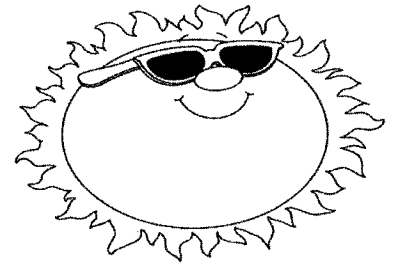


Shepherd of the Hills Summer Camp

2026 Registration Requirements & Communication



What You Need to Turn In Before Starting Camp

All items listed below must be submitted **before your child's first day of camp**:

1. Completed **Summer Camp Registration Form**
 2. Copy of **Birth Certificate**
 3. Current **Physical Examination & Immunization Records**
 4. Signed **Tuition Contract**
 5. Completed and signed **DCFS Form**
 6. **\$50 Registration Fee** (non-refundable)
-

Communication

REMIND App


Shepherd of the Hills Summer Camp uses the **REMIND** app to communicate with parents and guardians.

- Once your child is registered, you will be added to the app
- This is our **primary method of communication**
- Important updates, reminders, and announcements will be sent via text
- Parents may also message staff directly through the app


 Please download the **REMIND** app prior to the start of camp

S.O.T.H. Camp Cell Phone

A staff member will have access to this phone at all times during camp hours.

 **Call or Text: 815-276-6829**

Facebook Check in during the day to see what fun we are up to!

 **Search:** *shepherdofhillsBandA*

Shepherd of the Hills Summer Camp

2026 Registration Form

Camp Start Date: _____

Exit Date: _____

Child Information

Child's Name: _____

Date of Birth: _____ **Age / Grade:** _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Gender:** ☐ Male ☐ Female

Parent / Guardian Information

Parent/Guardian #1

Name: _____

Relationship to Child: _____

Address (if different): _____

Cell Phone: _____ **Work Phone:** _____

Occupation: _____

Email: _____

Parent/Guardian #2

Name: _____

Relationship to Child: _____

Address (if different): _____

Cell Phone: _____ **Work Phone:** _____

Occupation: _____

Email: _____

Summer Camp Schedule

Drop-Off Time: _____ a.m. **Pick-Up Time:** _____ p.m.

Days Attending (circle): M T W TH F

Fees

Registration Fee: \$50 ☐ Paid ☐ Not Paid

Weekly Tuition: \$ _____

Emergency Contacts & Authorized Pick-Up

(In addition to parents/guardians listed above)

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Parent Acknowledgement

I have read the **Parent Handbook**, understand the information provided, confirm that all information on this form is accurate, and agree to follow all policies of the Shepherd of the Hills B&A School Care and Summer Camp Program.

Parent/Guardian Initials: _____

Summer Camp Activities

Summer Camp includes mandatory activities throughout the summer. Parents are responsible for additional costs when applicable. Activities may include, but are not limited to: Vacation Bible School, Knox Pool, bus field trips, in-house activities, and walking field trips. Children will walk to local destinations.

Parent/Guardian Initials: _____

Medical Information

Please inform staff of any medical conditions or allergies.

1. Special family circumstances (divorce, adoption, recent move, etc.):

2. Special needs or characteristics (physical, learning, speech, hearing, fears, etc.):

3. Allergies (food, medication, environmental):

4. Does your child take medication regularly? If yes, explain:

5. Additional helpful information (IEP, 504, etc.):

Consent Forms

Consent Form 1 – Emergency Medical Care

I, _____, give permission for staff to obtain emergency medical care for my child, _____, if necessary. I understand every effort will be made to contact me and that I am responsible for any medical expenses incurred.

Signature: _____ **Date:** _____

Consent Form 2 – First Aid Treatment

I, _____, give consent for trained staff to administer first aid, CPR, or AED treatment to my child, _____, if needed.

Signature: _____ **Date:** _____

Physician Information

Doctor's Name: _____ Phone: _____

Address: _____

Comments: _____

Photography Release

I give permission for my child's photograph (without name) to be used for promotional purposes by Shepherd of the Hills B&A School Care and Summer Camp Programs.

Signature: _____ **Date:** _____

Program Policy

Shepherd of the Hills reserves the right to disenroll any child due to non-payment or behavioral concerns.

Parent/Guardian Initials: _____

Any additional information we should know?

Shepherd of the Hills Summer Camp Tuition

Welcome!!! The purpose of the Shepherd of the Hills Before & After-School Care and Summer Camp Program is to provide a **quality, safe, and nurturing environment** that promotes each child's **intellectual, social, creative, spiritual, and physical development**, supporting their overall personal growth.

Summer Camp Hours

Monday – Friday

6:00 a.m. – 6:00 p.m.

Registration & Tuition Rates

Registration Fee

- **\$50.00 annual registration fee**
- Due at the time of enrollment
- Non-refundable

Summer Camp Tuition

- **\$50.00 per day**
 - Program hours: **6:00 a.m. – 6:00 p.m.**
-

Tuition Policies

Please read carefully.

- **Tuition is due every Monday.**
 - Payments may be made **online by credit card, by check, or by cash.**
 - Checks should be payable to **Shepherd of the Hills (SOTH).**
 - **Full weekly tuition is due regardless of attendance**, including absences due to illness, vacation, or holidays.
 - **Vacation weeks (Monday–Friday)** may be taken at **one-half tuition with prior notice.**
 - If tuition payments fall **two (2) weeks behind**, your child **will not be permitted to attend** the program until the balance is paid in full.
 - Continued late payments may require families to **pay one week in advance.**
 - **Multi-child discount:**
Families with more than one child enrolled will receive **10% off weekly tuition for the second child.**
-

Agreement I have read and understand the policies outlined above and agree to comply with all payment terms and program policies of the Shepherd of the Hills Before & After-School Care and Summer Camp Program.

Parent/Guardian Signature: _____

Date: _____

Please sign the form below and turn in with your registration paper work.

You can print a copy of the DCFS summary of Licensing on S.O.T.H. web site or get a copy from the director.

Thank you

Ashley Metcalf

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent _____

Date _____

Signature of Parent _____

Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.