

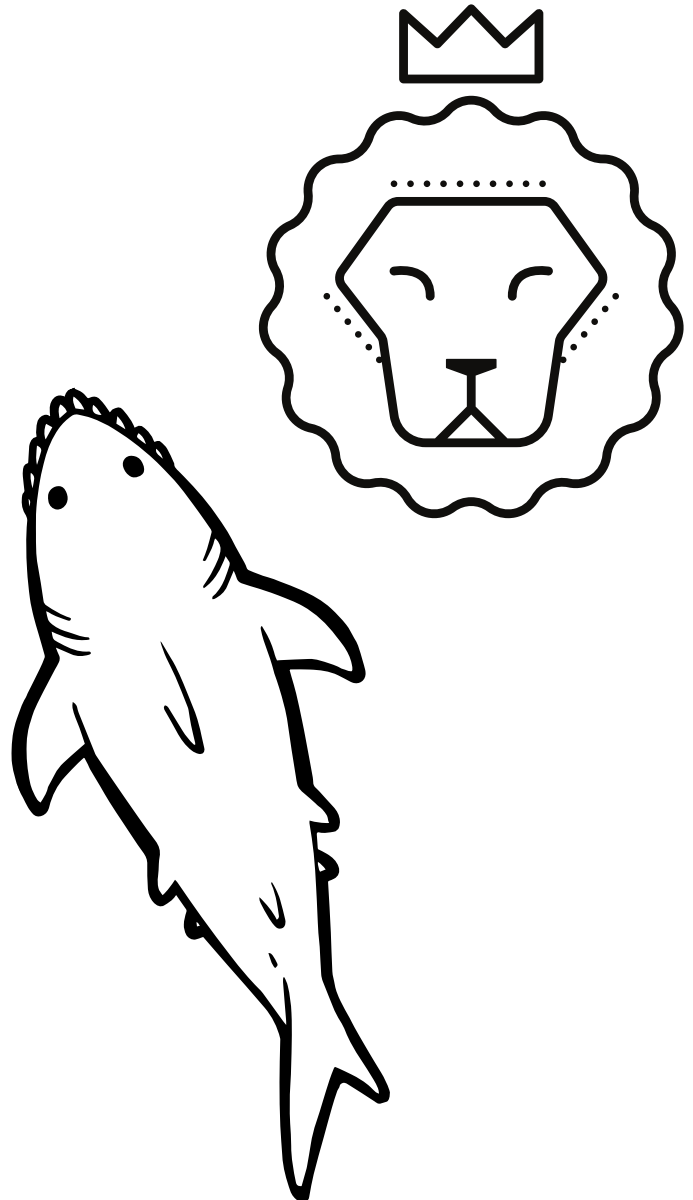
LINCOLN-SHIMEK SUMMER CAMP

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)**~~ *Full*

☐ **WEEK 7 (7 / 26 - 7 / 30)**

☐ **WEEK 8 (8 / 2 - 8 / 6)**

☐ ~~**WEEK 9 (8 / 9 - 8 / 13)**~~ *Full*

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:

$$\begin{array}{rcccl} \$300 & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ & & (\# \text{ of weeks}) & & (\text{Total}) \end{array}$$

If paying half initially:

$$\begin{array}{rcccl} \$150 & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ & & (\# \text{ of weeks}) & & (\text{Total}) \end{array}$$

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

Lincoln-Shimek Summer Camp

2021: In-person with Field Trips



Camp Hours:

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

Contact Info:

319-430-4196

lincolnbasp@gmail.com

Calendar May

Change

June 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 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
Week 2 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
Week 3 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

Week 4 Avatar the Last Airbender	5. Splash Pad + Delivery Day • Swimsuit • Towel	6. Raptor Center and Macbride <u>At camp by:</u> 10:00 <u>Will Need:</u> • Swimsuit • Towel • Hat	7. Camp Prom (Ned Ashton House) • Dressy Attire	8. Living History Farms <u>At camp by:</u> 8:00 <u>Will Need:</u> • Hat • Optional \$	9. Movie Friday • Comfy Clothes / Pajamas
Week 5 Film Fest	12. Splash Pad + Delivery Day • Swimsuit • Towel	13. Wellman Roller Skating <u>At camp by:</u> 9:30 <u>Will Need:</u> • Socks	14. Bookmobile (Twin / Duos Day) • Library Card	15. Putnam + Little Mississippi <u>At camp by:</u> 8:30 <u>Will Need:</u> • Towel • Change of Clothes • Optional \$	16. Renaissance Fair + Mystery • Costume (optional)
Week 6 All Kinds of Arts and Crafts	19. Splash Pad + Delivery Day • Swimsuit • Towel	20. Backbone State Park <u>At camp by:</u> 8:30 <u>Will Need:</u> • Hat	21. Bookmobile (Staff Look-a-like Day) • Library Card	22. Maquoketa Caves <u>At camp by:</u> 8:30 <u>Will Need:</u> • Entire change of clothes	23. Paint Fight • Paint Clothes (can be ruined)
Week 7 Survivor + Little Things	26. Nature Center <u>At camp by:</u> <u>Will Need:</u> • Hat	27. Terry Trueblood (wheels day) <u>At camp by:</u> 11:00 <u>Will Need:</u> • Hat	28. Bookmobile (Team Color Day) • Library Card	29. Splash Pad <u>At camp by:</u> <u>Will Need:</u> • Swimsuit • Towel	30. Cardboard Castle

Calendar May
Change

August 2021

Week 8 Camp City	2. Splash Pad + Delivery Day • Swimsuit • Towel	3. 4-H Fair <u>At camp by:</u> 10:00 <u>Will Need:</u> • Hat	4. Bookmobile (Character Day) • Library Card	5. Burlington Art Center <u>At camp by:</u> 8:30	6. Dog Show • Stuffed Animal (Optional)
Week 9 Film Fest: The Finale	9. Splash Pad + Delivery Day • Swimsuit • Towel	10. Usher's Ferry <u>At camp by:</u> 9:00 <u>Will Need:</u> • Hat	11. Bookmobile and Volunteering (Pajama Day) • Library Card	12. Des Moines Science Center <u>At camp by:</u> 8:00 <u>Will Need:</u> • Optional \$	13. Film Festival • Red Carpet Clothes *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):

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

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?

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

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

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

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): _____