Andrews Academy Lake Saint Louis Summer Experience



June 3rd - August 9th 9:00 a.m. - 4:00 p.m. Monday - Friday 636-561-7709

The Andrews Academy Lake Saint Louis Summer Experience

Kindergarten through eighth grade students are invited to explore, create, and collaborate with a team to work toward a common goal.

The Andrews Academy Lake Saint Louis Summer Experience will engage your child and provide exciting opportunities for exploration as well as achievement.

Each of five themes will be explored for two weeks.

<u>June 3 - June 14</u>

<u>June 17 - June 28</u>

<u>July 1, 2, 3 & July 8 - July 12</u>

<u>July 15 - July 26</u>

July 29 - August 9

Students will be grouped by age. Theme-based activities will be adjusted according to age and ability.

Sports, movement, creative workshop, swimming, and field trips enhance each experience.

Summer Experience Hours: 9:00 a.m. - 4:00 p.m. Extended day: 8:00 a.m. - 5:00 p.m.

Breakfast, lunch, field experiences, and visiting experts will be provided at no additional cost.



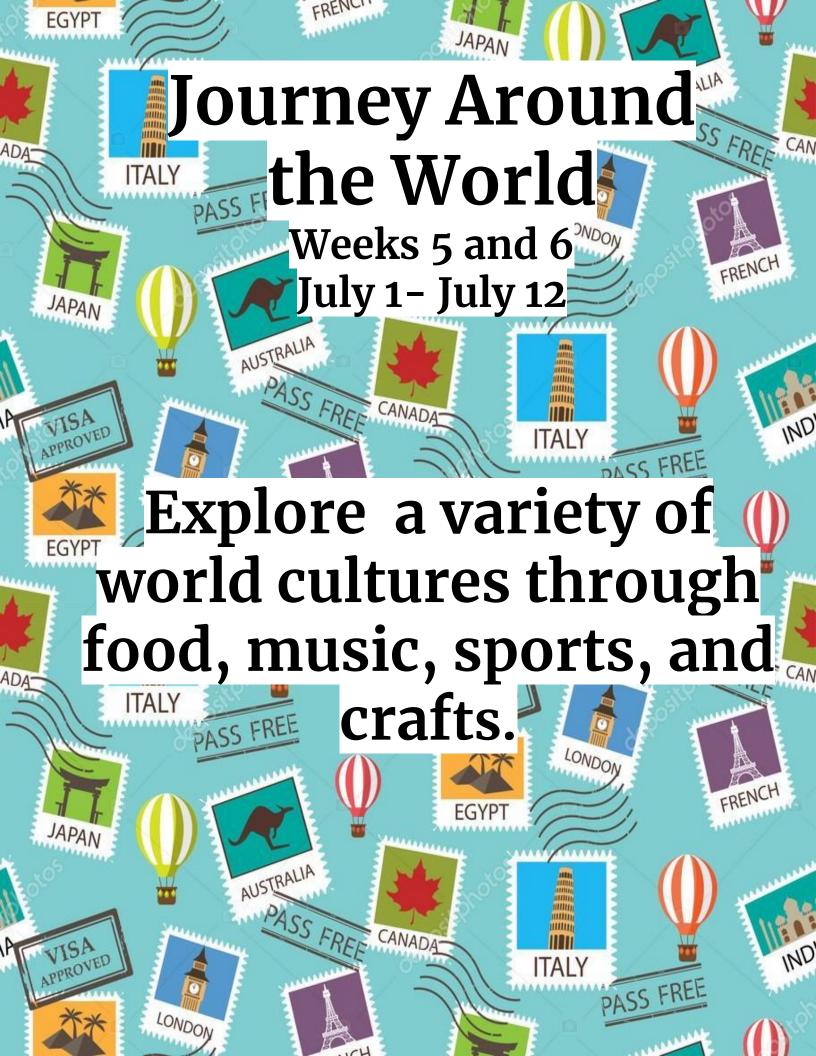
Learn about the performing arts, showmanship, set design, and perform in front of a live audience!





Weeks 3 and 4 June 17- June 28

- Develop entrepreneurial skills while working with a team to organize a schoolyard carnival!
- Set a budget, build games, order concessions, provide entertainment and promote the carnival to friends and family.



Masters of Mystery

Weeks 7 and 8

Become a detective through immersive experiences:

- Solve puzzles
- Escape a breakout room
 Participate in a "Who Done It? **Mystery Lunch**
- Discover treasures using maps

Junior Survivor

Weeks 9 and 10 July 29 -August 9

- Build a Campfire
- Pitch a Tent
- Use a Compass and Learn the Skill of Orienteering
- Make a Fishing Pole and Go
 Fishing
- Hike a Trail
- Identify Animal Tracks, Snakes, and Plants
- Purify Water
- Build a Shelter
- Learn to Shoot a Bow and Arrow
- Go on a Canoe Trip

Andrews Academy Lake Saint Louis Summer Experience 2024

Registration Form

STUDENT'S NAME:	S NAME: SHIRT SIZE:		
GRADE IN FALL 2024:	BIRTHDATE:	NAME OF SCHOOL: _	
ADDRESS:			
PRIMARY PARENT PHONE N	UMBER:	RELATIONS	SHIP:
SECONDARY PARENT PHONE	E NUMBER:	RELATIONS	SHIP:
EMERGENCY CONTACTS OT	HER THAN PARENTS:		
1. NAME:		PHONE NUMBER:	
RELATIONSHIP:			
		PHONE NUMBER:	
		ES:	
If your child must receive medication Form .	n during Summer Experience and/o	or extended care, please fill out a Med	lication Authorization
All medication is to be kept in the of	fice.		
SPECIAL DIETARY NEEDS: _			
OTHER IMPORTANT INFORM	ATION ABOUT YOUR STUD	DENT:	
understand and acknowledge that Andrews Ad	cademy is not responsible for any unforesection these trips, I agree to hold the camp and	Academy Summer Camp to take my child on fi en accident or injury incurred in connection wit its employees harmless for any claim(s) that m	th these events. As an
	ild in the event he/she should sustain an inj	mer Camp to secure such medical aid and hosp jury or illness while attending camp. I understan	
	ion and marketing of Andrews Academy St	photographed while participating in camp activ ummer Camp. I understand that it is my respons	
PLEASE SIGN BELOW: I HAVE STATED AUTHORIZATIONS.	READ THE REGISTRATION I	MATERIALS IN FULL AND AGR	EE TO THE ABOVE
Parent's Signature	Parent's Name		Date

Complete Registration on the back of this form.

9:00 a.m. - 4:00 p.m.

Morning Care opens at 8:00 a.m. and After Care is available until 5:00 at no additional cost.

Fees: \$330.00 per week

There is a 10% discount for the first sibling and a 15% discount for a second sibling when attending in the same week.

Weekly payments can be accepted through Tuition Express. Complete the attached Tuition Express form for automated payments. Payments will be processed on the Thursday prior to attendance.

PLEASE COMPLETE THE FOLLOWING AND CHECK THE BOXES TO INDICATE THE EXPERIENCES YOUR CHILD WILL EXPLORE.
STUDENT'S NAME:
We've Got Talent
June 3 – June 7
June 10 – June 14
Schoolyard Carnival
June 17 – June 21
June 24 – June 28
Journey Around the World
□July 1 – July 3
□July 8 – July 12
Masters of Mystery
July 15 – July 19
July 22 - July 26
Junior Survivor
□July 29 – August 2
August 5 – August 9

Weekly payment is due prior to the first day of participation.

Andrews Academy Lake Saint Louis Summer Experience 2024 Pick-up Authorization

Student's Name:		
Parents' Contact Information:		
Parent #1 Name		
Parent #1 Cell Phone		
Parent #1 E-mail		
Parent #2 Name		
Parent #2 Cell Phone		
Parent #2 E-mail		
List persons authorized to pick up	your child from Summer Experience and/or After Ca	re:
<u>Name</u>	Relationship to child	Phone #
<u>Name</u> 1	Relationship to child	Phone #
Name 12.	Relationship to child	Phone #
Name 1 2 3	Relationship to child	Phone #
Name 1 2 3 4	Relationship to child	Phone #

Notes:



Automated Payment Processing Safe - Convenient - Easy



We are excited to offer the safety, convenience and ease of Tuition Express®-a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR ACH BANK ACCOUNT and CREDIT/DEBIT CARD

I(we) hereby authorize <u>Andrews Academy</u> to initiate ACH charges to my (our) checking or savings account, indicated below (Section A) OR, to initiate crediUdebit card charges to the below-referenced crediUdebit card account (Section B). To properly affect the cancellation of this agreement, I(we) are required to give 10days written notice. We accept MC, Visa and Discover.

PLEASE COMPLETE ONE SECTION ONLY

SECTION A (ACH Bank Account)

			651		
Your Name			Phone#	¥1 = 10	
Address			City	State	Zip
Bank or Credit Union Name	Bank or C	Credit Union Address	City	State	Zip
Routing Transit Number (see sample t	pelow)	A	Account Number (see sal	mple below)	Savings Savings
Authorized Signature			Date		
SECTION B (Credit/Debit Card) 20 processing fee will beapplied					
Cardholder Name	and the same		Phone#		
Cardholder Address	***************************************		City	State	Zip
Account Number			Expiration Date	CW#	
Cardholder Signature	H		Date		
For Official Use Only	John Sample Mary Saruple 123 Nice Street Anytown, USA		OF THE WEST 0	0226	
Date Received	Pay to the order of:	SAMPLECHECK	\$	Dollars	
Employee Signature	1:1234567891:	18003381' 00226			
	1.1234307031;	10003301 00220			

Routing Number

Account Number

Check Number

Registration Checklist:

Registration to do:

- Complete Registration Form
- Complete Pick-up Authorization Form
- Complete Tuition Express Form for automated payments if you choose.
- Submit completed forms along with a non-refundable Registration Fee of \$35 to Andrews Academy by April 12.
- Make check payable to Andrews Academy.
 - o Registration materials can be mailed to:

Andrews Academy Lake Saint Louis Attn: Matt LaPointe, Summer Experience Registrar 1701 Feise Road Lake Saint Louis, MO 63368