



2019 Saint Theresa Catholic School Summer STEM CAMP

Date: June 3rd - June 7th, 2019

Time: 9AM-3PM

Location: Saint Theresa School pickup and drop off by (South) 2nd grade doors.

Lunch will NOT be provided. A morning and afternoon snack will be provided. Student must bring lunch.

Cost: \$225

Little MAKERS Camp (K-4):

Minimum of 6 Enrolled to have Camp

Morning Makerspace Art with Mrs. Duff

Students will be using different tools and methods to create!

Activities will include some favorites from last year's camp as well as many new ones. This is a make-and-take camp!

Afternoon Animal Adventures with Ms. Logan

Students will build an egg tower to discover why eggs are dome shaped. They will construct models of magnificent animals with super survival powers. Students will read, write, and discover more about God's beautiful plan for the animal kingdom.

Skilled STEMsters Camp (5-8):

Morning Coding and Robotics with Mrs. Schauls

Teacher guided coding lessons with the Code.org curriculum and robotics challenges with Lego Mindstorm robots. Learn. Code. Build!!!

Afternoon Solar Oven Cooking with Mrs. Stevens

Students are introduced to the concepts of thermal insulators and thermal conductors, then they test different materials to find the best insulators. They consider the life cycle and environmental impacts of each insulator, then design and test their solar ovens and do some solar cooking.

****Saint Theresa Students will have first registration spots until May 1st -**

Questions? Contact Jennifer Schauls - jschauls@sainttheresaiowa.org

Camper Name: _____ STCS STEM Summer Camp Registration Form Grade: _____

This year we are offering STEM camp the week of June 3rd – 7th. Camps this year are offered for FULL days (9AM-3PM) including 2 different themes. STEM Camp teachers will supervise during lunch break from 11:45-12:15 each day. (Students bring their own sack lunch each day, a morning and afternoon snack will be provided). One week of camp is \$225. This includes all materials used during camps.

Please check the name of the camp that you want to enroll in (please fill out separate forms for each student)

_____ Little Makers Camp: (Incoming K-4 students) with Mrs. Duff and Ms. Logan

_____ Skilled STEMsters Camp: (Incoming 5-8 students) with Mrs. Schauls and Mrs. Stevens

Child

First _____ Middle _____ Last _____ Gender: Male _____ Female _____
School Name _____ Grade _____ Birth date ____ / ____ / ____ Grade Fall 2019 _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Camper Name: _____ STCS STEM Summer Camp Registration Form Grade: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the St. Theresa Catholic School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

**Camp Fee - \$225 per week per student, Please make checks out to St. Theresa Catholic School
Terms of Agreement, Photo Release**

I hereby give permission for my child to be photographed during the **STCS STEM Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of St. Theresa Catholic School.

Parent's/Guardian's Initials _____

St. Theresa Catholic School and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____