

Science - Technology - Environment - Arts - Math + Beyond



***Spring Break
After-School
Gap Camp
March 9th – 13th***

Dream it. Make it. Do it.



Merryhill School

1750 Rufe Snow Dr. | Keller, TX 76248 | 817-498-4920 | keller.merryhillschool.com

WELCOME!

Merryhill School Spring Break After-School Gap Camp Adventure

Spring Break Adventure

Merryhill School offers a fun-filled Spring Break Camp program for children ages 5-12.

Campers will jump into action, participating in exciting sports programs, exploring nature, becoming involved in performing and creative arts, playing a part in group activities, and attending special events.

Our campers have the opportunity to expand their horizons during the break embarking on new adventures and having fun! Our exceptional program and dedicated staff create an environment that forges lifelong friendships among our campers. We create a spring break experience that is unforgettable!

It all starts with our outstanding camp counselors.

A camp is only as good as its staff, and we are extremely proud of ours. Talent, creativity, love of children, leadership and devotion make our camp counselors the heart and soul of the program. Camp counselors and specialists are doing exactly what they enjoy most; spending spring break inspiring campers to explore, reach for new heights, and expand their horizons.

Camp Hours

Monday-Friday 6:45am - 6:30pm

Special Features

- ❖ **Quality staff**
- ❖ **Flexible, extended hours**
- ❖ **Field trips, special events**
- ❖ **Lunch program**

Activities

- ❖ **Culinary Arts**
- ❖ **Sports**
- ❖ **S.T.E.M**
- ❖ **Themed Activities**
- ❖ **Arts & Crafts**
- ❖ **Activities**

HIGHLIGHTS

Merryhill School Spring Break Camp

Sample Daily Schedule

7-8:00am	<i>Before Care</i>
8-9:00am	<i>Snack/Campers Choice</i>
9-10:00am	<i>Culinary Arts</i>
10-11:00am	<i>Field Trip and/or On Campus Event</i>
11-12:00pm	<i>Team Games</i>
12-1:00pm	<i>Lunch and Recess</i>
1-2:00pm	<i>Sports</i>
2-3:00pm	<i>S.T.E.M</i>
3-4:00pm	<i>Snack/Campers Choice</i>
4-5:00pm	<i>Art Creativity</i>
5-6:30pm	<i>After Care-Camp</i>

Spring Break After-School Gap Camp 2015

Camper's Name: _____	Grade: _____ Birth Date: _____	Sponsor's Name: _____	Date: _____
----------------------	-----------------------------------	-----------------------	-------------

Please Check Camp Days Your Child Will Attend

Week: March 9th-13th

Weekly Fee
\$160.00

☐ Mon 3/9 ☐ Tues 3/10 ☐ Wed 3/11 ☐ Thurs 3/12 ☐ Fri 3/13

Payment Methods	Cash or Check Payable to: Merryhill School	Check # _____ Amount: _____	Cash Amount: _____
------------------------	---	--	-------------------------------------



REGISTRATION FORM

Camper Information

Camper's Name				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			City	State	Zip
Camper's Birth Date	Age on June 1st		Grade in the Fall		
Parent/Guardian 1			<input type="checkbox"/> Male	<input type="checkbox"/> Female	Home#
Email Address			Employer	Business#	
Parent/Guardian 2			<input type="checkbox"/> Male	<input type="checkbox"/> Female	Home#
Email Address			Employer	Business#	
Child in custody of (Please check one)	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (Specify)	
Child lives with (Please check one)	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other Specify	
Does your child know how to swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you give permission for your child to swim in Camp Zone programs?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you give permission for your child to attend and participate in all activities on Camp Zone field trips?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Information

Family Physician	Address		Phone#
Dentist/Orthodontist	Address		Phone#
Medical/Hospital Insurance Carrier (Note: Please submit a copy of Insurance card)			
Health History – (Mark all that apply & provide copies of all immunizations)			
<input type="checkbox"/> Ear Infection <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder			
Allergies	<input type="checkbox"/> Pollen	<input type="checkbox"/> Poison Oak/Ivy/Sumac	<input type="checkbox"/> Penicillin
Insect Stings (List Type)		Foods (List Type)	Other (List Type)
Operations, serious injuries, diseases, or restrictions on physical activity:			
Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)			
Behavioral conditions or problems of which camp staff should be aware			

Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from Camp Zone. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name:	Phone#:	Relation	DL#
Name :	Phone#:	Relation	DL#

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis – if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____