

Blessed Trinity Summer Camp

5 SE 17th Street
Ocala, Florida 34471

Sumer Camp is part of the Blessed Trinity Stewardship Way of Life. Our mission is to provide Stewardship and Non-Stewardship families with a fun, safe, Catholic environment for their children during the summer.

We will also continue learning about what makes a good leader and improving their own leadership skills. They will look at good leaders and why they feel they are good leaders. They will take an active role in building their summer activities.

Dates: June 5th - July 21st

Ages: Entering Kindergarten in August through 7th grade.

Times: Morning care-6:30-8:00

Activities-8:00-4:00

Extended Care 4:00-6:00

Dates Closed: Monday, June 19th and Tuesday, July 4th

A limited number of campers will be accepted into camp per grade level as follows:

Kindergarten: 20

First Grade: 25

Second Grade: 25

Third Grade: 27

Fourth Grade: 27

Fifth thru Seventh Grade Girls: 30

Fifth thru Seventh Grade Boys: 30

An email will be sent confirming your registration was received on the Friday of each week until camp starts. Any family failing to pay the remaining registration fee by May 26th will forfeit their spot.

Lunch and afternoon snack will once again be provided by the Summer Food Service Program offered through Marion County Public Schools. This service is free of charge and available to all campers. Additional information will follow as soon as it becomes available.

Field trips will be available this summer. Information will be provided as we get closer to the start of camp. We are planning activities for the campers each day. A list will follow with additional items you can start putting aside for the summer.

We are looking forward to another fun-filled summer. If you have any questions, contact Kathy Watts at 352-843-9268 or email at kwatts@btschool.org.

Blessed Trinity Summer Camp

Financial Responsibilities

Summer camp is a part of Blessed Trinity Stewardship. This means that if you are a participating stewardship family, you will not be obligated to pay a weekly camp fee, only the initial registration fee. Stewardship will be verified at the time of registration. You will be notified if you are not considered a stewardship family. If you are unsure of your stewardship status, contact Sue Lanier, at the church office (slanier@blessedtrinity.org or 629-8092 ext. 3208), before turning in your registration forms. **Please note that activity fees are not included in your stewardship pledge or weekly fees.**

Stewardship families **MUST** be current with their stewardship. Families falling behind with their stewardship pledge will not be allowed to use Summer Camp under stewardship privileges. **Please be sure to include your envelope number on your registration form and the grade your child is entering in the Fall.**

Registration Fees

Registration fee is \$130.00 per child if registered by May 5th (\$25.00 deposit toward registration per child is due with forms, balance due by May 26th), \$140.00 starting May 6th. If you have 3 or more children attending camp, the registration fee is \$375.00 total if received by May 5th, \$420.00 starting May 6th. This fee is **NON-REFUNDABLE** and must be included with the registration form to hold your child's spot. **Registration forms are due in the church office by May 5th for early registration discount.** ***NO new registrations will be accepted the first day of camp. Registration MUST be in by May 26th to attend camp on June 5th. Any new registrations received after May 26th, provided there is still availability, will have to wait until June 7th to attend camp.***

Note: Checks or Money Orders should be made payable to Blessed Trinity Church, Write "Summer Camp" on memo line. Cash is accepted.

NO Credit or Debit Card payments are accepted.

Blessed Trinity Summer Camp 2023

Office Use Only
Stewardship Verified
Sue Lanier _____

Child's Name: _____ Grade Entering _____

Name: _____ Grade Entering _____

Name: _____ Grade Entering _____

***Are you a current BT stewardship parishioner?** _____ **Envelope #** _____

GUARDIAN INFORMATION

***Mother's name and address:** _____ **Email:** _____

_____ Home # _____

_____ Cell# _____

Employment _____ Work # _____

***Father's name and address:** _____ **Email:** _____

_____ Home# _____

_____ Cell # _____

Employment _____ **Work #** _____

***Emergency Information** Name of person or persons to contact if unable to reach either parent, also permitted to pick up your child/ren.

Name: _____ Name: _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Other # _____ Other # _____

Physician name and # _____

Any allergies _____

Daily Medication needed _____

Names of persons who are **authorized** to pick up your child from camp.

Blessed Trinity Summer Camp

Medical Information

Child's Name: _____

Parent/Guardian: _____

Allergies: _____

Chronic or Acute Illnesses: _____

Medication Presently Taking: _____

Other Facts We Should Know: _____

Doctor's Name: _____ Phone: _____

Name of Insurance Company insuring your child: _____

Group# _____ Identification # _____

Toll Free Number of Insurance Company: _____

Does your child have a medical condition that limits them in participating in any of the field trip activities?
_____ Yes _____ No

If yes, you must provide documentation from a physician advising of the limitations before your child may attend the field trip.

Does your child need to take medication while on the field trip? _____ Yes _____ No

If yes, you must provide a physician's note with adequate instructions for administering the medication and the medication must be in its original container marked with your child's name. In addition, please read the following paragraph and initial below:

I give my permission to the chaperones, volunteers, or other adult supervisors, to administer the above-referenced medication to my child, and I release and hold harmless **Blessed Trinity**, the Diocese of Orlando, and any of their religious, employees, teachers, volunteers, agents, and representatives from any injury or harm resulting from administering the medication.

Initial _____

I acknowledge that all of the information provided is true and correct and will only be disclosed to the chaperones, volunteers, or other adult supervisors attending the field trip and any medical providers needed.

Parent/Guardian Signature

Date

Blessed Trinity Summer Camp Discipline Policy 2023

All children must read and agree to abide by the following rules. A signed discipline agreement **must** be on file for every child. First offenses will be handled by the child's supervisor. When the supervisor feels it is necessary, the office will then intervene. When a child is sent to the office a note to the parents will automatically be given. After three notes home, the child will not be able to return to camp for 3 days. Severe offenses may make it necessary to send the child home immediately. Repeated offenses (more than three) or three suspensions will result in the child being sent home for the rest of camp. We are taking these measures to ensure a safe and pleasant summer for all. If a note, concerning your child, is sent home, either from his/her supervisor or the office, he/she will not be admitted back to camp until the note is signed and returned. The following is a list of infractions that will result in your child being sent home for the day or the rest of camp.

The following offenses are punishable by your child leaving camp for up to three days:

- Vandalism
- Stealing
- Using inappropriate language
- Physically hurting another camper /counselor
- Harassing other campers or counselors
- Physically or verbally threatening to do harm against a camper or staff member
- 3 notes sent home, concerning camp behavior

The following offenses are punishable by your child leaving camp for the summer:

- Second occurrence of any of the above offense
- Vandalism \
- Physical harm to another camper or staff member

I, _____ agree to follow all Blessed Trinity Summer Camp rules and regulations. At all times I will show respect to everyone associated with the camp. My parents/guardians and I have reviewed the camp's discipline policy and are aware of the consequences should I break any camp rules. I am also aware that I may not be allowed to participate in camp activities and field trips if my behavior poses a threat to other campers.

Parent/Guardian signature _____ Date _____

Child signature _____ Date _____

Director signature _____ Date _____

Please initial.

_____ I understand electronic devices may be brought to camp. BT Summer Camp is **NOT** responsible for any lost or damaged items.

_____ Cell phones **MUST** be kept off unless permission is given by the office. Any unauthorized use will result in cell phone being held at the camp office for parent pick-up.

Supply List

2 pencils

2 pens

Box of crayons

Pair of scissors (age appropriate)

2 glue sticks

1 bottle of white glue

1 box of tissue

Water colors

1 box of markers

1 white t-shirt in camper's size to be used for tie-dye project

1 over-sized old t-shirt to use to protect clothing

1 ream of computer paper per family

Blessed Trinity Summer Camp is very fortunate to be included as part of the Stewardship way of life. This is made possible through the support and generosity of everyone. If you can donate additional craft supplies such as construction paper, popsicle sticks, feathers, paint, Rit dye (bright colors) or any other craft items, it would be greatly appreciated. Also, if you would like to find a new home for toys, games, balls, blow up pools, water play games, gym equipment, etc., feel free to drop them off at camp. If you need to donate before camp starts or have any questions, contact me at 843-9268.

Also, we are extending an invitation to anyone who would like to volunteer their time and talents at camp this year. All volunteers MUST have cleared fingerprints through the Diocese of Orlando.

Diocese of Orlando Parental/Guardian Consent Form & Liability Waiver
(This form is required for minors to attend an off property event or trip.)

Participant's Name: _____ **Date of Birth:** _____

Address _____ **City/State/** _____

Zip _____ **Home Phone:** _____

Parent/Guardian's Name: _____

Cell Phone: _____ **Work phone:** _____

Other number where Parent/Guardian can be reached during event: _____

Consent & Liability Waiver

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) Bt Summer Camp to:

Event & Location: Grade Level Field Trip

Date & Time: June 6th-July21st ,2023 Times list on calendar

☐ **Transportation Not Provided**

☒ **Transportation Provided**

Method of Transportation: Blessed Trinity Bus

I acknowledge that (entity name) BTSC is providing transportation only from (entity name) BTSC to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) BTSC rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) BTSC, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature
(must sign for any participant under 18 &/or 18 or older & in high school)

Date

PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

Participant's Signature

Date

Insurance Information

☐ **No, I do not carry medical insurance at this time.**

☐ **I do carry medical insurance at this time.**

☐

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ **Day Phone:** _____

Mother's Name: _____ **Day Phone:** _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

4/2013

Diocese of Orlando Parental/Guardian Medical Information & Consent Form

Participant's Name: _____ **Date of Birth:** _____
Address _____ **City/State/Zip** _____
Home Phone: _____
Father's Name: _____ **Phone:** _____
Mother's Name: _____ **Phone:** _____
Emergency Contact Name: _____ **Phone:** _____
Language Spoken by Emergency Contact: _____

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. *(Please initial)* _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. *(Please initial)* _____

Family Doctor _____ **Phone** _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.]

I release and hold harmless (entity name) BTSC, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. *(Please initial)* _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: ☐ Seizures ☐ Asthma ☐ Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- Has a medically prescribed diet *(please explain)* _____
- Has the following physical limitations _____
- Immunizations current and up to date? ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

☐ No, I do not carry medical insurance at this time.

☐ I do carry medical insurance at this time.

Insurance Carrier: _____ **Name of Insured:** _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)*

Date

4/2013