



Explore St. Louis with Camp Saul Spielberg

Dear Families,

Camp Saul Spielberg is just around the corner, and I hope your child/children will be joining us for 10 weeks of fun in the sun!

This year, we are inviting campers to enjoy a staycation and learn all about their hometown. Each week we will explore different locations around Saint Louis from our classrooms. As we learn about each place, we will tie our learning into fine arts, cooking, sports, science, math, literacy, and more! On top of our adventures, we will have water play, and on Fridays, we will celebrate Shabbat and enjoy a pizza lunch. I look forward to going on this exploration with our children.

Since camp is supposed to be different from school, we have changed things around a bit to allow 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, please complete and return the registration forms by February 15. There is a non-refundable registration and activity fee of \$130 per child which includes pizza lunch on Friday. An early bird discount of \$115 will be given if registration is turned in by Friday, January 26.

We're looking forward to a great summer!

Thank you!

Lauren Lourie
Director of Early Childhood Education Engagement



Camp Saul Spielberg

UNITED HEBREW CONGREGATION

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 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3 <small>1st Day of Camp</small>	4	5	6	7	8
Saint Louis Zoo	<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	
Grant's Farm	<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	10	11	12	13	14	15
Laumeier Sculpture Park	<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	
Saint Louis Art Museum	<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	18	19	20	21	22
Union Station	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	Camp Closed Juneteenth	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
Transportation Museum	<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	
23	24	25	26	27	28	29
Missouri Botanical Gardens	<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	
Soulard/Tower Groves Farmer's Market	<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	

3x a Week Rate:	Member:	Nonmember:	4x a Week Rate:	Member:	Nonmember:	Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$108	\$120	9:00 – 1:00	\$144	\$160	9:00 – 1:00	\$180	\$200
9:00 – 3:00	\$162	\$189	9:00 – 3:00	\$216	\$252	9:00 – 3:00	\$270	\$315

Camper's Name: _____

Camper's Age: _____

JULY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 Science Center History Museum	1 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	2 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	3 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	4 Camp Closed July 4th	5 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	6
7 Ted Drewes IMOS Fitz's Rootbeer Crown Candy	8 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	9 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	10 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	11 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	12 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	13
14 The Fabulous Fox The Muny Powell Hall	15 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	16 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	17 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	18 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	19 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	20
21 Busch Stadium Enterprise Center City Park	22 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	23 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	24 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	25 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	26 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	27

3x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$108	\$120
9:00 – 3:00	\$162	\$189

4x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$144	\$160
9:00 – 3:00	\$216	\$252

Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$180	\$200
9:00 – 3:00	\$270	\$315

Camper's Name: _____

Camper's Age: _____

JULY/AUGUST 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28 City Museum Magic House	29 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	30 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	31 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	1 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	2 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	3
4 The Arch Forest Park	5 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	6 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	7 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	8 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	9 <small>Last Day of Camp</small> <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	10
11	12 School Closed	13 School Closed	14 School Closed	15 School Closed	16 School Closed	17
18	19 1 st Day of School	20	21	22	23	24
25	26	27	28	29	30	31

3x a Week Rate:	Member:	Nonmember:	4x a Week Rate:	Member:	Nonmember:	Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$108	\$120	9:00 – 1:00	\$144	\$160	9:00 – 1:00	\$180	\$200
9:00 – 3:00	\$162	\$189	9:00 – 3:00	\$216	\$252	9:00 – 3:00	\$270	\$315

FAMILY INFORMATION

Child's Name

☐ Male ☐ Female

Birthdate

Age on August 1, 2024

Mayim
(16-24 months)

☐

Kochavim
(Age 2 by July 31)

☐

Etzim
(Age 3 by July 31)

☐

Keshet
(Age 4 by July 31)

☐

Shamayim
(Age 5 by July 31)

☐

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



Camp Saul Spielberg
UNITED HEBREW CONGREGATION

HEALTH HISTORY FORM

Child's Name _____

Birthdate _____

Allergies:

Food _____

Medication _____

Other allergies or medical 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 my permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide care as they see necessary.

Signature of parent/guardian _____ Date _____

Printed name _____



Camp Saul Spielberg
UNITED HEBREW CONGREGATION

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

_____	_____	_____
Name	Relationship	Phone

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 \$130 (\$115 if returned by January 26)

☐ Enclosed is a check for our registration fee. Check #

☐ Pay via brightwheel.

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 brightwheel form on April 19.

☐ Pay in 2 monthly installments (April 19 and May 17) via brightwheel.

☐ I will write a check for the full amount due on April 19.

☐ I will write 2 checks for the full amount due on April 19 and May 17.