



The ST. MICHAEL SCHOOL

MAKER SUMMER CAMP 2017

of CLAYTON



CAMP INFORMATION

- **Ages**
4 yrs. (by May 1) - 6th Grade
- **Dates**
June 5 - July 28
Eight, 1-week Sessions
- **Camp Counselors**
Experienced Educators & College Students
- **Art Classes**
Cooking, Drama, Clay & Sewing
- **Swimming (M, W, F)**
 - Shaw Park Pool
 - Playground Pools & Water Play
- **Biking & Outdoor Sports (T, TH)**
 - Balance Bikes to Coaster Bikes
 - Forest Park Biking

4 yrs - 6th
grade



What is a maker?

**Creator, manufacturer, constructor, builder,
producer, inventor, designer.**

Our maker camp is open to all children 4 yrs. (by May 1) - 6th Grade in Fall 2017.

SPORTS

→ **Swimming**

- Shaw Park Pool:
2nd - 6th Grade

- Playground Pools
& Water Play
4 yrs - 1st Grade

→ **Biking & Outdoor Sports**

- Balance Bikes
to Coaster Bikes
4 yrs - 1st Grade

- Forest Park Biking
2nd - 6th Grade

ART

→ **Studio Art - Clay**

- Hand-building &
functional ceramics

→ **Studio Art - Fiber**

- Hand sewing, machine
sewing, embroidery & weaving

CULINARY ART

→ **Junior Chef**

- Recipes & Food Prep Cooking
4 yrs - 1st Grade

THEATER ARTS

→ **Dramatic Play**

4 yrs - 1st Grade

→ **Improv, Skits, Costumes**

2nd - 6th Grade

HOURS

7:30 AM-9:00AM - Before Care

9:00AM-3:00PM - Camp Hours

3:00PM-6:00PM - After Care

SESSIONS 1-8

1 June 5 - June 9

2 June 12 - June 16

3 June 19 - June 23

4 June 26 - June 30

5 July 5 - July 7 (3 days)

6 July 10 - July 14

7 July 17 - July 21

8 July 24 - July 28

TUITION

1 week - \$275

2 weeks - \$550

4 weeks - \$1,100

6 weeks - \$1,650

8 weeks - \$2,200

Session 5 - \$165

Before Care: \$8/day, \$40/week

After Care: \$15/day, \$75/week

QUESTIONS?

→ Contact Theresa Eppert
teppert@stmichaelschool.org

*Please
Note:*

A welcome letter with camp details
and supply list will be emailed
prior to the start of
each session.

*Please keep this
portion of the
application and
turn in the right
side to us.*

Thanks!

*** Payment must be made in full to confirm registration. ***

MAKER SUMMER CAMP 2017

SESSIONS

* Full payment required with registration. *

1	<input type="checkbox"/> June 5 - June 9	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
2	<input type="checkbox"/> June 12 - June 16	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
3	<input type="checkbox"/> June 19 - June 23	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
4	<input type="checkbox"/> June 26 - June 30	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
5	<input type="checkbox"/> July 5 - July 7	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
6	<input type="checkbox"/> July 10 - July 14	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
7	<input type="checkbox"/> July 17 - July 21	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F
8	<input type="checkbox"/> July 24 - July 28	<input type="checkbox"/> Before Care _M _T _W _TH _F	<input type="checkbox"/> After Care _M _T _W _TH _F

CHILD'S NAME / NICKNAME

BIRTH DATE / AGE / GENDER

CURRENT SCHOOL / GRADE ENTERING FALL 2017

PARENT'S NAME

STREET

CITY / STATE / ZIP

PHONE - HOME

PHONE - CELL

PHONE - WORK

EMAIL (REQUIRED)

PARENT'S NAME

STREET

CITY / STATE / ZIP

PHONE - HOME

PHONE - CELL

PHONE - WORK

EMAIL (REQUIRED)

PEDIATRICIAN'S NAME / PHONE

EMERGENCY CONTACT #1

PHONE - HOME / CELL / WORK

EMERGENCY CONTACT #2

PHONE - HOME / CELL / WORK



NAME _____

Photo Release Agreement

Yes, I authorize The St. Michael School to permit the video / photographing of my child and to use such video / photographs in its publications.

Medical Emergency Agreement

I do hereby grant permission for The St. Michael School to secure such medical and / or hospital services as deemed necessary for my child in the event he / she should sustain an injury or illness while attending camp or a camp-sponsored field trip. I have also indicated below any medical information of which the school should be aware in consideration of my child's physical and mental well-being.

SIGNATURE _____

Medical & Health Information

Please include your child's current medical physical form with this application

ALLERGIES _____

MEDICATION _____

OTHER IMPAIRED HEALTH ISSUES _____

If medication needs to be given during camp hours, a medical permission form can be obtained from the administrative office.

Parental Concerns

Safety Concerns

T-SHIRT SIZE: YS YM YL AS AM AL

All campers will receive a T-shirt.