



January 2020

Dear SSECC Family,

Camp Saul Spielberg is just around the corner, and I hope your child/children will be joining us for 11 weeks of fun in the sun! (An extended summer this year due to starting the school year a bit later!)

This year, Camp Saul Spielberg will be doing a special travel theme that I know our kids will love. Specifically, during each week of camp, we will “travel” to many different countries around the world as we collect stamps in our passports. Countries we will be traveling to include our very own United States of America plus, Mexico, Argentina, South Africa, Israel, Italy, United Kingdom, India, Japan, and Australia. During our explorations in each country, we will learn about their architecture, fine arts, sports, cuisine, and language. On top of our travels, we will have daily water play, which for some children will include swim lessons. Every Friday, we will celebrate Shabbat, wearing our current country’s colors. I am looking forward to going on this voyage with your children.

Since camp is supposed to be different than school, we have changed things around a bit to allow you flexibility when creating your child’s schedule. When registering your child, you will notice a monthly calendar. This calendar is to be used to indicate which days (and times) your child will attend. There are two requirements – each child must attend a minimum of 3 days a week (you pick the days!) and a minimum of 5 weeks (you pick the weeks!) These dates CAN NOT change as we will be building our staffing around your child’s specific schedule. However, should you need to add days/dates – we will do our best to make that work.

In this packet, you will find one copy of all required registration forms. If you need more copies, please visit the Camp Saul Spielberg page on United Hebrew’s website or make copies at home. To reserve your child’s space at camp, we will need all the completed registration forms and the non-refundable registration and activity fee of \$120 per child. The registration and activity fee includes special guests such as Joe Fingerhut, Beldin and Alice the Thinking Dog, The Magic House, The St. Louis Zoo and more! plus pizza on Fridays!

We’re looking forward to a great summer!

Thank you!

Lauren Lourie

Director of Early Childhood Engagement



January 2020

To successfully register your child for camp, please use the checklist below:

- Calendar choice form
- Family Information sheet
- Health History form
- Emergency Medical Consent form
- Payment options sheet

Camper's Name: _____

Camper's Age: _____

JUNE 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1st Day of Camp 1	2	3	4	5	6
Mexico	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00
7	8	9	10	11	12	13
Argentina	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00
14	15	16	17	18	19	20
South Africa	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00
21	22	23	24	25	26	27
Israel	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00
28	29	30	1	2	3	4
United States	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00				
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00				

<u>Daily Rate:</u>	<u>Member:</u>	<u>Nonmember:</u>
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

<u>3x a Week Rate:</u>	<u>Member:</u>	<u>Nonmember:</u>
9:00 – 1:00	\$102	\$117
9:00 – 3:00	\$153	\$174

<u>4x a Week Rate:</u>	<u>Member:</u>	<u>Nonmember:</u>
9:00 – 1:00	\$136	\$156
9:00 – 3:00	\$204	\$232

<u>Full Week Rate:</u>	<u>Member:</u>	<u>Nonmember:</u>
9:00 – 1:00	\$170	\$195
9:00 – 3:00	\$255	\$290

Camper's Name: _____

Camper's Age: _____

JULY 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	1	2	3	4
United States			<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	Closed – Observance of July 4	
			<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00		
5	6	7	8	9	10	11
Italy	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
12	13	14	15	16	17	18
United Kingdom	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
19	20	21	22	23	24	25
India	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
26	27	28	29	30	31	1
Australia	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	

Daily Rate:	Member:	Nonmember:
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

3x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$102	\$117
9:00 – 3:00	\$153	\$174

4x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$136	\$156
9:00 – 3:00	\$204	\$232

Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$170	\$195
9:00 – 3:00	\$255	\$290

Camper's Name: _____

Camper's Age: _____

AUGUST 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2 Japan	3 <input type="checkbox"/> 9:00 – 1:00	4 <input type="checkbox"/> 9:00 – 1:00	5 <input type="checkbox"/> 9:00 – 1:00	6 <input type="checkbox"/> 9:00 – 1:00	7 <input type="checkbox"/> 9:00 – 1:00	8
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
9 Festival of Nations/ Olympics	10 <input type="checkbox"/> 9:00 – 1:00	11 <input type="checkbox"/> 9:00 – 1:00	12 <input type="checkbox"/> 9:00 – 1:00	13 <input type="checkbox"/> 9:00 – 1:00	<small>Last Day of Camp</small> 14 <input type="checkbox"/> 9:00 – 1:00	15
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
16	17 School Closed	18 School Closed	19 School Closed	20 School Closed	21 School Closed	22
23	24 1st Day of School	25	26	27	28	29
30	31	1	2	3	4	5

Daily Rate:	Member:	Nonmember:
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

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FAMILY INFORMATION

Child's Name

Male Female

Birthdate

Age on August 1, 2020

Mayim (Under 22 months) <input type="checkbox"/>	Kochavim (Age 2 by July 31) <input type="checkbox"/>	Etzim (Age 3 by July 31) <input type="checkbox"/>	Keshet (Age 4 by July 31) <input type="checkbox"/>	Shamayim (Age 5 by July 31) <input type="checkbox"/>
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Address

City, State, Zip Code

Home Phone

Member of United Hebrew? Yes No Other:

Parent #1 Name

Work Phone

Cell Phone

Email Address

Parent #2 Name

Work Phone

Cell Phone

Email Address



HEALTH HISTORY FORM

Child's Name _____

Birthdate _____

Allergies:

Food _____

Medication _____

Other allergies or medication concerns (stings, hay fever, asthma, etc.)

Vaccinations:

_____ I have attached a copy of my child's vaccinations.

_____ My child has his/her vaccination record on file at the SSECC that is less than 12 months old.

The health history is correct and complete to my knowledge, and the child stated has permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide care as they see necessary. I give permission to the camp to arrange necessary related transportation for me/my child in the event of an emergency. In the event I cannot be reached in an emergency, I hereby give permission for the physician, selected by the camp, to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____ Date _____

Printed name _____



EMERGENCY MEDICAL CONSENT FORM

Child's Full Name _____

Birthdate _____

Home Phone _____

Parent/Guardian 1:

Parent/Guardian 2:

Name _____

Name _____

Business # _____

Business # _____

Cell # _____

Cell # _____

Home # _____

Home # _____

Physician's Name _____

Phone # _____

Medication Allergies _____

Individuals who should be contacted in an emergency if parents can't be reached:

Name	Relationship	Phone
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_____	_____	_____
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In case of a medical emergency, I give my permission for the school to contact my child's physician if I cannot be reached. If it appears to be necessary, I authorize a school representative to call 911 or take my child to the nearest hospital.

Hospital of Choice _____

Parent's Signature

Date



PAYMENT OPTIONS

REGISTRATION and ACTIVITY FEE PAYMENT OPTIONS

Registration and activity fee of \$120

Enclosed is a check for our registration fee. Check #

Pay via payquiq form online. Payment form can be found at bit.ly/20campss

CAMP TUITION PAYMENT OPTIONS:

If choosing to pay by credit card, you will incur an additional 3% in credit card fees

Pay full amount via payquiq form on April 23.

Pay in 2 monthly installments (April 23 and May 21) via payquiq.

I will write a check for the full amount due on April 23.

I will write 2 checks for the full amount due on April 23 and May 21.