



## **S.O.T.H. SUMMER CAMP**

**Welcome to S.O.T.H. Summer Camp!!!**

**Camp begins on Tuesday, May 27<sup>th</sup>, 2025, and continues through Tuesday, August 19, 2025.**

We hope your child is ready for a high-energy summer! We will attend 5 bus field trips this year: Discovery Center, Milwaukee Zoo, Timber Ridge, Roller Rink, and Adrenaline Monkey. Also, we will be walking to several places around town: Knox Pool, and Parks. We will also be visited by several special programs throughout the summer. These extra activities are **not included** in the tuition. Parents are responsible for paying the cost of these activities. A field trip form with info for each activity will be handed out a couple of weeks before the outing. Trips range between \$20-\$35 for each bus trip.

Each week of camp will have a theme. Mornings will be divided into three sections: a theme project, an outside activity, and free play. Groups will rotate from 9 a.m. to 12 p.m. in one-hour blocks. Lunch will be at noon and afternoons will then be used for field trips, pool, special activities, and games.

The week of June 9<sup>th</sup> – 13<sup>th</sup> is S.O.T.H. Vacation Bible School (VBS). All Children in attendance for camp between the hours of 9 am – 12 pm are required to attend. Parents are required to pay the \$30 VBS fee.

Knox Pool. We recommend parents get their child(ren) a pool pass to Knox Pool. You can buy a pool pass @ The McHenry Parks & Recreation Department 3636 Municipal Drive McHenry, IL 60050

If you live in the city of McHenry, passes are \$85, and if you live outside of the city of McHenry, which includes unincorporated McHenry, passes are \$115. You can pay \$7 cash at the door, for those without a pass.

**Passes go on sale on April 1<sup>st</sup>, 2024. Please remember to bring your license when purchasing a pass.**

### **Suggested Items for Summer Camp**

- Water Bottle – daily
- Sunblock – daily, we recommend putting it on before coming to camp and we will reapply during the morning and afternoon. We also recommend the spray because it is much easier for the kids.
- Backpack to keep all items in
- Gym Shoes
- Pool Specifics
  - Backpack, Pool Pass, Swimsuit, Towel.
  - We ask that kids do not bring \$ for the snack bar at the pool.

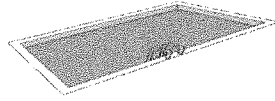
If you have any questions, please contact Ms. Ashley at 815-276-6829. This # travels with us at all times!

**Make sure to stay up-to-date via our Facebook page to see all the fun we are having!**

**Search us: [shepherdofhillsBandA](#)**

LET'S HAVE A GREAT, FUN-FILLED & MEMORABLE SUMMER!!

# Knox Pool



Dear Parents:

S.O.T.H. Camp walks down to Knox Pool  
Mondays, Tuesdays, & Thursdays 1:30-2:45 during the summer.

Price info: \$7 daily at the door – cash only

OR

season pool passes (city of McHenry) - \$85  
season pool passes outside city of McHenry- \$115

**\*\*On sale April 1<sup>st</sup>, 2025 \*\***

(Please remember to bring your license when purchasing).

The pass is good all summer, and it can be used at the facilities outside of just attending camp swim.

Purchase Passes at McHenry Recreation Center 3636 Municipal Dr

**SWIM TEST:** Knox Pool lifeguards will ask campers to take a swim test on their 1<sup>st</sup> visit.

A child will have to swim front crawl 15 yards continuously without touching the bottom or holding the wall.

Passing the test will allow your child to utilize diving boards and the deep end of the pool.

*Please fill out this pool questionnaire and return*

-----  
Child's Name: \_\_\_\_\_ Pool pass# \_\_\_\_\_

Do you want your child to stay in the shallow end only?                      YES                      NO

Do you want your child to wear a life jacket?                                      YES                      NO

**(If your child has a life jacket on, they have to stay in the shallow end.)**

If yes, will you provide the life jacket?                                              YES                      NO

May your child go into the deep end of the pool?                                      YES                      NO

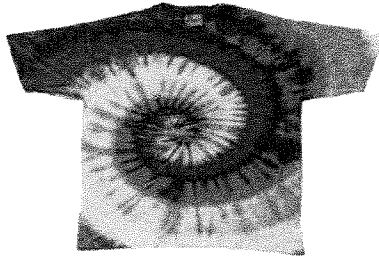
May your child go off the diving board?  
(only if allowed in the deep end)                                                              YES                      NO

\*If you answer yes to your child wearing a life jacket they must stay in the shallow end.

\*If you answer yes to your child going in the deep end, they must pass the swim test.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SUMMER CAMP T-SHIRT ORDER FORM

For Safety reasons and for better identification when we are on our Wednesday & and Friday field trips, we will be ordering camp t-shirts. The cost of the shirt is \$15. YOUR CHILD WILL NEED TO WEAR THIS SHIRT ON WEDNESDAYS FOR BUS FIELD TRIPS. These shirts will have our logo on them and will come in white. On Wednesday, June 4<sup>th</sup>, 2025 we will be tie-dyeing them here at camp.

Please fill out the following form and return it with payment by May 23rd. Thank you 😊

-----  
Child's Name: \_\_\_\_\_

Youth Size

Adult Size

S ( 5 ) \_\_\_\_\_  
M( 6-8 ) \_\_\_\_\_  
L( 10-12 ) \_\_\_\_\_  
XL(14-16 ) \_\_\_\_\_

S \_\_\_\_\_  
M \_\_\_\_\_  
L \_\_\_\_\_  
XL \_\_\_\_\_

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_

# Shepherd of the Hills Lutheran Church

## Vacation Bible School

June 9 - 13, 2025

8:30am-12:30pm



Our theme is *True North: Trusting Jesus in a Wild World!!* VBS is open to children aged four through completion of fifth grade. The cost of VBS is **\$30 per child** and includes a daily craft, snack, game, and a set of Bible buddies. Registrations are first come, first served. We will have a waiting list if we reach our registration limit. Filling out a registration form for each child will be required to hold your spot on the waiting list. Scholarships are available to offset the cost for any family who may need assistance.

Please contact Heather Castaing at 815-385-4030 or [hcastaing@shepherdofhills.org](mailto:hcastaing@shepherdofhills.org) for details.

**REGISTRATION IS NOW OPEN!**

**PLEASE COMPLETE ONE FORM PER PERSON**

Child's First and Last Name \_\_\_\_\_ M / F

Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Scholarship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian First and Last Name \_\_\_\_\_

→ Member of SOTH → Attend SOTH B & A Summer Camp → SOTH Preschool → Community Member

Current church attending \_\_\_\_\_

Allergies or other medical conditions No \_\_\_ Yes \_\_\_ (If yes, please fill out the health form on back.)

Emergency Contact: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Youth t-shirt size. Youth: XS (2-4) S (6-8) M (10-12) L (14-16) XL(18-20)

\_\_\_\_\_ Adult T-shirt, please write in size. Adult: XS, S, M, L, XL, XXL, XXXL

***I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above-named person. In the event of an emergency, paramedics and parent/emergency person will be called immediately.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***I give permission for Shepherd of the Hills to use photos of my child/myself taken at VBS for promotional purposes.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I will volunteer to help build décor and/or bring in water!**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Office Use Only

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ → Music Card Given (One Card per family)

# Shepherd of the Hills VBS

June 9 ~ 13, 2025

## ALLERGY / MEDICAL CONDITION VOLUNTEER INFORMATION

PLEASE COMPLETE ONE FORM FOR EACH PERSON

Registrant Name: \_\_\_\_\_



Parent Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Is your child allergic to any food? Yes No**

Allergic to: \_\_\_\_\_

What happens: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Does your child have other allergies? Yes No**

Allergic to: \_\_\_\_\_

What happens: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Does your child have asthma? Yes No**

Specify: \_\_\_\_\_

Treatment: \_\_\_\_\_

Limitations: \_\_\_\_\_

**Does child have a medical condition? Yes No**

Specify: \_\_\_\_\_

Treatment: \_\_\_\_\_

Limitations: \_\_\_\_\_

**Is there medication that will be left at the church? Yes No**

Name of Medication: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

***Please leave medication labeled with your child's name & instruction in the church office.***

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

***I grant permission to the staff of Shepherd of the Hills to seek medical assistance on behalf of the above named person. In the event of an emergency, paramedics and my emergency contact will be called immediately.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact Youth & Family Director Heather Castaing with any questions: [hcastaing@shepherdofhills.org](mailto:hcastaing@shepherdofhills.org)  
Shepherd of the Hills Lutheran Church 404 N. Green St. McHenry, IL 60050 815-385-4030



**Field Trip:** Discovery Center

**Date:** Wednesday, June 18<sup>th</sup> 2025

**Time Leaving:** 9:30 a.m.

**Time Returning:** 3:15 p.m.

**Cost:** \$20.00 (You can add it to your tuition check.)

**\*Please pack a lunch with your child's name on it.**

**\*Wear S.O.T.H. Camp T-shirt**

*Return signed permission slip & Money By 5/27/25*

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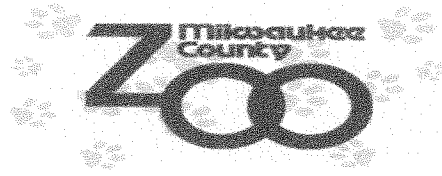
I give permission for \_\_\_\_\_ to go to the  
Discovery Center Museum on Wednesday, June 18<sup>th</sup>, 2025.

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ **I would like to chaperone this field trip (\$6.50)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SHEPHERD OF THE HILLS SUMMER CAMP

# Field Trip Permission Form

Your child's camp will be attending a field trip to: **Milwaukee Zoo**

<i>Date</i>	June 25 <sup>th</sup> 2025	<i>Time</i>	9:30 am – 4:00 pm
<i>Location</i>	Milwaukee, WI		
<i>Cost</i>	\$27.00 Bus & admission		
<i>Transportation</i>	Bus		
<i>Notes</i>	<p>Please bring a <b>disposable sack lunch</b>, water bottle, wear your camp shirt and gym shoes. Make sure to put sunblock on before coming to camp.</p> <p><b>NO EXTRA SPENDING MONEY PLEASE</b></p>		

Please return this permission slip by: May 27, 2025

I give permission for my child \_\_\_\_\_  
to attend the field trip to Milwaukee Zoo on June 25<sup>th</sup> 2025  
from 9:30 am to 4:00 pm

\_\_\_\_\_, I, \_\_\_\_\_ would like to be a chaperone on this field trip. - **\$14.25**  
(We can only take a few chaperones, so the first few to turn in the form will be able to come) 😊

Enclosed is \$ \_\_\_\_\_  
to cover the cost of the trip. (Exact cash or check made payable to (S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



SHEPHERD OF THE HILLS SUMMER CAMP

## Field Trip Permission Form

Your child's camp will be attending a field trip: Magician

<i>Date</i>	Friday, June 27 <sup>th</sup>	<i>Time</i>	1:30
<i>Location</i>	S.O.T.H.		
<i>Cost</i>	<b>\$14.00- This cost can be added to your tuition check</b>		
<i>Transportation</i>	N/A		
<i>Notes</i>			

Please return this permission slip by: 6/11/25

I give permission for my child \_\_\_\_\_

to attend the Magic show on Friday, June 27<sup>th</sup> 2025

from 1:30pm to 2:30pm.

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_