



Dates: June 24th, 2024 - July 31st, 2024

Days/Hours: Monday-Friday, 9am-4pm

Location: Sustainability Academy, 123 North Street, Burlington, VT 05401

Who Can Attend? Children enrolled in kindergarten to graduating 5th graders.

PROGRAM	DETAILS	COST*
Summer Camp - Full Day	This 5 and a half - week summer day camp for children kindergarten-5th grade is all about summer fun. Held at Sustainability Academy at 123 North Street, Burlington, every day is an adventure in arts and crafts, sports, STEM activities, water play and much more.	\$275/week*
English Enrichment with Half-Day Summer Camp - \$137	Students participating in English Enrichment are welcome to attend Summer Camp in the afternoon from 12pm-4pm daily. Students will walk with staff from the Community Center to Sustainability Academy at the end of English Enrichment.	\$137/week*
English Enrichment - Half Day	This 4-week academic program is designed to support multi-language learners in maintaining their skills throughout the summer. Licensed teachers create and teach a strong curriculum across the subjects of math, reading and science all with the goal of slowing the "summer slide" in English proficiency. This program runs from June 24 th -July 19 th at Sara Holbrook Community Center, 66 North Avenue from 9am - 12pm.	Free

*COST: We accept Child Care Financial Assistance Program Subsidy and have full and partial scholarships available.

SPACE IS LIMITED – REGISTER TODAY!

Email Confirmation for current afterschool program attendants will be sent out on March 25th. Regular admission registration confirmation emails will be sent on the 1st & 3rd Monday of the following months until enrollment is full.

Registration is not confirmed until you receive a confirmation email

To register, complete the attached registration form in full and return via:

Mail: PO Box 3039
Burlington, VT
05408

Visit: 66 North Avenue
Burlington, VT 05401

Email:
ruwilingi@saraholbrookcc.org

Questions? For more information regarding SHCC Summer Camp, please contact the Elementary Program Director, Remy-Brice Uwilingiyimana at 802-862-6342 x213 or by email at ruwilingi@saraholbrookcc.org

Note: Programming is subject to change. Finalized program plans will be provided closer to the summer.

WEEK 1: Monday, June 24 - Friday, June 28

Theme: Olympics

SHCC will kick off with a fantastic week of competition. This will include a hike of Mt. Philo, SHCC olympics ceremony and swim at North Beach. Campers will get a chance to meet and play with new friends through engaging activities and icebreakers; a pivotal way to start off summer camp!

WEEK 2: Monday, July 1 - Friday, July 5 (No Program Thursday, July 4)

Theme: STEM

Second week of camp will be all about STEM. A trip to ECHO museum will give our campers an opportunity to explore more about nature and science. Throughout the week, campers will prep and plan for the SHCC Science Fair that Friday!

WEEK 3: Monday, July 8 - Friday, July 12

Theme: Magic

As our campers settle into the summer, we'll look to liven things up with magic! Campers will make potions, have exciting games of quidditch and a well earned trip to Ben & Jerry's. This spellbinding week will be filled with enchanting, mystical and endless fun adventures!

WEEK 4: Monday, July 15 - Friday, July 19

Theme: Arts and Creativity

It will be time for creativity and showcasing our talents during the fourth week of camp, where art and creativity will take center stage. Campers will get to explore different parks and trails of Burlington, healthy competition of mini golf and of course a talent show at Battery Park where families are invited to come and share a common experience!

WEEK 5: Monday, July 22 - Friday, July 26

Theme: Nature

This very exciting week will be focused on Nature! Campers are invited to visit Shelburne Farms Monday through Thursday where great adventures will be had. Learning about the different types of animals at a farm, crafts that can be made, ways to prepare and cook foods will give campers a whole new dynamic experience.

WEEK 6: Monday, July 29 - Friday, July 31

Theme: "Under the Sea"

Lastly, campers will close off the summer with an exciting sea world theme that will include a visit to North Beach, water activities, class awards and parties, and finally the end of summer dance! We'll salute new friends and bid them farewell, enjoy the last few weeks of summer before taking on the challenge of the Fall!

Tuition:		
<input type="checkbox"/> Full Pay Tuition	<input type="checkbox"/> Have current Child Care Subsidy Certificate	<input type="checkbox"/> Interested in Full or Partial Scholarship*

*Scholarship recipients are required to apply for childcare subsidies. Child Care Subsidy application can be found online @ <https://outside.vermont.gov/dept/DCF/Shared%20Documents/Benefits/CCFAP-Application.pdf> or is available in printed format at SHCC.

Enrollment:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (2 to 3 days): __Mon __Tue __Wed __Thur __Fri

STUDENT INFORMATION

Full Name of Child: _____ Nickname(s): _____

Date of Birth: _____ Age: _____

Country of Origin : _____ Language(s) spoken at home: _____

Number of household members: _____ Household Income: _____

Demographics:

Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Gender Not Listed. They are:		

School Name: _____ Grade in Fall 2024: _____

Student's Interest/Hobbies:

Student t-shirt size (they expected to wear camp t-shirts on Wednesdays): _____

PARENT, GUARDIAN & HOUSEHOLD INFORMATION

Parent/Guardian # 1

Name: _____ Email Address _____

Address: _____ Primary Phone: _____
City: _____ State: _____ Zip: _____ Secondary Phone: _____
Place of Work: _____ Work Phone #: _____

Parent/Guardian # 2

Name: _____ Email Address _____
Address: _____ Primary Phone: _____
City: _____ State: _____ Zip: _____ Secondary Phone: _____
Place of Work: _____ Work Phone #: _____

Is there a court-ordered custody agreement? : _____
If yes, please specify the arrangements of this agreement. You will need to provide documentation before child registration is confirmed.

EMERGENCY CONTACTS

ⓧ These MUST be people other than the parent/guardian, and will be called if the parent/guardian cannot be reached*

EMERGENCY CONTACT #1:

Full Name: _____ Relationship to Student: _____
Primary Phone #: _____ Secondary Phone #: _____

EMERGENCY CONTACT #2:

Full Name: _____ Relationship to Student: _____
Primary Phone #: _____ Secondary Phone #: _____

EMERGENCY CONTACT #3:

Full Name: _____ Relationship to Student: _____
Primary Phone #: _____ Secondary Phone #: _____

OTHERS AUTHORIZED TO PICK-UP

ⓧ Individuals authorized to pick your student up must present photo-ID prior to the student's release from the program.

Authorized Pick Up #1:

Full Name: _____ Relationship to Student: _____
Primary Phone #: _____ Secondary Phone #: _____

Authorized Pick Up #2:

Full Name: _____ Relationship to Student: _____

Primary Phone #: _____ Secondary Phone #: _____

CHILD'S MEDICAL INFORMATION

Insurance Information:

Is your child covered by family medical/hospital insurance? Yes
 No

If yes, indicate the carrier or plan name: _____ Group ID# _____

Child's Physician: _____ Phone # _____

Child's Dentist/Orthodontist: _____ Phone # _____

Medications: Please list ALL medications (including over the counter or non-prescription drugs) taken routinely by student: _____

Does your child take medication that needs to be administered during camp hours?

Yes No

Medications administered during camp should be provided to the Program Director in its original container with quantity and time administered.

Does your student require an epinephrine pen with them at all times? Yes No

Allergies: Please describe in detail all known medical and food allergies (only list food allergies if reactions are severe or fatal) including the source of the allergy, reaction and the management or care needed. _____

Medical Conditions:

Please describe in detail any medical conditions your student has including the management or care needed. _____

SPECIAL NEEDS

Does your student have or receive any of the following: (check all that apply)

- Individual Aide
- Individual Education Plan (IEP)
- Behavior Management Plan
- ELL Services
- 504 Plan

Special Educators Name: _____ Email _____

ELL Support Staff Name: _____ Email _____

Other: _____

Email _____

ADDITIONAL INFORMATION

Please provide any additional information about your child’s behavior, and/or physical, emotional, food, or mental health concerns that the staff should be aware of:

AUTHORIZATIONS

Please read and initial all items you consent to. **Items marked with ** are required** for your student to participate in the program.

DESCRIPTION	PARENT /GUARD -IAN INITIALS
**SHCC Waiver: The information I have provided above is true and correct to the best of my knowledge. I hereby give my consent for my child, listed above, to participate in the SHCC program indicated. My child has permission to engage in all activities, except as noted. I agree to hold the SHCC, its employees, or volunteers harmless from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, related activities or events.	
**Medical Authorization: I understand that medical insurance coverage is not provided. SHCC has my permission to provide routine health care, including the application of non-prescription medications and products, SPF, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary. I agree to the release of any of the above-described information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the program to arrange necessary related transportation for my child and give permission to the attending physician to secure and administer treatment, including hospitalization.	
**Immunization Record Access: I understand that Sara Holbrook Center will access my child's immunization records through the Vermont Immunization Registry.	
Transportation Consent: My child can be transported by Sara Holbrook approved staff or a contracted transportation service while attending Sara Holbrook activities.	
Walking Field Trips: My child can participate in walking field trips during their time in an SHCC program.	
Swimming: I understand that all swimming activities are supervised by staff and certified lifeguards. My child has permission to swim while at SHCC.	

<p>Photo Consent: <i>During Sara Holbrook programs take photographs of activities involving students to share all of the amazing things that happen. and updates. Some photographs may capture your child's participation, directly or indirectly. These photos may be published through our website, social media pages, and news bulletins. We seek your consent to publish photos which may involve your child to the said platforms.</i></p> <p>SHCC has permission to take and publish photos of my child.</p>	
<p>PG Movies: My child is allowed to watch PG movies</p>	

I have read the above carefully and signed it voluntarily with full knowledge of its significance.

Parent/Guardian's Signature: _____ Today's Date: _____