

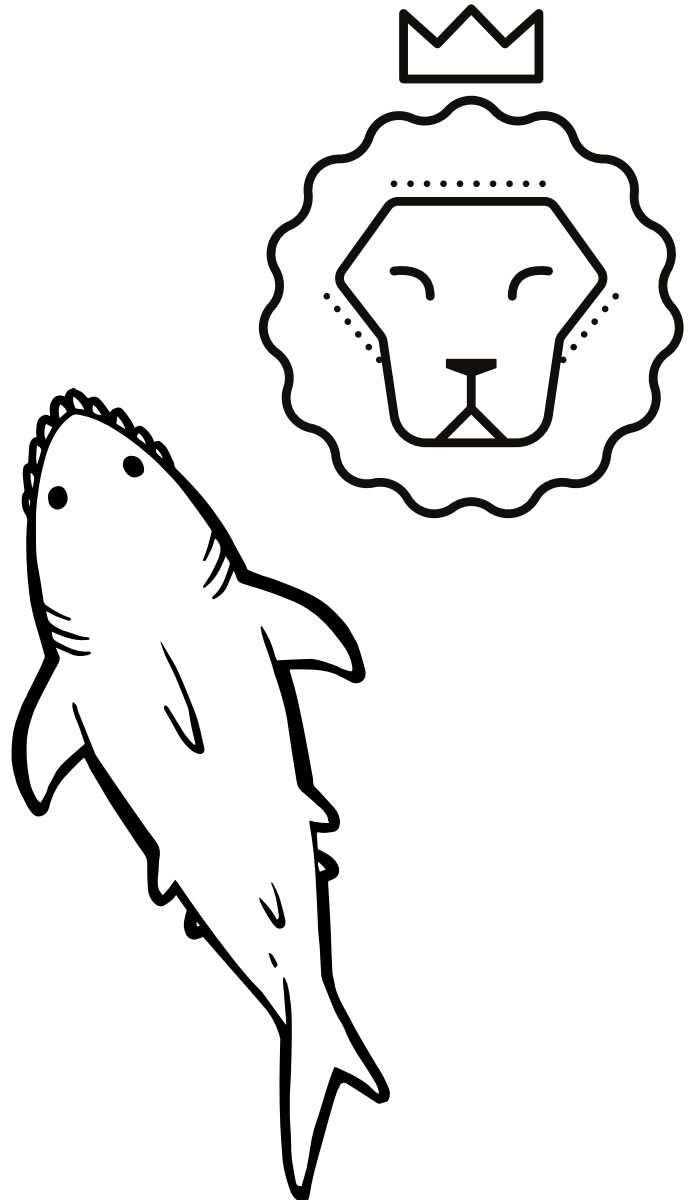
# LINCOLN-SHIMEK SUMMER CAMP

## 2021 Registration Packet

Within this packet you will find the 2021 Calendar,  
Registration and Payment Form, Emergency Medical  
Information Form, Physical Form, and the Emergency  
Contact Form

### Important Points

- CAMP OPENS AT 7:30 AM AND CLOSSES AT 5:30 PM DAILY
- IN ORDER FOR YOUR CHILD OR CHILDREN TO ATTEND CAMP ON THEIR FIRST DAY WE MUST HAVE ALL OF THE FORMS IN THIS PACKET COMPLETED
- REGISTRATION MUST BE DONE AT LEAST 1 WEEK IN ADVANCE, LAST MINUTE REGISTRATION IS NOT AVAILABLE
- EVERYDAY EACH CHILD WILL NEED A COLD LUNCH, A WATER BOTTLE, MASK AND SUNSCREEN
- FOLLOW US ON INSTAGRAM (@LINCOLN\_BASP) OR BROWSE OUR WEBSITE (LINCOLN-BASP.ORG) FOR UPDATES AND MORE INFORMATION!



# CAMPER'S NAME: \_\_\_\_\_

\*IF YOU HAVE MORE THAN ONE CHILD PLEASE FILL OUT A FORM FOR EACH\*

**TO START:** REVIEW OUR ATTACHED 2021 CALENDAR

**STEP 1:** PLEASE NUMBER YOUR REQUESTED WEEKS STARTING WITH YOUR MOST PREFERRED WEEK (#1)

*\*ALTHOUGH UNLIKELY, FIELD TRIP DATES AND DESTINATIONS MAY CHANGE\**

\*\*We will save your first four preferred weeks and waitlist the remaining weeks. If we have remaining spots open you will be notified\*\*

**WEEK 1 ( 6 / 14 - 6 / 18 )**

**WEEK 2 ( 6 / 21 - 6 / 25 )**

**WEEK 3 ( 6 / 28 - 7 / 2 )**

**WEEK 4 ( 7 / 5 - 7 / 9 )**

**WEEK 5 ( 7 / 12 - 7 / 16 )**

**WEEK 6 ( 7 / 19 - 7 / 23 )**

**WEEK 7 ( 7 / 26 - 7 / 30 )**

**WEEK 8 ( 8 / 2 - 8 / 6 )**

**WEEK 9 ( 8 / 9 - 8 / 13 )**

For Staff  
Use Only

1

2

3

4

5

6

7

8

9

**Step 2:** Designate whether the initial payment will be Full or Half

\*At least half of the tuition is due by the first day your child arrives at camp, the other half due before their last week\*

Full Tuition Initially

Half Tuition Initially

**Step 3:** Calculate your Initial Tuition Payment

If paying full initially:

$$\$300 \times \frac{\text{_____}}{(\# \text{ of weeks})} = \frac{\text{_____}}{(\text{Total})}$$

If paying half initially:

$$\$150 \times \frac{\text{_____}}{(\# \text{ of weeks})} = \frac{\text{_____}}{(\text{Total})}$$

\*Unfortunately, we cannot accept payment that falls outside of these figures. If you opt to pay half initially, please only submit a second payment once it is the complete remaining amount\*

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# Lincoln-Shimek Summer Camp

2021: In-person with Field Trips

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Camp Hours:

7:30 a.m. - 5:30 p.m.

Contact Info:

319-430-4196

[lincolnbasp@gmail.com](mailto:lincolnbasp@gmail.com)



Calendar May

Change

# June 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b> Quiz Week	14. Splash Pad + Delivery Day • Swimsuit • Towel	15. City Park Picnic -At camp by: 10:00	16. Bookmobile (Future Career Dress-up Day) • Library Card	17. Blank Park Zoo -At camp by: 8:00 Will Need: • Optional \$	18. Penpal Project
<b>Week 2</b> Broadway is BACK	21. Splash Pad + Delivery Day • Swimsuit • Towel	22. Scavenger Hunt -At camp by: 12:00	23. Bookmobile (Crazy Sock Day) • Library Card	24. Mississippi River Museum At camp by: 8:30 Will Need: • Optional \$	25. Englert -- Camp Play
<b>Week 3</b> Olympics	28. Splash Pad + Delivery Day • Swimsuit • Towel	29. Sugar Bottom At camp by: 10:00 Will Need: • Swimsuit • Towel • Hat	30. Bookmobile (Wacky Hair Day) • Library Card	1. Adventureland At camp by: 7:30 Will Need: • Swimsuit • Towel • Optional \$	2. Camp City

Calendar May  
Change

# July 2021

<p><b>Week 4</b> Avatar the Last Airbender</p>	<p>5. Splash Pad + Delivery Day</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	<p>6. Raptor Center and Macbride</p> <p><u>At camp by:</u> 10:00</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> <li>• Hat</li> </ul>	<p>7. Camp Prom (Ned Ashton House)</p> <ul style="list-style-type: none"> <li>• Dressy Attire</li> </ul>	<p>8. Living History Farms</p> <p><u>At camp by:</u> 8:00</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Hat</li> <li>• Optional \$</li> </ul>	<p>9. Movie Friday</p> <ul style="list-style-type: none"> <li>• Comfy Clothes / Pajamas</li> </ul>
<p><b>Week 5</b> Film Fest</p>	<p>12. Splash Pad + Delivery Day</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	<p>13. Wellman Roller Skating</p> <p><u>At camp by:</u> 9:30</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Socks</li> </ul>	<p>14. Bookmobile (Twin / Duos Day)</p> <ul style="list-style-type: none"> <li>• Library Card</li> </ul>	<p>15. Putnam</p> <p><u>At camp by:</u> 8:30</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Optional \$</li> </ul>	<p>16. Renaissance Fair + Mystery</p> <ul style="list-style-type: none"> <li>• Costume (optional)</li> </ul>
<p><b>Week 6</b> All Kinds of Arts and Crafts</p>	<p>19. Splash Pad + Delivery Day</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	<p>20. Backbone State Park</p> <p><u>At camp by:</u> 8:30</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Hat</li> </ul>	<p>21. Bookmobile (Staff Look-a-like Day)</p> <ul style="list-style-type: none"> <li>• Library Card</li> </ul>	<p>22. Maquoketa Caves</p> <p><u>At camp by:</u> 8:30</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Entire change of clothes</li> </ul>	<p>23. Paint Fight</p> <ul style="list-style-type: none"> <li>• Paint Clothes (can be ruined)</li> </ul>
<p><b>Week 7</b> Survivor + Little Things</p>	<p>26. Splash Pad + Delivery Day</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	<p>27. Terry Trueblood (wheels day)</p> <p><u>At camp by:</u> 11:00</p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Hat</li> </ul>	<p>28. Bookmobile (Team Color Day)</p> <ul style="list-style-type: none"> <li>• Library Card</li> </ul>	<p>29. TBD</p> <p><u>At camp by:</u></p> <p>Will Need:</p> <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	<p>30. Cardboard Castle</p>

Calendar May

Change

# August 2021

<b>Week 8</b> Camp City	2. Splash Pad + Delivery Day <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	3. 4-H Fair At camp by: 10:00 Will Need: <ul style="list-style-type: none"> <li>• Hat</li> </ul>	4. Bookmobile (Character Day) <ul style="list-style-type: none"> <li>• Library Card</li> </ul>	5. Fun City At camp by: 8:30 Will Need: <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> <li>• Optional \$</li> </ul>	6. Dog Show <ul style="list-style-type: none"> <li>• Stuffed Animal (Optional)</li> </ul>
<b>Week 9</b> Film Fest: The Finale	9. Splash Pad + Delivery Day <ul style="list-style-type: none"> <li>• Swimsuit</li> <li>• Towel</li> </ul>	10. Manchester Hatchery At camp by: 9:00 Will Need: <ul style="list-style-type: none"> <li>• Hat</li> </ul>	11. Bookmobile and Volunteering (Pajama Day) <ul style="list-style-type: none"> <li>• Library Card</li> </ul>	12. Des Moines Science Center At camp by: 8:00 Will Need: <ul style="list-style-type: none"> <li>• Optional \$</li> </ul>	13. Film Festival <ul style="list-style-type: none"> <li>• Red Carpet Clothes</li> </ul> *Drive-In starts at 8:30 p.m.*

\*The first day of school is the 23rd of August\*

Calendar May  
Change

# 2021 Summer Registration Packet

## Lincoln BASP Emergency Contact and Release Form

Child's Full Name: \_\_\_\_\_

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: \_\_\_\_\_

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

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Please fill out completely (choose answer from dropdown):

I consent \_\_\_\_\_ for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I consent \_\_\_\_\_ for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I consent \_\_\_\_\_ for my child to attend non-center activities. My child will attend the following non-center activities.

I consent \_\_\_\_\_ for sun block to be applied to my child's skin. If you have a sun screen preference, you must provide it with the child's name written on the container using a permanent marker. Please indicate the preferred sun screen (if applicable): \_\_\_\_\_

I consent \_\_\_\_\_ for my child's picture to be taken.

I consent \_\_\_\_\_ for my child to be videotaped.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_



# 2021 Summer Registration Packet

## School-Age Assessment & Health Form & Immunization Declaration

### 1. Health Statement

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at the time):

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2. Any special health-related needs of child (allergies, medications, injuries, etc.):

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### 2. Physical Assessment

1. Is there any defect of vision, hearing or speech of which Lincoln BASP should be aware, or could compensate by appropriate action?

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2. Is this child subject to any conditions that limit classroom activities or physical education?

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3. Is this child subject to any condition that may result in an emergency situation?

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4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

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Other Information: \_\_\_\_\_

Note: My signature certifies that immunization information for my child has been provided and is on file at Lincoln Elementary School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2021 Summer Registration Packet

## LINCOLN BASP

### Emergency Medical Treatment Authorization/Consent Form

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

I, \_\_\_\_\_ parent or guardian of the child named above, give my permission to Lincoln Elementary Before and After School Program (LBASP), to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the LBASP's supervision. I also authorize LBASP to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case of emergency. Please provide the following information to help us facilitate the care of your child should the need arise.

Please fill out completely

Name of Parent or Legal Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Medications (Please list all medications presently taking): \_\_\_\_\_

Child's last physical examination: \_\_\_\_\_

Known allergies: \_\_\_\_\_

If your child's religious affiliation is contrary to medical treatment of immunization requirements, you have provided the center a notarized statement on (date): \_\_\_\_\_