

# Holy Trinity Summer Enrichment Camp 2021

REGISTER ONLINE NOW AT  
[www.holytrinitynh.com](http://www.holytrinitynh.com)

Holy Trinity Catholic School  
 19 Gilford AVE  
 Laconia, NH 03246

Join us this summer for fun outdoor adventures, scavenger hunts, mysteries to solve, and great shenanigans! Some of our ventures *may* include (*depending on COVID protocols*):

- ★ Laconia Public Library
- ★ Camp Bernadette and Camp Fatima
- ★ Local Beaches
- ★ Gunstock Mountain
- ★ Prescott Farm
- ★ Winnepesaukee Scenic Railroad
- ★ Lego building
- ★ Mt. Washington Discovery Center
- ★ Squam Lakes Science Center
- ★ Art Escape
- ★ Vacation Bible School
- ★ Lockes Hill Trails
- ★ Meredith Art Walk

Holy Trinity Catholic School is excited to once again offer a full day Camp to student's ages 3-12 for seven weeks throughout the summer. Summer adventurers will be provided with a safe, nurturing environment that engages everyone through hands-on learning experiences while fostering independence, confidence, and virtue.

Our mission is to provide high quality learning experiences through a summer enrichment camp that emphasizes personal growth, friendship, learning, team building, and FUN!

Students will further their interests through a variety of activities and trips over the course of the program. Each will be supported and guided along the way by our wonderful staff and counselors. They will make new friends and foster existing friendships as they grow as individuals in a safe, secure, and clean environment.

Holy Trinity's Catholic identity will be present throughout camp, and we will seek to foster a love for the good, the true, and the beautiful in our campers. Camp will open each morning with a prayer of the day, and children will learn about the saints, the Gospel stories, and feast days throughout camp along with our weekly themes and activities.

## Camp Schedule and Hours

Dates: June 28<sup>th</sup> through August 13<sup>th</sup>, Monday through Friday

Time: 9:00 AM-4:00 PM

Supervised before and after care available for a fee (\$10 each, \$20 per day)

AM care: 7:30-9 Early Day Program (EDP)

PM care: 4-5:30 Extended Day Program (EDP)

Week 1: June 28 -July 2 – Home of The Brave

Week 2: July 5 -9 – The Great Outdoors

Week 3: July 12-16 – Daring Olympians and The Gospels

Week 4: July 19-23 – Jam Jamboree and Chopped Junior

Week 5: July 26-30 – Treasure Seekers and The Wild Frontier

Week 6: August 2-6 – Hawaiian Hullabaloo

Week 7: August 9-13 – Australian Outback and Game Show Mania

### Registration Fees

Standard Rate: \$200/week or \$1300 for all 7 weeks

Discounted Rate for Holy Trinity Families: \$175/week or \$1100 for all 7 weeks

Sibling Discount: \$25 discount will be applied for each additional registered sibling

Payment: All registration fees must be paid in advance.

Before and After Care: Available for \$10 per session, \$20 per day in addition to the base. registration fee. Before and after care can be billed weekly to accommodate family needs.

### Flexible Scheduling

Sign up for the entire summer session or weeks that best fit your family's needs (space based on availability). Camp is in session Monday thru Friday and cannot be booked for individual days. Register in advance, as space is limited and will be filled on a first come, first served basis.

### Junior Campers: Pre-K ages 2, 3 & 4

Our youngest adventurers must meet specific requirements to be registered: Must be 3 by June 1st or HTS PK3 students who have successfully completed the 2020-2021 school year at HTS - Must be independently capable of using the restroom

Pre-K 2, 3 & 4 year olds will have age specific field trips and may not attend the same day trips as the older campers but will have their own special activities.

Summer Enrichment Camp Staff

Holy Trinity Summer Program staff is excited and looking forward to spending some fun time with your children this summer!

### Transportation

Parents/guardians are responsible for transporting campers to and from HTS. Field trips that require transportation will be accommodated by use of the school vehicle. Many walking trips will be taken. Volunteer drivers, if needed will be appropriately licensed, registered, and approved by the Diocese of Manchester.

## Food

Campers will be required to bring lunch and a snack, including drinks with them daily. All lunch containers need to be clearly marked with your child's name. Containers must not be glass as this is a break hazard. Refrigerators will be available to make sure that food stays fresh and cool.

If you know that your child has a particularly hearty appetite, please make sure you send a little extra with them. All containers need to be clearly marked with your child's name. Containers must not be glass as this is a break hazard. Refrigerators will be available to make sure that food stays fresh and cool. \*In the event we have a camper who has a food allergy, please send in notification so appropriate accommodations can be made to ensure the health and safety of all our participants. We will also notify others campers/families of this allergy and we will all work together.

## Dress Code

Campers should dress in cool, comfortable clothing. -Shorts should not be tight and need to have an inseam of at least two inches to provide modest coverage. -Sleeveless shirts and tank tops are permissible, but girls may not wear low cut or spaghetti strap tops, or tops that expose the midriff. -Swimwear and a change of clothes, clearly marked with their name for emergency situations or if a camper gets wet during an activity. -Swimsuits should be one piece for girls and modest. We recommend a t-shirt for all students as prolonged sun exposure can result in sunburn. -All shoes must have a back strap and flip-flops are not permitted, with the exception of when we are at a swimming pool. Athletic shoes (tennis shoes or sneakers) are preferred.

## Behavior Expectations

We want to keep things simple and fun!

Please talk with your child about appropriate behavior and respecting others.

The following rules apply:

1. Follow God's Golden Rule, "Do unto others as you would have done to you."
2. Follow all school and playground rules.
3. Listen to counselors
4. Use manners and speak respectfully to others
5. No electronic devices
6. Follow adult directions at all times.

## Field Trip Days

We will offer special Field Trip Days throughout the program. (If COVID protocol allows) Water Days/beach days will be held weekly so all children should have a bathing suit with them. Parents will always know of all field trips in advance of signing up for a particular week. Weather does affect some field trips and sometimes they might need to be rescheduled. All plans are subject to change.

## Procedures and Checklist

To make this the best experience possible for everyone, we are asking you to please review this list daily before bringing your child to camp.

1. Bring your child in the morning at specified time and sign-in your child.
2. Send a blanket and a pillow for rest time PRE-K only.
3. Have your child dressed with socks and sneakers for all field trips and sandals/flip flops only for water activity (check dress code).
4. Send a bathing suit, beach towel and life preserver (if needed) for all water activities. All items should be clearly marked with the child's name.
5. Sunscreen (with the appropriate SPF for your child and name clearly written on the bottle). Waterproof is recommended because of water activities.
6. Reusable water bottle to take outside and on outings clearly with name marked.
7. Change of clothing.
8. Beach towel.
9. Leave all electronic devices at home please.
10. Sign in and sign out your child each day.
11. For Pre-K kids please see attached recommended list

If you have questions regarding Summer Enrichment Camp please contact Paulina Bean at 203-631-9179 or [pbean@htsnh.org](mailto:pbean@htsnh.org).

## Holy Trinity Summer Camp Registration Form

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Birth date \_\_\_\_\_

Grade enrolled Fall 2020 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_

Employed by  
\_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_

Employed by  
\_\_\_\_\_

Preferred Email Contact  
\_\_\_\_\_

Emergency contacts (in order of preference)

1. Name \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone \_\_\_\_\_

Allergies, medical issues and/or physical limitations for this child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child is under doctor's care and/or taking medication for conditions related to behavior? Y\_\_ N\_\_ List most effective corrective methods known to be most successful with managing behavior:

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Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone number \_\_\_\_\_

Child Swim Level None \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_

**Designated pick up form must be signed and included with registration packet**

By giving consent for my child to participate in this summer camp, I understand that I am agreeing to the following terms: If any off campus trips are involved with this camp, all children under the age of 8 years old participating will be required to ride in appropriate car seats or booster seats as specified by the state of New Hampshire. No student will be allowed to participate in a summer camp unless this official permission form has been signed by the parent or guardian and is on file in the school office. Notes on other unauthorized forms will not be acceptable. My consent for my child to attend the camp described above includes all related programs and events associated with the camp. I hereby waive the school, Holy Trinity Catholic School including its employees, summer camp leaders, and representatives, and release them from all liability in connection with this summer camp in the event of an accident and/or injury to my child. Also, as a parent or guardian, I authorize the treatment of my child by a qualified and licensed medical professional in the event of a medical emergency which, at the discretion of the attending medical professional, is necessary for the well-being of my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Refunds are given only if HTS Summer Enrichment cancels. Refunds are not given when the session is held but a student does not participate for any reason. Summer program participants are expected to comply with all program policies, including behavior that is respectful to instructors and other students, or the student is subject to dismissal from the program without a refund. All spots in the summer program are subject to termination if it is determined that the program is not best suited to the needs of your child.

## **Holy Trinity Summer Camp Payment Form**

Applications will be processed as received until all spaces are full.

HTS Summer Enrichment Camp is happy to offer sessions designed to fit within an individual family’s needs. Children may be enrolled weekly, or for the entire program.

**Weekly session: HTS Family \$175 per week or \$1100 all 7 weeks**

Week 1\_\_\_ Week 2\_\_\_ Week 3\_\_\_ Week 4\_\_\_ Week 5\_\_\_ Week 6\_\_\_ Week 7\_\_\_

**Weekly session: NON-HTS Family \$200 per week or \$1300 all 7 weeks**

Week 1\_\_\_ Week 2\_\_\_ Week 3\_\_\_ Week 4\_\_\_ Week 5\_\_\_ Week 6\_\_\_ Week 7\_\_\_

A \$25 discount will be applied for each additional registered sibling per week.

### **Early Day Program/Extended Day Program EDP**

Families needing extended supervision during the summer program may include enrollment in our Before/After Summer Hours supervision for \$10 each (\$20 daily for both).

**Note:** A LATE FEE of \$1.00 per minute will be applied for students who are picked-up after 5:30 PM

Morning Care: 7:30 AM-9:00 AM Afternoon Care: 4:00 PM-5:30 PM

Please indicate if your child will be attending: (Check all that apply)

Morning care: M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_

Afternoon care: M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_

Applicable fees will be added to your registration.

Checks (payable to Holy Trinity Catholic School), credit cards, and PayPal are accepted. FACTS may also be used for current HTS Families

**Payment in full is required at time of registration.**

## Pick Up Authorization Form

The following people are authorized to pick up my child from HTS Summer Enrichment Camp. I understand my child will be allowed to leave with these individuals only. Identification will be required.

Child's Name: \_\_\_\_\_

(Parents/Guardians, please include yourselves)

Authorized Person 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Person 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Person 3: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Person 4: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Name of persons NOT allowed to pick up my child:**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Holy Trinity Summer Enrichment Camp Permission to Dispense Medication Waiver and Release of All Claims**

Holy Trinity Summer Enrichment Camp will not dispense medication to a camper until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent/ guardian.

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ (Print Name)  
(Print Name)

give permission to the staff to administer the below specified medication to my child.

I understand it is my responsibility to give the medication directly to the camp staff in individual, marked dosage containers, original prescription containers or envelopes clearly labeled with the following information:

Participant's Name \_\_\_\_\_

Name of Medicine and Complete Dosage Instructions  
\_\_\_\_\_

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Holy Trinity Summer Enrichment Program to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

**WAIVER & RELEASE OF ALL CLAIMS**

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of HTS summer Enrichment Program administering medication to my minor child, I do hereby fully release or discharge Holy Trinity Catholic School, Holy Trinity Summer Enrichment Program, and its Staff, from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

\_\_\_\_\_ Signature of Parent or Guardian Date

## Holy Trinity Summer Enrichment Program Medication Dispensing Information Form

Camper: \_\_\_\_\_ Birth date: \_\_\_\_\_ Parent(s) /  
Guardian(s): Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

In Case of an Emergency Contact: Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication Prescribed	Dosage	Time to be Given	Side Effects
1.			
2.			
3.			

### REQUEST FOR AUTHORIZATION

I hereby request and authorize the administration of the following prescribed medication for my child. By non-medically trained staff at Holy Trinity Summer Enrichment Program

\_\_\_\_\_ Signature of Parent or  
Guardian Date

### HTS Summer Enrichment Camp Medication Log

Camper Name \_\_\_\_\_ Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_