

# HHH Summer Camp Registration

homework help & hoops



I give my child, \_\_\_\_\_, a student going into \_\_\_\_\_ grade permission to participate in Homework Help & Hoops (HHH) Summer Camp (fun activities & lunch) on Monday-Thursday, June 1 - July 23, 2026 FROM 12 NOON TO 2:00 PM.

Child's Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone #(Required) \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Known Allergies (Including Food Allergies)** \_\_\_\_\_

## Choose One Below & Initial:

### DO NOT ARRIVE BEFORE 11:45 AM

I will provide my own transportation to and from St. John Church. Initial \_\_\_\_\_

My Child will be walking or riding their bike to and from St. John Church. Initial \_\_\_\_\_

My Child will take Madison County Transit & will walk to/from the bus stop & the church. Initial \_\_\_\_\_

**(Contact Mandi at 618-344-2526 ext. 103 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 2:00 PM**. **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 # \_\_\_\_\_

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

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

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

Initial \_\_\_\_\_ I understand my child must have appropriate behavior to participate in the HHH Summer Camp activities. Misbehavior results in a strike, 3 strikes and you are out.

Initial \_\_\_\_\_ I give my permission for my child's picture to be taken and used appropriately to advertise/promote the program.

Initial \_\_\_\_\_ I understand that additional permission forms will be required for my child to participate in some activities.

Initial \_\_\_\_\_ I understand that my child must be a willing participant in all the activities at camp.

Initial \_\_\_\_\_ I give permission for Unit 10 to release test scores, grades, and other measurable data to HHH Staff.

Parent's Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number you can be reached at from Noon-2:00 PM \_\_\_\_\_

Activities include Cooking, Life Skills, Reading Buddies, Music, P.E., Arts/Crafts, STEM & More!

**Return by mail or in person to St. John UCC, 307 W. Clay St., Collinsville (Open 9:30 AM - 3:30 PM Monday - Thursday) or email to [hhh@stjohnucc-collinsville.org](mailto:hhh@stjohnucc-collinsville.org) BEFORE May 22, 2026**