Berks Catholic High School

MIDDLE SCHOOL SUMMER Enrichment Counts



Adventure July 10-14



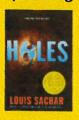
Friendship July 17-21



Mystery July 24-28



Heroes July 31-Aug 4



Thanks to a generous donor, these camps are FREE!

Only 60 students each week will be admitted.

Students will participate in engaging Reading, Writing and STREAM activities

Monday through Friday

8:30 - 12:30

for students entering grades

5-9

BERKS CATHOLIC HIGH SCHOOL

Christ-Centered Academic Excellence

Summer Enrichment Camp

Dear Parents/Guardians,

Berks Catholic High School is excited to announce our third annual Summer Enrichment Camp. The camp aims to provide your child with immersive learning experiences in the fields of science, literature, and mathematics. Our goal is to develop critical thinking skills, increase creativity and innovation, enhance problem-solving skills, and build teamwork and collaboration in a fun and supportive environment.

The instructors are Berks Catholic teachers who are experienced and qualified professionals and specialize in Math, Science, and English education. They will guide and support the campers throughout the program, ensuring that each child reaches their potential and has a memorable and enriching experience.

Camp runs Mondays through Fridays from 8:30 AM – 12:30 PM, for one week. There are four weekly options, each featuring a different theme and Book. This year, our themes are: Adventure (The Lost World), Friendship (A Mango-Shaped Space), Mystery (Lemony Snicket, A Series of Unfortunate Events Book 1), and Heroes (Holes).

To register your child for one week of camp, please fill out the Registration Form and Photograph/Video/Image Release Form and return them to me, either via e-mail or regular mail by Thursday, April 24th, 2023. There is no registration fee and all materials and supplies needed for the activities are provided.

We look forward to welcoming your child to our Summer Enrichment Camp and inspiring their curiosity and passion for learning.

Sincerely,

Mrs. Kate Bobb, Camp Director

my Kate Boss

kbobb@berkscatholic.org



AUTHORIZATION FOR USE OF PHOTOGRAPH / VIDEO/ IMAGE

NAME (IMAGE SUBJECT)
ADDRESS
PHONE
AGE SEX
I/ we, the undersigned, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by Berks Catholic High School and the Diocese of Allentown . I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, internet promotions, electronic multimedia or billboard display.
I agree that the photograph/ image shall be free for use and release Berks Catholic High School and the Diocese of Allentown , its employees, volunteers and agents for any liability connected with the use of said photograph or image.
PARENT/GUARDIAN SIGNATURE
DATE

Berks Catholic High School -

MIDDLE SCHOOL SUMMER

Enrichment Camp Registration Form

Camper Information									
Camper Name	D	OB	Gender	☐ Female	☐ Male				
Address	City		State	Z	Zip				
			Grade for 2023-2024	□5 □6 □7 □8					
	Par	ent/Guardian Info	mation						
Parent/Guardian #1 Name E-mail	arent/Guardian #1 Name Cell Phone								
Parent/Guardian #2 Name	arent/Guardian #2 Name Cell Phone								
E-mail									
Adults Authorized to Pick-up Student									
Name	Relations	hip to Student	Cell Phone	Emerg	Emergency Contact?				
				ПΥ	□N				
				ΠY	□N				
				□Y	□N				
				□ Y	□N				
	covered by a Diocesan	Benefactor. There							
Session	Theme	Week	Sched	ule	Selection				
1	Adventure	July 10 - 14	M – F 8:30 AM	– 12:30 PM					
2	Friendship	July 17 - 21	M – F 8:30 AM	– 12:30 PM					
3	Mystery	July 24 - 28	M – F 8:30 AM	– 12:30 PM					
4	Heroes	July 31 – August 4	M – F 8:30 AM	– 12:30 PM					

BERKS CATHOLIC MIDDLE SCHOOL SUMMER ENRICHMENT CAMP

MEDICAL/PHYSICAL	INFORMATION								
Camper Name				☐ Female	☐ Male				
Elementary School				nergency Tel#					
Doctor's Name			Tel.#						
Hospital Preference			Second Choice						
Insurance Company		Policy No.		Group No.					
Dentist's Name			Tel. #						
In a medical emergency, we	hereby authorize the schoo	ol to seek emergency medical a	assistance for our c	hild if we cannot b	pe reached.				
Parent/Guardian Signature		Parent/Guardian Signature		Date					
Please keep a copy of this f	form for your records. IMPC	ORTANT: Please update your	school immediately	/ if any informatio	n changes.				
Does your child have YES NO	a history of any of the	following conditions? If s	o, please explai	n type of medi	cal treatment.				
	ADD/ADHD								
	Asthma			aliza ezerzea					
	Diabetes	<u> </u>							
<u> </u>	Food or Drug Allergy	-							
	Bee Sting Allergy								
	Seizure Disorder								
<u> </u>	Condition Limiting Physical Education								
		Migraine Headaches							
<u> </u>	Other Chronic or Recurrent Conditions Glasses/Contacts (Please Circle) (When to be Worn)								
	Presently Taking Medi		voiii)						
Names of Medication		Reasons fo	r Taking Medicat	tion					
	STUE	DENT HEALTH INFORMA	TION						
		ed while in the school an necessary emergency mo			are, I give my				
Parent/Guardian Signature		Parent/Guardian Signature		Date					
Please Print Name of Parent/(Guardian Signature	Please Print Name of Parent/C	uardian Signatura	Date					