LEAP 2020



ALL WEEKS  
INCLUDE  
COOKING

➤ June 22-26: *Anything Goes,  
Summer is Here*

➤ **July 13-17: Let's Build It**

➤ **July 20-24: Countdown to 2020  
Olympics**

➤ August 3-7: *Islands of Adventure*

➤ **August 10-14: Symphony of Senses**

## Times:

8:30am Drop Off

3:00pm Pick-Up

4:00pm Camp After Camp\*

\* Flat Rate \$50 per camper per week

## Cost:

One week of Camp:

- \$275 per camper
- \$225 per sibling for same session

Additional weeks of Camp:

- \$250 per camper for each session
- \$200 per sibling for same session

## Ages:

Current  
Little Angels  
Catholic  
Preschool and  
St. Bernard  
School  
Students  
St. Jeanne  
Jugan  
Parishioners  
Entering  
Grades 1-8 in  
Fall 2020

# 2020 Camp Themes

## *Anything Goes, Summer is Here:*

Kick-off the summer with some wild and exciting fun. Popsicle and fudgesicle time is here! Enjoy a variety of games, crafts, outdoor fun, exploration, and jump start our summer water play!



## **Let's Build It:**

Who knew there are so many materials to build with? Explore the engineering design process as we create innovative projects even some we can eat!

## **Countdown to 2020 Olympics:**

Light the torch to gear up for the 2020 Olympics. Explore the history of the games, show our team spirit, and have fun playing Olympic games.



## *Islands of Adventure:*

Come Aboard as we cruise to exotic islands around the world. Explore song, dance, food, history, and fun as we soak up the tropical sun.

## **Symphony of Senses:**

Discover the five senses as we experiment and play. There will be messy and squishy fun, eye-catching activities, music to our ears, tasty treats, and sweet smells of summer.



**Returning campers from 2019 get \$25 off each week of 2020 camp.**

**Camp Summer LEAP 2020**  
**St. Bernard School**  
**Child Information/Emergency Consent Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Session(s) Child Will Attend:

\_\_\_\_\_ June 22-26- Anything Goes, Summer is Here      \_\_\_\_\_ August 3-7 - Islands of Adventure  
\_\_\_\_\_ July 13-17- Let's Build It      \_\_\_\_\_ August 10-14 - Symphony of Senses  
\_\_\_\_\_ July 20-24 - Countdown to 2020 Olympics

Camper's Shirt Size: (Please circle one)    YS    YM    YL    YXL    AS    AM    AL    AXL

Will your child attend Camp After Camp\*?    Yes    No    \*Extra fee of \$50 per camper per week

**Parent/Guardian Information**

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Other Emergency Contact**

The person(s) to contact in the event parent/guardian cannot be reached.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I \_\_\_\_\_ (parent/guardian name)

request that my child \_\_\_\_\_ be included in CAMP SUMMER LEAP and I grant permission for him/her to participate in the activity identified below. A brief description of the activity follows:

Type of event: CAMP SUMMER LEAP- If we are taking an off-site field trip, a separate permission slip will be sent home.

**RISKS:**

**Special notification of surroundings (i.e. grassy, shrubbery, plants, wet areas such as ponds, lakes, streams, marshes, bridges, tunnels, rough walking paths or terrain/hiking, canoeing, boating, steps, unusual seating, animals, mosquitos, ticks, vegetation or any other unusual circumstances that would affect allergies, rashes, physical conditions, or any other conditions that could affect the health and safety of a student) should be included on the field trip permission form.**

Parent Signature

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor ("participant").

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith.

I \_\_\_\_\_ hereby understand that by signing this form I am releasing and discharging

\_\_\_\_\_ (insert name of Parish Corporation), the Hartford Roman Catholic Diocesan Corporation ( the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property damage, personal injuries or wrongful death, including any claims which allege

negligent acts or omissions of or by \_\_\_\_\_ (insert name of Parish Corporation), the Hartford Roman Catholic Diocesan Corporation ( the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the CAMP SUMMER LEAP.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in CAMP SUMMER LEAP.

Further, I hereby release and discharge \_\_\_\_\_ (insert name of Parish

Corporation), the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The CAMP SUMMER LEAP supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

**Medical Information**

Known Medical Conditions:

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Known Allergies (food, medication, seasonal, animals, etc.):

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Medication to be Administered:

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Must complete Authorization for Administration of Medication Form and provide forms completed by the physician.

**Any Other Information**

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Type of insurance - (Please check one) \_\_\_\_\_ Blue Cross/CMS \_\_\_\_\_ Connecticare \_\_\_\_\_ Other

Membership # \_\_\_\_\_

Name of child's regular physician \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Hospital Preferences: \_\_\_\_\_

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

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