SACRED HEART
CATHOLIC SCHOOL

SUMMER CAMP 2021

3 Years of Age – 5th Grade

Dear Parents,

Thank you for choosing to place your child(ren) in our care this summer. We are looking forward to providing a summer filled with fun and excitement. SHCS offers a wonderful program geared to engage your child mentally, physically, and faithfully. Please see all the exciting themes for our fun filled summer camp attached in our application packet.

Please submit a registration form and fee to the school office. Please understand there is a limit to each grade level per week and your spot is not guaranteed until the registration fee is submitted.

***Also, if you sign up for a week and later decide you will not attend that week, you will be charged unless a two-week notice is given in writing to the director of summer camp!**

Camp Hours: 9:00am - 3:00pm
*Before Care starts at 7:30am (included in price)
*After Care extends to 5:00pm (included in price)

One Time Registration Fee: $50 per child

Weekly Fee: $150/week for 1 child
*$275/week for 2 children
*$375/week for 3 children
*Add $100 each week for each additional child

If you have any questions or comments, please contact Mrs. Lyons in the office at 478-923-9668 or email heather.lyons@shswr.org.

Thank you,

Al Chromy
Principal
Sacred Heart Catholic School

SACRED HEART CATHOLIC SCHOOL

SUMMER CAMP SESSIONS

Week 1: May 31st - June 4th

Superheros: Calling all superheros! Camp is under attack and we need all the superheros we can find. First you will need to design you own costume, and then decide what your super powers will be. After you have plenty of time to practice your powers, be ready... a villian just might show up!

Week 2: June 7th - June 11th

Safari Week: The call for adventure and exploration is needed! Explore and discover the animals from all around the world that have mysteriously arrived at scientist will make predictions and use everyday ingredients to create some science fun!

Week 3: June 14th - June 18th

Silly Science: Who doesn't love being a scientist? From making slime to testing our color mixing, our campers will love this high-touch experience. Our little scientists will make predictions and use everyday ingredients to create some science fun!

Week 4: June 21st - June 25th

Little Picassos: Your budding artist will experiment with different styles of art, from finger painting to sculpting to making collages and more. At the end of the week, we will exhibit their work with an art show.

Week 5: June 28th - July 2nd

Olympic Week: The 2020 Olympics may have been in Japan, but camp has been called to action! This week will have sports events galore! Your camper will be able to participate in all kinds of sports throughout the week, getting the feel of being their very own Olympian!

Week 6: July 5th - July 9th

Party in the USA: The celebration of America doesn't stop on the 4th. Campers will celebrate the iconic wonders America has introduced to the world and learn about our nation's important history!

Week 7: July 12th - July 16th

Culinary Creations: Your little chefs will use all of their senses to create recipe books, design aprons, make their own snacks, and decorate cupcakes (on the last day)! They will also learn about foods and taste test lots of healthy ingredients.

Week 8: July 19th - July 23rd

Winter Wonderland: Christmas in July? Absolutely! For those missing the cold, your wait is over! Your little camper will get to create and play with all sorts of cold theme ideas such as making snowballs, mini snowmen, and of course, snow cones!

Week 9: July 26th - July 30th

Our Camp's Got Talent: Every child has a talent or skill unique to themselves and this week is the time to show it off! Your little star will practice and work on their talent, learning about the amazing skills of other campers and counselors alike. On Friday, we will hold a big talent show where each camper can show off their amazing skills!

Week 10: August 2nd - August 6th

Summer Camp Recap: Campers will be able to relive all the fun we have had the past 9 weeks with days dedicated to the past themes.

*CAMPER COPY

SACRED HEART CATHOLIC SCHOOL

SUMMER CAMP SESSIONS

Student Name:_____

Age:_____

Please mark an (X) for the week(s) you would like to enroll your child. You will find another page with a list of the current camp session themes for you to review and make your decision. This page must be turned in to the office.

*If you later decide to not attend a session you registered for you child, you MUST provide a 2 week written notice of cancellation.

Week	Dates	Summer Camp Session	(X)
1	5/31 - 6/4	Superheros	
2	6/7 - 6/11	Safari Week	
3	6/14 - 6/18	Silly Science	
4	6/21 - 6/25	Little Picassos	
5	6/28 - 7/2	Olympic Week	
6	7/5 - 7/9	Party in the USA	
7	7/12 - 7/16	Culinary Creations	
8	7/19 - 7/23	Winter Wonderland	
9	7/26 - 7/30	Our Camp's Got Talent	
10	8/2 - 8/6	Summer Camp Recap	

*OFFICE COPY

SACRED HEART CATHOLIC SCHOOL

SUMMER CAMP 2021

CAMPER INFORMATION

Camper Information

Camper Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

Age ____ Grade Entering _____ Race _____ M / F (Circle One) Potty Trained Y / N

Phone # (Home) _____ (Cell) _____

Mother's Name _____ Place of Work _____

Home Address _____

Email _____

Father's Name _____ Place of Work _____

Home Address _____

Email _____

Emergency Information

In the event of sickness or injury, please list point of contact and telephone number.

1st parent/guardian to call _____ Phone # _____

2nd parent/guardian to call _____ Phone # _____

3rd parent/guardian to call _____ Phone # _____

Person(s) Authorized to pick up child (other than parents):

Name _____ Phone # _____

Home Address _____

Name _____ Phone # _____

Home Address _____

Name _____ Phone # _____

Home Address _____

Parent/Guardian Signature _____ Date _____

A photo ID will be required upon pick up for anyone that staff does not recognize or know. Anyone, other that the parents/guardians, not listed below will NOT be allowed to pick up your child(ren) unless written permission form the parent/guardian is given to the camp director prior to pick up. Please keep in mind these rules are for the safety of your child(ren) and not meant to cause any inconvenience to anyone.

SACRED HEART CATHOLIC SCHOOL

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HEALTH INFORMATION

Your child's learning depends upon good health and regular school attendance. To assist the school in awareness of each student's health, please complete the following.

Allergies	YES / NO	To drugs, food, insects, pollen? Please list _____ Has this allergy caused emergency action in the past? _____
Asthma	YES / NO	Triggered by _____ Treatment _____ Diagnosed by Dr. _____ Date _____
Attention Concerns (ADHD or ADD)	YES / NO	List any Medications _____
Diabetes	YES / NO	Takes Insulin _____
Epilepsy/Seizures	YES / NO	Type of Seizure _____ Date of Last _____ Medication _____
Heart Condition	YES / NO	Describe _____ Physical Restriction _____ Medications _____
Kidney Disease	YES / NO	Describe _____
Bone or Joint Problems	YES / NO	Describe _____ Any physical restrictions? _____
Eye Problems	YES / NO	Glasses? _____ Contacts? _____ Lazy Eye? _____
Ear Problems	YES / NO	Frequent infections? _____ Tubes? _____ Hearing Loss? RT / LT. Hearing Aid? _____
Serious Injuries/Illnesses	YES / NO	Describe _____
Surgeries/Hospitalizations	YES / NO	Describe _____
Developmental Concerns	YES / NO	Physical/Motor? _____ Speech/Language? _____
Other Health Concerns	YES / NO	Describe _____

Medications

Will your child require medication during school hours? YES / NO

Medication Name _____ Dosage _____

Medical Procedures/Attention

Will your child require any specialized medical procedures/attention during school hours? YES / NO

Has your child received any of the following special education services in the past?

Speech/Language	YES / NO	Physical/Occupational Therapy	YES / NO
Learning Difficulties	YES / NO	Behavior/Emotional	YES / NO
Reading	YES / NO		

Signature of Parent/Legal Guardian _____ Date _____

SACRED HEART CATHOLIC SCHOOL

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MEDICAL INFORMATION

I, as a parent or legal guardian of the above mentioned minor child, hereby give my consent to emergency medical treatment in the event of accident, injury, sickness or other event of an emergency nature which would require immediate treatment of the above stated child. I understand that Sacred Heart Catholic School will notify me as so as possible of its actions with regard to such treatment, and that Sacred Heart Catholic School will attempt to reach me prior to such treatment if circumstances permit.

I hereby release Sacred Heart Catholic School and its employees, including faculty, staff, volunteer staff and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical or dental treatment of the above listed child, pursuant to this release, except liability for bad faith in the exercise thereof.

I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical practice, and I have listed hereunder any limitations thereto with respect to same concerning the above listed child. *(Such as prohibitions to treatment, specific allergies, drugs, etc.)*

Please note: Parent/Guardians will be notified immediately in the event of an emergency situation.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____ / _____ / _____

MEDICAL AUTHORIZATION FORM

Should _____, _____/_____/ _____, suffer an injury or illness while in
(child's name) (DOB)
The care of Sacred Heart Catholic School/Summer Camp, and if Sacred Heart Catholic School/Summer Camp is unable to contact the parent(s) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. The parent(s) informed of any incidents requiring professional medical attention involving the child.

Parent/Guardian Signature _____ Date _____ / _____ / _____

Physician Name _____ Phone # _____

Physician Address _____

Insurance Company _____ Policy Holder _____

Policy # _____ Group # _____

In the event of a medical emergency, the 911 center will be contacted and an ambulance dispatched to transport camper to Houston Medical Center, 1600 Watson Blvd, Warner Robins, GA 31088, Phone # 478-922-4281.

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SUMMER CAMP 2021

LIABILITY AND PARENTAL AGREEMENTS

Parental Agreement Form

1. Sacred Heart Catholic School agrees to provide summer camp for _____.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s)/guardian(s), those authorized by parent(s)/guardian(s), or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, such as telephone numbers, work location, emergency contacts, child's physician, child's health status/immunization records and persons authorized to pick up my child from the summer program.
4. The summer camp staff agrees to keep parent/guardian informed of any incidents including illness, injuries, and exposure to communicable diseases that affect my child.
5. I acknowledge & agree to sign COVID-19 waiver and hereby release Sacred Heart Catholic School Summer Camp from any liability for the above listed camper.

Liability Waiver

Liability Waiver: Full precautions/measures will be taken to ensure the safety of your child and that your child will be supervised by the staff/camp volunteers during the week(s) of the program. The parent/guardian acknowledges and agrees that there is the possibility of physical risk and/or injury associated with your child's participation in Summer Camp. You hereby release, discharge Sacred Heart Catholic School Summer Camp, its affiliated organizations, contractors, employees, and associated personnel, against any and all claims, liabilities and/or damages as a result of your child's participation in the camp.

In understand all information in the enclosed packet and agree to all regulations and policies set forth.

General Permission

I hereby give my child permission to participate in any camp sponsored activity. This may be in the form of tours, field trips, and walks to the park, sports activities or other educational excursions. Since the activities will be publicized in advance, I realize I have the privilege to withdraw this permission in writing. Additional paper work will be required for field trips.

I have read the Parent Agreement Form. I understand that my enclosed deposit is non-refundable and non-transferable. I understand that the weekly payment plan payments are due by 9:00am on the Monday of the week of attendance.

Additional General Information

All campers will need to bring an afternoon snack/drink, lunch/drink (should they prefer a home lunch), see-through water bottle with water, sunscreen, and a change of clothes daily regardless of the activity scheduled. If weather permits, children will have outdoor water fun 2 days a week. Please send appropriate attire and a clean towel. Please do not send your child in clothes that you do not want them to get dirty.

Print Name _____ Date _____

Parent/Guardian Signature _____

DEPARTMENT of CATHOLIC EDUCATION
Office of Catholic Schools
2170 E. Victory Drive
Savannah, GA 31404
912-201-4121
CatholicEducationGA.org

STATEMENT OF UNDERSTANDING,
CONSENT FORM AND LIABILITY WAIVER FOR STUDENTS

SCHOOL: _____

FAMILY NAME: _____

STUDENT(S): _____ _____

_____ _____

_____ _____

LEGAL PARENTS/GUARDIANS: _____

COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume school activities, social distancing and other essential safety measures at the Catholic School named above ("School") have been established. The School has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at School and School activities. Even with implementation of safety protocols, the School cannot guarantee that you or your child(ren) will not become infected with COVID-19 and attendance and School and/or participation in School-related activities, including but not limited to sports, clubs, meetings and group settings could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or working at school, and/or by participating in school-related activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/we understand that the risk of becoming exposed to or infected by COVID-19 at the above named School may result from the actions, omissions, or negligence of myself/ourselves and others, including, but not limited to School employees, volunteers, and program participants and their families.

I/we further agree on behalf of myself/ourselves, my/our child (student) named herein, and my/our heirs, successors, and assigns, to absolutely release, defend, indemnify, and hold harmless the named School (and associated parishes), principals, teachers, diocesan superintendent of education, canonical administrator(s), and the Catholic Diocese of Savannah, Georgia, and its priests, bishops, members, directors, officers, employees, attorneys, agents and representatives ("Indemnitees") associated with the School and arising from or in connection with any alleged negligent acts or omissions of the Indemnitees, from any and all claims and causes of action in any way related to attendance or working at the School, including but not limited to any claims of negligent exposure.

By execution of this Statement, I affirm that I have read the following questions:

1. Have you had a fever as defined by the Georgia Department of Health during the past 24 hours?
2. Have you had a new or unexpected cough during the past 7 days?
3. Have you exhibited any of the number of symptoms published by the Georgia Department of Health as consistent with a COVID-19 diagnosis?
4. Have you been around anyone exhibiting these symptoms within the past 14 days?
5. Are you living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?
6. Have you travelled to any geographic location known to have a high level of COVID-19 cases – also known as a "hot spot" in the last 14 days?

By execution of this Statement, I affirm that I have read the foregoing questions, and, on my child's behalf, affirm that my answer is "No" to each of the foregoing questions. I understand that if my answer to any of the foregoing questions on any given school day is "Yes," my child is not permitted to attend School.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by School staff and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School and School staff to call 9-1-1 and have my child transported to a hospital or healthcare facility. I further understand and affirm that the School and School staff have discretion to determine whether a student is ill, or potentially contagious, and whether it is in the best interests of the student, student body, teachers, and School staff, to mandate that a child/student be picked up from school at the time of that determination and to not return to school until the student has been cleared by a medical doctor to do so.

I further understand that, in the event that my child contracts COVID-19, my child will need to be quarantined as directed by the Centers for Disease Control and Prevention ("CDC").

I understand that staff members and students may not return to School until they have met the CDC's criteria to discontinue home isolation:

A. If a sick staff member or student suspects or knows they had COVID-19, and had symptoms, they may return to School after:
   1. 3 days with no fever and
   2. Symptoms improved and
   3. 10 days since symptoms first appeared; or
   4. a negative COVID 19 report or doctor's note of release to return to school

Depending upon a student or staff member's healthcare provider's advice and availability of testing, they might get tested to see if they still have COVID-19. If tested, they may return to school when they have no fever, symptoms have improved, and they receive two negative test results in a row, at least 24 hours apart.

B. If a sick staff member or student tested positive for COVID-19 but had no symptoms, and continue to have no symptoms, that sick staff member or student may return to school after:
   1. 10 days have passed since test

Depending upon a staff member or student's healthcare provider's advice and availability of testing, they might get tested to see if they still have COVID-19. If tested, they may return to school after they receive two negative test results in a row, at least 24 hours apart.

If a staff member or student has a weakened immune system (immunocompromised) due to a health condition or medication, additional precautions may need to be taken. People with conditions that weaken their immune system might need to stay home longer than 10 days. Students and Staff Members are encouraged to contact their personal healthcare provider for more information. If testing is available, it may be recommended by a healthcare provider. A student or staff member may return to School after they receive two negative test results in a row, at least 24 hours apart.

If testing is not available in the area, the student or staff member's doctor should work with an infectious disease expert at the local health department to determine if they are likely to spread COVID-19 to others and need to stay home longer.

C. For Anyone Who Has Been Around a Person with COVID-19

I understand that anyone who has close contact with someone with COVID-19 may need to quarantine for 14 days as outlined by the CDC before returning to school.

I understand and hereby authorize the School to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Savannah, Georgia, by the Office of Catholic Schools of the Diocese of Savannah, Georgia or by the Principal of the School. I further understand that, in the event that it becomes necessary that classes should be administered via distance learning, I will not be entitled to a refund of any of my tuition fees.

By execution of this Statement, I understand and agree to the foregoing terms and conditions.

Legal Parent/Guardian Signature: _____

Date: _____

Legal Parent/Guardian Signature: _____

Date: _____