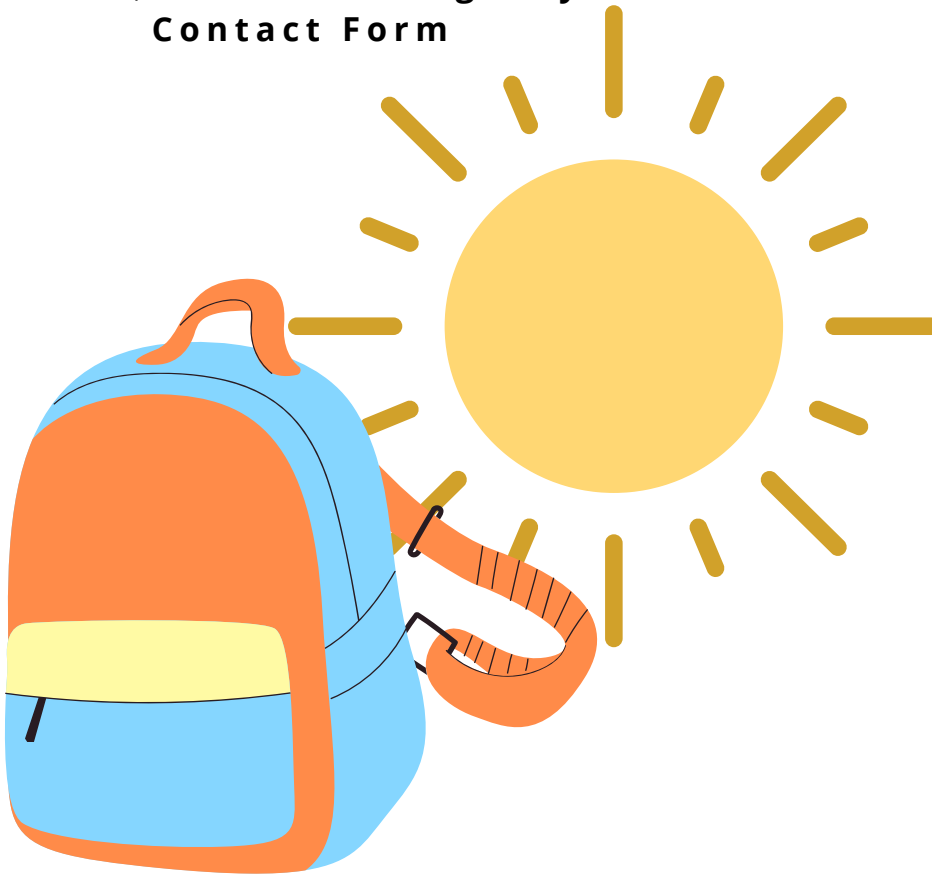


# LINCOLN-SHIMEK SUMMER CAMP

## 2022 Registration Packet

Within this packet you will find the **2022 Calendar, Registration and Payment Form, Emergency Medical Information Form, Physical Form, and the Emergency Contact Form**



Please complete the registration packet and return to Lincoln BASP or [lincolnbasp@gmail.com](mailto:lincolnbasp@gmail.com)

### 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 2022 CALENDAR

**STEP 1:** PLEASE 'X' THE WEEKS YOU'RE REQUESTING

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

☐ **WEEK 1 ( 6 / 6 - 6 / 10 )**

☐ **WEEK 2 ( 6 / 13 - 6 / 17 )**

☐ **WEEK 3 ( 6 / 20 - 6 / 24 )**

☐ **WEEK 4 ( 6 / 27 - 7 / 1 )**

☐ **WEEK 5 ( 7 / 5 - 7 / 8 )**

☐ **WEEK 6 ( 7 / 11 - 7 / 15 )**

☐ **WEEK 7 ( 7 / 18 - 7 / 22 )**

☐ **WEEK 8 ( 7 / 25 - 7 / 29 )**

☐ **WEEK 9 ( 8 / 1 - 8 / 5 )**

☐ **WEEK 10 ( 8 / 8 - 8 - 12 )**

For Staff  
Use Only

1

2

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10

**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:

$$\$260 \times \frac{\text{_____}}{(\# \text{ of weeks})} = \frac{\text{_____}}{(\text{Total})}$$

If paying half initially:

$$\$130 \times \frac{\text{_____}}{(\# \text{ of weeks})} = \frac{\text{_____}}{(\text{Total})}$$

\*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\*

**Step 4:** What size t-shirt does your camper wear?

\*All campers will get a shirt this year. There is no extra charge\*

☐ Youth Small

☐ Youth Medium

☐ Adult Small

☐ Adult Medium

# Lincoln Shimek Summer Camp

## 2022 Daily Necessities

- Water Bottle
- Sunscreen
- Lunch
- Mask



Camp Hours

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

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


319-430-4196

Calendar May  
Change

# June

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b> <b>Avatar</b> <b>Week</b>	6. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	7. <u>Terry Trueblood Nature Park</u> • Hat • Scooter/Skate board/wheels (optional) <i>At school by: 10</i>	8. <u>Bookmobile</u> (Monochrome Day) • Library Card	9. <u>Niabi Zoo and Putnam Science Museum</u> • Hat • Optional \$ <i>At school by: 8:30</i>	10. <u>City Park Picnic</u> • Walking Shoes • Hat  <i>At school by: 11</i>
<b>Week 2</b> <b>Olympics</b> <b>Week</b>	13. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	14. <u>Kent Park Beach</u> • Swimsuit • Towel <i>At school by: 10</i>	15. <u>Bookmobile</u> (Twin Day) • Library Card	16. <u>Adventureland</u> • Swimsuit • Towel • Optional \$ <i>At school by: 8</i>	17. <u>North Liberty Pool</u> • Swimsuit • Towel • Goggles <i>At School by: 12</i>
<b>Week 3</b> <b>The Play</b>	20. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	21. <u>Ice Skating and Mall Scavenger Hunt</u> • Socks  <i>At school by: 9</i>	22. <u>Bookmobile</u> (Senior Citizen Day) • Library Card	23. <u>Maquoketa Caves State Park</u> • Full Change of Clothes • Flashlight <i>At school by: 8:30</i>	24. <u>The Englert</u> • Play Props (optional)  <i>At school by: 10</i>
<b>Week 4</b> <b>Survivor</b> <b>Week</b>	27. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	28. <u>Animal Sanctuary and Kalona Cheese</u> • Hat • Optional \$ <i>At school by: 10</i>	29. <u>Renaissance Feast</u> • Library Card • Peasant Clothes (optional)	30. <u>Jester Park and DM Botanical Garden</u> • Swimsuit • Towel <i>At school by: 8</i>	1. <u>North Liberty Pool</u> • Swimsuit • Towel • Goggles <i>At School by: 12</i>

# July

<b>Week 5</b> <b>Film Fest</b>	4. NO CAMP 	5. <u>Manchester Hatchery</u> • Hat <i>At school by: 9</i>	6. <u>Bookmobile</u> (Wacky Wednesday) • Library Card	7. <u>Mississippi River Museum</u> • Hat • Optional \$ <i>At school by: 8:30</i>	8. <u>Filmscene Film Festival</u> • <u>Red Carpet Clothes</u> (optional) <i>At school by: 9:30</i>
<b>Week 6</b> <b>Camp City</b>	11. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	12. <u>Raptor Center and Macbride Beach</u> • Swimsuit • Towel <i>At school by: 10</i>	13. <u>Camp Prom</u> • Library Card • Prom Clothes (optional)	14. <u>Lost Island</u> • Swimsuit • Towel • Optional \$ <i>At school by: 8:30</i>	15. <u>Camp City</u> • City Store Supplies (optional) <i>At school by: 12</i>
<b>Week 7</b> <b>Fantasy Week</b>	18. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	19. <u>Wellman Rollerskating</u> • Socks • Optional \$ <i>At school by: 10:30</i>	20. <u>Bookmobile + Paint Fight</u> (Character Day) Need: • Library Card • Paint (ruinable) Clothes • Goggles	21. <u>Backbone State Park</u> • Swimsuit • Towel • Hiking Shoes <i>At school by: 8</i>	22. <u>North Liberty Pool</u> • Swimsuit • Towel • Goggles <i>At School by: 12</i>
<b>Week 8</b> <b>Camp-a-palooza</b>	25. <u>Clubs and Splash Pad</u> • Swimsuit • Towel ~Disco Theme~	26. <u>4-H Fair</u> • Hat • Optional \$ ~Spooky Tuesday~ <i>At school by: 10</i>	27. <u>Bookmobile</u> (Senior Citizen Day) • Library Card ~Neon Day~	28. <u>Living History Farms</u> • Hat ~Jazz~ <i>At school by: 8</i>	29. <u>Splash Pad Foam Party</u> • Swimsuit • Towel ~All Time Bops~ <i>At school by: 10</i>

# August

<b>Week 9</b> <b>The Heist</b>	1. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	2. <u>Sugar Bottom</u> • Swimsuit • Towel  <i>At school by: 10</i>	3. <u>Bookmobile</u> (Staff Look-alike) • Library Card	4. <u>DM Science Center</u> • Optional \$  <i>At school by: 8</i>	5. <u>North Liberty Pool</u> • Swimsuit • Towel • Goggles <i>At School by: 12</i>
<b>Week 10</b> <b>Film Fest</b>	8. <u>Clubs and Splash Pad</u> • Swimsuit • Towel	9. <u>City Park Picnic and Volleyball</u> • Hat  <i>At school by: 10</i>	10. <u>Bookmobile</u> (Pajama Day) • Library Card	11. <u>Volunteer Day</u> • A Helpful Spirit  <i>At school by: 10</i>	12. <u>Sugar Bottom</u> • Swimsuit • Towel  <i>At school by: 10</i>  <u>Drive-in Movie</u> <i>Hosted in the Lincoln Lower Parking Lot starting at 8:30 pm</i>

## 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): \_\_\_\_\_



## 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: \_\_\_\_\_

## 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: \_\_\_\_\_