

Berks Catholic High School

MIDDLE SCHOOL SUMMER *Enrichment Camp*



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

kbobb@berkscatholic.org

BERKS CATHOLIC HIGH SCHOOL

GOD | FAMILY | ACADEMICS | FUN

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 multi-media 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, Inc.

955 East Wyomissing Boulevard | Reading, PA 19611-1799

Main Office 610.374.8361 | FAX 610.374.4309 | www.berkscatholic.org

MIDDLE SCHOOL SUMMER

Enrichment Camp Registration Form

Camper Information

Camper Name _____ DOB _____ Gender ☐ Female ☐ Male
 Address _____ City _____ State _____ Zip _____
 Elementary School _____ Grade for 2023-2024 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Parent/Guardian Information

Parent/Guardian #1 Name _____ Cell Phone _____
 E-mail _____
 Parent/Guardian #2 Name _____ Cell Phone _____
 E-mail _____

Adults Authorized to Pick-up Student

Name	Relationship to Student	Cell Phone	Emergency Contact?
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

Please explain any custody arrangement.

Please list any allergies.

Camp Fees are covered by a Diocesan Benefactor. There are 60 camper slots available each week.
 Please select ONE week camper will attend by placing an X under the selection column.

Session	Theme	Week	Schedule	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 _____ DOB _____ Gender ☐ Female ☐ Male
Elementary School _____ Grade for 2023-2024 _____ Emergency 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 school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature Parent/Guardian Signature Date

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES NO

_____	_____	ADD/ADHD	_____
_____	_____	Asthma	_____
_____	_____	Diabetes	_____
_____	_____	Food or Drug Allergy	_____
_____	_____	Bee Sting Allergy	_____
_____	_____	Seizure Disorder	_____
_____	_____	Condition Limiting Physical Education	_____
_____	_____	Migraine Headaches	_____
_____	_____	Other Chronic or Recurrent Conditions	_____
_____	_____	Glasses/Contacts (Please Circle) (When to be Worn)	_____
_____	_____	Presently Taking Medications	_____

Names of Medication

Reasons for Taking Medication

_____	_____
_____	_____
_____	_____

STUDENT HEALTH INFORMATION

If my child should become seriously ill or injured while in the school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

Parent/Guardian Signature Parent/Guardian Signature Date

Please Print Name of Parent/Guardian Signature Please Print Name of Parent/Guardian Signature Date