

2024

ONE FORM PER STUDENT

Student's Name		Student's Age
Parent's name		Student's grade for 2024-25
Address		
City/State/Zip		
Home Phone	Parent's Cell	S
Parent's Email		
Emergency contact	Name	Phone
Allergies		
Morning 9:00 ☐ Before 0 ☐ PreK 3/4 ☐ 1 st - 3 rd - ☐ 4 th - 8 th - ☐ 7 th - 8 th	Care 8-9 I-K – Art & Crafts with Mrs. Natanek - Science with Mrs. Johnson - Math with Mrs.De Bella – Jr. Counselor	\$160/week per student for both AM and PM classes. \$90/week per student for one class either AM or PM does NOT include lunch \$40/ per student Jr. Counselor (7-8th grade only or graduates) Before Care is \$30/week After Care is \$30/week
	Phonics with Mrs. MenottiWriting with Mrs. LoCascioJr. Counselor	CASHONLY Total Week 1 \$
	re 3-4 NO REFUND	,



2024

Total **Week 3** \$_____

WEE	E K 2 June 10 th – June 14 th	
Mor	ning 9:00-11:30am	
	Before Care 8-9	
	PreK 3/4 - K – Art & Crafts with Mrs. Natanek	· CH OMLY
	1 st – 3 rd – Art & Crafts with Mrs. Dana	CASHONLY
	4 th – 8 th - Spanish with Sra. Guzman	
	7 th – 8 th – Jr. Counselor	
Afte	rnoon 12:30-3:00	
	PreK 3/4 - K - Spanish with Sra. Guzman	NOREFUND
	$1^{st} - 3^{rd}$ – Phonics with Mrs. Menotti	EUND
	4 th – 8 th - Writing with Mrs. LoCascio	REI
	7 th – 8 th – Jr. Counselor	40.
	After Care 3-4	
		Total Week 2 \$
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	E K 3 June 17 th - June 21 st ning 9:00-11:30am	
	Before Care 8-9	" N
	PreK 3/4 – K - Science with Mrs. Johnson	CASHONLY
	1 st – 3 rd - Baking with Mrs. Karam	CHOLL
_	4 th – 8 th - Art & Crafts with Mrs. Dana 7 th – 8 th – Jr. Counselor	
☐ Afto	rnoon 12:30-3:00	
Arte	PreK 3/4 – K - Art & Crafts with Mrs. Natanek	
	1 st – 3 rd - Art & Crafts with Mrs. Dana	~1D
		NOREFUND
	4 th – 8 th - Baking with Mrs. Karam 7 th – 8 th – Jr. Counselor	OREI
		MO.
Ш	After Care 3-4	



After Care 3-4

SUMMER CAMP 2024

	D/ HdD14, 12	
WEE	K 4 June 24 th – 28 th	
Mor	ning 9:00-11:30am	
	Before Care 8-9	
	PreK 3/4-K - Spanish with Sra. Guzman	
	1 st - 3 rd - Art & Crafts with Mrs. Dana	-IND
	4 th – 8 th - Gardening with Mrs. Karam	REFU
	7 th – 8 th – Jr. Counselor	NO REFUND
Afte	rnoon 12:30-3:00	
	PreK 3/4-K – Sports with Mrs. Karam	
	1 st - 3 rd – Spanish with Sra. Guzman	
	4 th – 8 th - Art & Crafts with Mrs. Dana	
	7 th – 8 th – Jr. Counselor	
	After Care 3-4	
		Total Week 4 \$
WEE	E K 5 August 5 th – 9th	
Mor	ning 9:00-11:30am	
	Before Care 8-9	
	PreK 3/4-K - Spanish with Sra. Guzman	
	1 st - 3 rd - Spanish with Sra. Guzman	SIND
	4 th – 8 th - Science with Mrs. Karam	REFU
	7 th – 8 th – Jr. Counselor	NO REFUND
Afte	rnoon 12:30-3:00	•
	PreK 3/4-K – Sports with Mrs. Karam	
	1 st - 3 rd – Sports with Mrs. Karam	
	4 th – 8 th - Spanish with Sra. Guzman	
	7 th – 8 th – Jr. Counselor	

Total **Week 5** \$_____



Total Due for Camp \$	
Office Use Only	V.,.
Family Name:	CASHONLY
Total Paid	CHOL

No checks or credit cards will be accepted. Payment Due with Registration by Friday, May 3rd.

NO REFUND



Summer Camp Descriptions

Camp capacity: Minimum 5 campers, Maximum 15 campers.

Art and Crafts: Come explore the wonderful world of art and make a different art creation each day!

Baking: Student will use math skills to learn how to bake sweet and savory food. No experience needed!

Gardening: Students will learn how flowers and vegetables grow and are harvested. They will have hands-on experience in the Kingswood veggie patch.

Math: Students will practice math facts by playing games that include all four operations.

Number Sense: Use games and manipulatives to solidify your child's number sense and basic math facts.

Phonics: Students will love learning phonics through songs, games, and more! **Spanish:** Practice and increase vocabulary and communication skills through songs, games, and crafts! Older students will also be cooking different Mexican and Latin American foods.

Science: Up and ATOM! Discover your inner scientist. It all starts with a question. **Sports:** Students will practice a variety of sports while having fun with friends. **Writing:** Get creative and write a different story each day following the writing process beginning to end. The students will have a book of stories to bring home at the end of camp.

7th and 8th grade students can be a campers or Jr. Counselors.

Jr. Counselor: Jr. Counselors will be assigned to a teacher and will be paired with students of different grade levels as their leader. This will develop both leadership skills and develop responsibility. The Jr. Counselors can also earn service hours at camp.



Summer Camp Protocol

Drop-off and Pick-up Procedures

All campers will be dropped off at the back of the school by the playground.

They will be split into their camp group and then taken to their camp location of the day.

Please note: Drop off is **NOT** at the front office.

Parents/guardians MUST sign their child in and out of camp. The teachers will have sign-in sheets.

It is important to **be on time** for drop-off and pick-up each day.

Basic Information

The camps will be outside as much as possible.

Camp capacity: Minimum 5 campers, Maximum 15 campers.

Campers are encouraged to bring their own snacks to camp as snacks cannot be shared amongst friends. Each day there will be a short snack time for the campers to take a break and have something to eat.

All campers need to bring a water bottle.

All campers staying for the full day of lunch need to bring their own lunch, again *no sharing of lunches*. Hand washing will be encouraged throughout the day at camp with hand sanitizer and bathroom breaks. Campers should be dressed comfortably, wear gym shoes, and bring sunscreen if needed.

7th/8th graders can be a camper or a junior counselor.

Drop-off and Pick- up are at the back of the school by the playground.

All campers MUST be signed in and out. No exceptions.

Questions? Contact Mrs. Dana (office@kingswoodacademy.org)

Please complete the consent and authorization portion. Initial each section.



Sign and date the bottom of the page.

I hereby give my approval for my child's participation in any and all activities prepared by Kingswood Academy during the selected camp. In exchange for the acceptance of said child's candidacy by Kingswood Academy. I assume all risks and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Kingswood Academy. and all its respective officers, agents, and representatives from any and all liability for injuries to the said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Kingswood Academy, including all coaches, teachers, staff, and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include but are not limited to, the risk of fractures, paralysis, or death.

Parent/Guardian Initials

As Parent and/or Guardian of the named student, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Kingswood Academy. and its affiliates including Directors, Coaches, Teacher, Staff, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child in my absence.

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Parent/Guardian Initials				
Yes, I give permission for my child, to be photographed for promotional materials including vebsites, brochures, and social media.				
No, I DO NOT give permission for my child, to be photographed for promotional materials ncluding websites, brochures, and social media.				
signature of parent/guardian				
Date:	_			