

BISHOP LEIBOLD SCHOOL

BISHOP LEIBOLD SUMMER CAMPS

Green Team Camp June 7-9 9:00 AM- 12:00 PM East Caf 6/7 & 6/8 West Green Space 6/9	6th-8th	Dress for gardening and get ready to work on multiple projects around the property that will lead our school towards a greener campus. Activities will include composting, planting, weeding, and recycling efforts.	Mrs. Allaire Mrs. Patti	\$20 includes snack
Create Camp June 13-15 1:00-4:00 PM East Science Center	5th-7th	Create your own inventions using Makey Makey kits that interact with apps. Build water bottle rockets that will launch high into the sky, weather permitting!	Mrs. Allaire	\$30 includes snacks and supplies
Robotics Camp June 19-22 Beginner: 8:30 AM-11:00 AM Advanced: 12:00 PM - 3:00 PM St. Henry PAC	4th-8th	AM (Beginner)- Build and Program Lego WeDo robots, run ozobots using color coding, and work with EV3 robots PM (Advanced)- Program Spike Prime and EV3 robots and compete in fun challenges every day. Awards Ceremony on last day and applications for BLS Robotics Team.	Mrs. Allaire Mrs. Klimaski Mrs. Patti	\$75 includes shirt and snacks
Math Tutoring June 26-29 & July 10-July 13 9:00 AM - 11:00 AM East Room 204	4th & 5th	Enhance basic practical math skills to help with success in math for the following school year.	Mrs. Meyers	\$20/week
Math Tutoring June 26-29 & July 10-July 13 12:00 PM - 2:00 PM East Room 204	6th & 7th	Enhance basic practical math skills to help with success in math for the following school year.	Mrs. Meyers	\$20/week
Math Tutoring August 7-10 9:00 AM - 11:00 AM East Room 204	8th	Enhance basic practical math skills to help with success in math for the following school year.	Mrs. Meyers	\$20
Theatre Camp June 5-9 9:00 AM- 12:00 PM East Cafeteria	PS-2nd	Learn basic stage skills, vocabulary, character development, and music	Mrs. Kallenberg Mrs. Williams	\$40 includes snacks & shirt
Science Camp July 17-20 9:00 AM - 11:30 AM OLGH St. Joseph Center	K-3rd	Explore hands on science, make science related snacks, and learn about a new theme each day	Mrs. Allaire Mrs. Dapore Mrs. Williams Mrs. Farran	\$50 includes snacks and materials

STUDENT SUMMER CAMP REGISTRATION FORM

Student Name: _____

Grade (23-24): _____ Gender: _____ School: _____

Please check all summer enrichment opportunities you wish to attend, attach payment and return to your school office. Camps fill first come, first served:

Check Camps Attending	Camp Title	Dates	Cost per student
<input type="checkbox"/>	Green Team Camp 6th-8th	June 7-9 9:00 AM - 12:00 PM	\$20
<input type="checkbox"/>	Create Camp 5th-7th	June 13-15 1:00 - 4:00 PM	\$30
<input type="checkbox"/> Beginner <input type="checkbox"/> Advanced	Robotics Camp 4th-8th	June 19-22 Beginner: 8:30 AM-11:00 AM Advanced: 12:00 PM - 3:00 PM	\$75
<input type="checkbox"/>	Math tutoring 4th & 5th	June 26-29 July 10-July 13 9:00 AM - 11:00 AM	\$20/week \$40/both weeks
<input type="checkbox"/>	Math tutoring 6th & 7th	June 26-29 July 10-July 13 12:00 - 2:00 PM	\$20/week \$40/both weeks
<input type="checkbox"/>	Math tutoring 8th	August 7-10 9:00 AM - 11:00 AM	\$20
<input type="checkbox"/>	Theatre Camp PS-2nd	June 5-9 9:00 AM -12:00 PM	\$40
<input type="checkbox"/>	Science Camp K-3rd	July 17-20 9:00 AM - 11:30 AM	\$50

Total Cost: _____

Student T-Shirt Size- _____

Summer Camp/Enrichment Waiver Form

On-Going Program

Church Agency Bishop Leibold School _____ Program or Group Check all that apply on reverse _____

Starting/Ending Date See reverse Registration Fee See reverse

Usual Location Bishop Leibold School, St. Henry, or Our Lady of Good Hope _____

Usual day and time See reverse _____

Routine Activities See camp descriptions _____

Group Leader Bishop Leibold Staff _____

Telephone No. East: 937-434-9343 West: 937-866-3021 _____

Other Information (attached) _____

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

I, the parent or lawful guardian of (the "child"), give permission for my child to participate in the activity described and release from all liability and indemnify the Archdiocese of Cincinnati, the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

Parent Signature: _____ Date: _____

Parent Name: _____

Parent Emergency Contact Number: _____

Parent Additional Contact Number: _____

Parent Email _____

All students new to Bishop Leibold or students enrolled in a different school will also need the Emergency Medical Authorization Form. See the office for more details.

Only for new Bishop Leibold Students or those attending a different school

**BISHOP LEIBOLD SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM**

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE (____) _____ GRADE/HOMEROOM _____

EMAIL ADDRESS _____

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian **(**Please indicate whom we should try to reach first**)**

Mother's Name _____ Daytime Phone _(____) _____
(First) (Last) Pager or cell phone _(____) _____

Father's Name _____ Daytime Phone _(____) _____
(First) (Last) Pager or cell phone _(____) _____

Other's Name _____ Daytime Phone _(____) _____
(First) (Last)

Name of Relative or Childcare Provider _____

Relationship _____

Address _____ Daytime Phone _(____) _____

Zip _____

PART I OR II MUST BE COMPLETED
PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _(____)_____

Dentist _____ Phone _(____)_____

Medical Specialist _____ Phone _(____)_____

Local Hospital _____ Phone _(____)_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

****Medical Health Information:** Facts concerning the child's medical history to which a physician should be alerted:

allergies: _____

recommended treatment: _____

medications being taken: _____

health conditions: _____

Date _____ Signature of Mother/Guardian _____

Date _____ Signature of Father/Guardian _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Mother/Guardian _____

Date _____ Signature of Father/Guardian _____