

FREE

Where: St. John Evangelical United Church of Christ
307 West Clay Street, Collinsville, IL 62234

When: Monday - Thursday from June 5-July 27, 2017

Time: Noon - 2:00 p.m.

Who: School-Age children 4 to 18 years old qualify
for this free lunch!

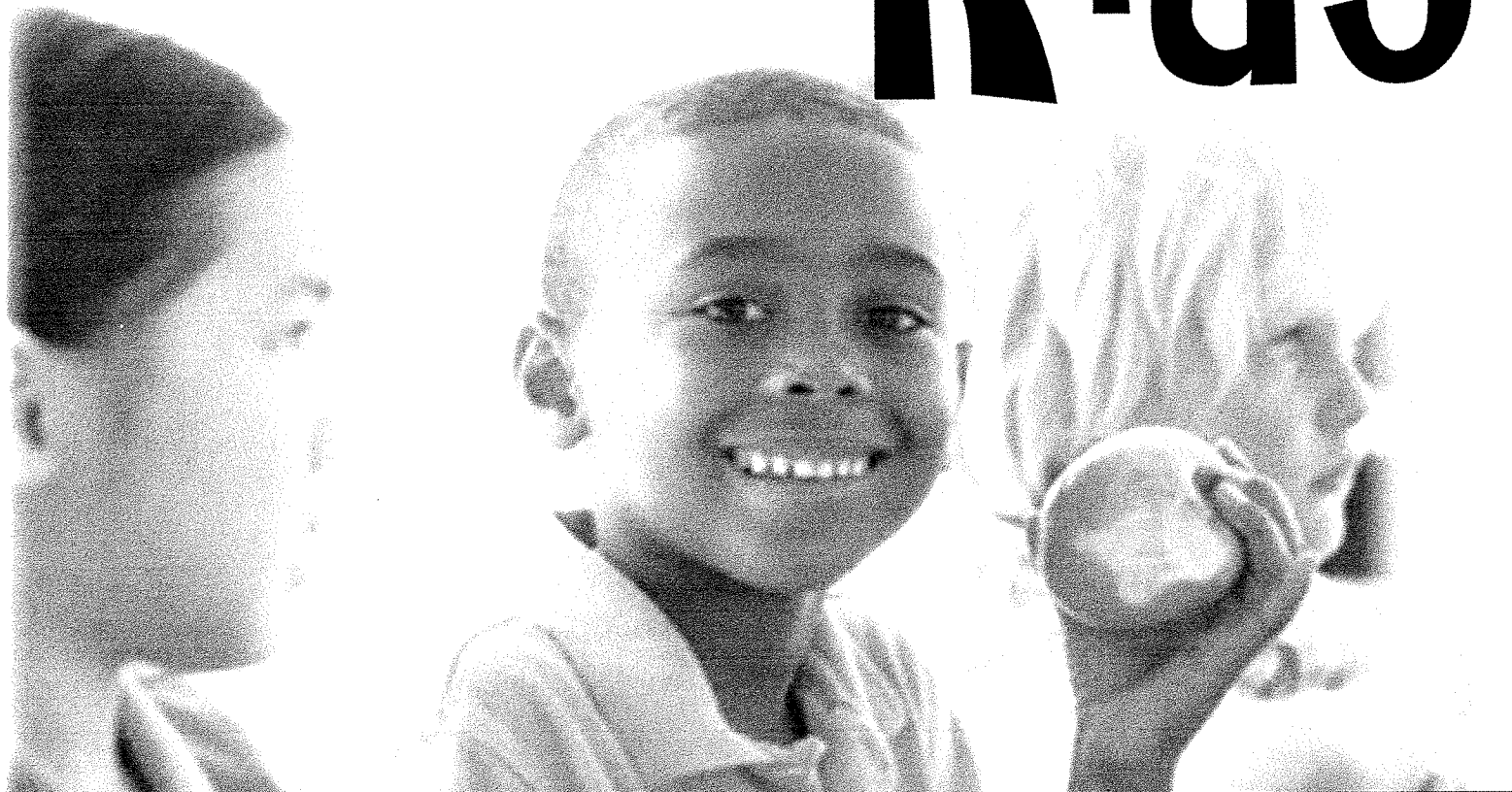
Why: To provide a healthy & great tasting meal!
No reservations needed to eat.

Food For Kids

Register on back side to participate in free activities.

Deliver or Mail to: St. John Church,
307 W. Clay, Collinsville, IL 62234.

For more information about free Madison County Transit
transportation for your child call Vicki at 344-1290



**Sponsored by: St. John Evangelical United Church of Christ,
Collinsville Food Pantry, U of I Extension, Collinsville Township,
Spirit of Sharing (S.O.S.) Soup Kitchen & Reading Success Center
For more information about the program call Dana at 344-2526**

HHH Summer Camp Registration Form



I give my child, _____, a student going into ____ grade

at _____ School, permission to participate in Homework Help & Hoops (HHH) Summer Camp (fun activities) on Monday-Thursday, June 5-July 27, 2017 FROM 12 NOON TO 2:00 P.M.

Child's Name _____ Male/Female

Address _____ Email _____

Parent's Name _____ Phone # _____

Emergency Contact _____ Phone # _____

Known Allergies _____

Medications _____

Choose One Below & Initial:

- I will provide my own transportation to and from St. John Church. _____ Initial
- My child will be walking or riding his or her bike to and from St. John Church. _____ Initial
- My child will take Madison County Transit & will walk to & from the bus stop to St. John Church. _____ Initial

(Contact Vicky at 344-1290 for more info about free Madison County Transit bus passes for your child.)

Pick-Up Policy: If your child is being picked up at the church, a responsible party will need to come into the Faith Hall Lobby to sign-out your child by 2 p.m. Failure to pick up your child on time may result in your child's immediate release from the activities portion of the program. Staff will require adults picking up the children to show identification. Only the people you indicate below will be allowed to sign-out and pick-up your child. (Please include yourself on this list!)

NAME	PHONE NUMBER	NAME	PHONE NUMBER

- I understand my child must have appropriate behavior to participate in the HHH Summer Camp activities.
- I give permission for my child's picture to be taken and used appropriately to advertise/promote the program.
- Additional forms will be required to participate in 4-H activities.

Activities include Cooking, Book Club, Reading Buddies, Singing, P.E., Arts/Crafts, & more!

Parent's Name (Print) _____ Signature _____

Phone Number You Can Be Reached at from Noon – 2 p.m. _____

Return to St. John Church, 307 W. Clay, Collinsville (open 9:30-3:30 M, T, & Th and W from 12-6 pm) or by mail BEFORE June 1 .