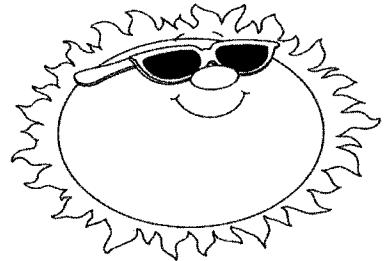


Shepherd of the Hills Summer Camp

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 summery 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 _____

Name(s) of Child(ren)

hereby certify that I/we have
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Signature of Parent

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