



Little Flower Catholic School

Blooming Kids Summer Camp

Summer 2022 ~~ Meet Planet Earth

Spark your child's curiosity with Little Flower's enriching and affordable summer camp for children ages 3-10 years old.

- Children do not have to currently attend Little Flower Catholic School
- Full summer (6 weekly sessions) and individual weekly options M-F from 8 am-2 pm
- After camp care available from 2 pm-4 pm for an additional fee
- There is a \$25 non-refundable registration fee per family
- Registration is per week only
- Children must be fully potty trained
- Each child should bring their own lunches, snacks, and water bottles
- Full payment due at the time of registration
- Registration closes May 25th, 2021. Refunds are not available after that date*
- *Excludes COVID-19 quarantine
- Little Flower will follow all current St. Louis County COVID-19 guidelines

Session Dates	Theme
Week 1 June 6--June 10	Where Are All the Dinosaurs?
Week 2 June 13-- June 17	Stones & Dirt: How Rocks Talk
Week 3 June 20--24	Wacky Weather
June 27-- July 8	No Summer Camp
Week 4 July 11--15	Blast Off! Space, Stars, & Planets
Week 5 July 18--22	Walk Like an Egyptian: Pyramids, Tombs, & Mummies
Week 6 July 25--29	Guess! Mystery Week

Submit your registration form to the Little Flower School office or via email to Catherine Jelttes at cjelttes@littleflowerstl.org. Make checks payable to **Little Flower School**.

In order to complete enrollment, full payment is due at the time of registration.*

*** Campers not currently enrolled as students at Little Flower Catholic School must include a copy of immunization records for each child with registration.**

Camp registration closes May 25, 2021.



Full 6 Week Camp Program June 6--July 29* \$900.00 x _____ = _____
**Early Registration Bonus: Register by 3/1* \$860.00 x _____ = _____

After Camp Care Package \$325.00 x _____ = _____

Weekly Camp Program \$155.00 per week*
**Early Registration Bonus: Register by 3/1 \$150.00 per week*

June 6 -- 10	Where Are All the Dinosaurs?	_____ # of Children	x _____ = _____
June 13 -- 17	Stones & Dirt: How Rocks Talk	_____ # of Children	x _____ = _____
June 20 -- 24	Wacky Weather	_____ # of Children	x _____ = _____
July 11 -- 15	Blast Off! Space, Stars, & Planets	_____ # of Children	x _____ = _____
July 18 -- 22	Walk Like an Egyptian: Pyramids, Tombs, & Mummies	_____ # of Children	x _____ = _____
July 25 -- 29	Guess! Mystery Week	_____ # of Children	x _____ = _____

After Camp Care (2:00-4:00) \$55.00 per week per child x _____ = _____

Registration Fee \$25.00

Total Amount Due _____

Child 1 Name _____ Age: _____ Birthday: _____

Child 2 Name _____ Age: _____ Birthday: _____

Child 3 Name _____ Age: _____ Birthday: _____

Parent/Guardian: _____ Primary Phone: _____

Address _____ Email _____

Parent/Guardian: _____ Primary Phone: _____

Allergies/Special instructions for my child

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Emergency Contact - *In case of an emergency, I give permission for my child to receive medical treatment.*

Name	Phone:
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Parent/Guardian Signature

Date



Please complete both sections.

Walking Field Trip Permission

I give my child/children _____

Print Child's/Children's Name(s)

permission to participate in walking field trips* with Little Flower Blooming Kids Summer Camp Program. These field trips may include but are not limited to walks around the neighborhood, walks to local parks (ie. AB Green, Highland Park, etc.) and Richmond Heights Memorial Library.

***Field trips may be limited due to COVID-19, dependent upon restrictions in place June/July 2022.**

Parent/Guardian Signature _____

Authorized Pick-Up

Please list below those individuals authorized to pick-up your child/children.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

5. Name: _____ Phone: _____



MEDIA AUTHORIZATION FORM

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

LEVELS OF AUTHORIZATION

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, The e-Vangelizer (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

FAMILY AUTHORIZATION (Please print clearly.)

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name (s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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