

## **Hello families-**

City Garden School will offer our beloved summer camp again this year! We are excited for those warm summer days ahead, and we know families are quickly filling their calendars for this summer. Read on for all the details.

Summer camp will be held for 6-10 year olds, as well as 11 year old alumni of our camp who are encouraged to come back as junior counselors. Children will be dropped off at Rockbridge State Park and will be outside the entire morning with our wonderful teachers. We will be exploring the woods as well as the creek. We will be catching frogs, tadpoles, and crayfish - sometimes with our bare hands! We will be hiking, observing the forest around us, singing songs, and playing games. We hope to explore Connors Cave again this year as well.

Our camp will be offered from **June 5th - June 9th and June 12th - 16th from 9am to 1pm** and will be run by Tory Kassabaum. **Each week will cost \$135.** If you have two children, your second child comes for \$115. If you sign up your child for both weeks, the total cost for that child is \$250. You can sign up for one week or both weeks.

## **Camp Teachers**

### **Tory Kassabaum - Lead Teacher**

In 2012, after graduating from Knox College with a degree in Environmental Studies, Tory moved from the flat Midwestern plains of Missouri and Illinois to the mountainous Pacific Northwest. She was excited to live and study in Washington where she could explore the mountains and ocean while pursuing a certificate in Environment, Education, and Community from Islandwood School and a masters degree in Education from the University of Washington. While in Washington, she taught at a preschool inspired by the Reggio Emilia philosophy. This not only opened Tory's eyes to just how beautiful, fun, and creative the art of teaching could be, but also allowed her to cultivate her skills as a leader in the classroom. She then moved on to teach preschool at Mercer Slough Environmental Education Center. There, she transformed their program to use curriculum involving more art, emotion, and free play. While Tory enjoyed the beautiful landscape in Washington, Missouri will always be home. She interned with City Garden School for 2015, and came on as a full time teacher for the 2016-2017 school year, teaching third and fourth grade. She is overjoyed to be a part of the City Garden community.

## **Registration**

Our registration deadline is June 1st but get your forms in early to reserve a spot. Often our camp fills. The registration forms are below and should be **sent to City Garden Grade School, c/o Calvary Episcopal Church, 123 S. 9th St, Columbia, MO 65201 with your payment. Checks should be made out to "City Garden Grade School".**

Please email Nicole Knapp-Weber, Director of City Garden, [msknappweber@citygardencolumbia.org](mailto:msknappweber@citygardencolumbia.org), if you have any questions or concerns.

**After June 1st, Nicole will send out more details to all who have registered. Thanks!**



## Summer Camp Registration Form

City Garden School Summer Camp offers children the opportunity to experience the necessity of a Summer spent outside at Rock Bridge State Park with friends and teachers, exploring and imagining together.

**Please circle the dates of the camp in which you are registering.**

June 5 - 9, 2017

June 12 - 16, 2017

Cost: \$135 per week. \$115 for siblings. If signed up for both weeks, total cost for one child is \$250.

Times: 9:00am to 1:00pm

Location: Rockbridge State Park Devil's Icebox Lot

Child's (Children's) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: (We will contact you via email with details about our camp at the end of May. Please write legibly!)

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## Medical Release Form for Minor Child

I, \_\_\_\_\_, Parent or Legal Guardian of

\_\_\_\_\_, a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

In case of emergency, please call:

\_\_\_\_\_

Doctor's Name and Phone Number \_\_\_\_\_

The above-mentioned minor has the following allergies, medical conditions, social/psychological or emotional disorders in which teachers should be aware:

\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Name of Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

City Garden Grade School  
Liability Waiver 2017  
REQUIRED FOR PARTICIPATION

I, the parent/guardian of \_\_\_\_\_, (print child's full name), for myself, my next of kin, and my minor child, do hereby fully release and hold harmless City Garden Grade School, City Garden Grade School non-profit organization, and any agent, director, officer, organizer, supervisor, teacher, volunteer, or member of such organization from any and all liability, loss, damages, or injuries arising out of participation in the City Garden School program in which I have enrolled my child.

I have full knowledge of the nature and extent of all risks associated with exercising, running, playing, hiking, and other activities associated with the City Garden Grade School program, including but not limited to:

-INSTRUCTION

-HIKING

-GAMES

-CREEK PLAY

-EXERCISES

-AND ANY OTHER ACTIVITY ASSOCIATED WITH THE CITY GARDEN GRADE SCHOOL PROGRAM BEFORE OR AFTER THE DATE HEREOF.

I further acknowledge that the above list is not inclusive of all possible risks associated with the program and that the above list in no way limits the extent or reach of this release and covenant not to sue. I hereby certify that my child is in good health and that my child has no physical limitations that would preclude her or his safe participation in the City Garden Grade School program. This release and waiver extends to all claims of every kind and nature whatsoever. **I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having read it.**

Parent/Guardian Printed Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Printed Name(s): \_\_\_\_\_

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

Send to City Garden Grade School, c/o Calvary Episcopal Church, 123 S. 9th St, Columbia, MO 65201 with your payment. Checks should be made out to "City Garden Grade School"

## **Photo and Video Release For Minor Children (Optional)**

I, (print name) \_\_\_\_\_, parent or official

guardian of (print child's name) \_\_\_\_\_,

hereby grant permission to City Garden Grade School, to take and use:  
photographs and/or digital images and video of my child for use in news releases  
and/or promotional materials. These materials might include printed or electronic  
publications, web sites, facebook, or other electronic communications. I authorize  
the use of these images without compensation to me. All negatives, prints, digital  
reproductions shall be the property of City Garden Grade School.

Printed Name \_\_\_\_\_

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