

# History Mysteries Camp

Instructor: Kaitlyn Polacek - [kpolacek@wbsd113.org](mailto:kpolacek@wbsd113.org) (618) 340-5420  
Location: Middle School Library  
Grades: Currently 6<sup>th</sup> thru 8<sup>th</sup> Grades  
Dates: June 5<sup>th</sup> - June 8<sup>th</sup>  
Time: **10:30 a.m. - 12:00 noon**  
Cost: \$40.00 per student

**Make checks payable to: Kaitlyn Polacek**

Do you like solving mysteries? Does being a detective interest you? If so, come to History Mysteries Camp! In this year's camp, we will be looking at the assassination of President John F. Kennedy. By looking at resources from the Sixth Floor Museum in Dallas, Texas, students will be analyzing information surrounding all of the potential suspects. By the end of the week, students will form an opinion: do they believe Lee Harvey Oswald committed the crime, or do they think another suspect is responsible?

**T-Shirts WILL be made for this camp!**

---

## History Mysteries Camp Registration Form

Please return **THIS FORM & MEDICAL FORM** by **Fri., May 26, 2023.**  
*Check made payable to Kaitlyn Polacek*

Please Print

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

**T Shirt Size:**    **Adult**    **XL**    **L**    **M**    **S**                      **Youth:**    **L**    **M**    **S**

Activity \_\_\_\_\_

\_\_\_\_\_ Check    \_\_\_\_\_ Medical Form

\_\_\_\_\_  
Parent Signature

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

**\* Please Note: A Medical Form NEEDS TO BE ATTACHED TO EACH CAMP FORM \***

# Memorandum

**Date:** May 2, 2023

**To:** Participants of 2023 Summer Camps

**Re:** Registration Information for Summer Camps

To minimize any confusion due to the large number of summer camps being offered this year, the following rules will be in effect:

1. While the District is the host site of the camps, the camps are operated by the individual camp sponsors.  
Therefore, any questions and concerns should **only** be directed to the camp sponsor.  
Each camp description contains the sponsor's contact information.
2. Following registration, should any changes to the camp description and/or schedule be necessary, they will be communicated to you by the camp sponsor.
3. **Please complete a registration and medical form for each student for EACH CAMP.**
4. If your child is participating in multiple camps, **A SEPARATE CHECK, REGISTRATION FORM & MEDICAL FORM NEEDS TO BE WRITTEN FOR EACH CAMP.**  
Please write the name of the camp on the check's memo line.  
All checks should be made out to the camp sponsor.  
Any checks made out to Wolf Branch will be returned to you by the camp sponsor.
5. Each check, registration and medical form should be sealed in an envelope with the sponsor's name and the name of the camp printed plainly on the outside.

**Please do not place more than one check in an envelope.**

6. The office staff will not open the envelopes, but rather just forward each envelope to the sponsor whose name appears on the envelope
7. Discipline problems will not be tolerated. Normal Wolf Branch dress code is in effect. Positive behavior and attitudes will be expected from all participants. Misconduct, disrespect, or lack of attendance will all result in dismissal and loss of tuition, at the discretion of the sponsor.

Thank you for your cooperation.

**\* Please Note: A Medical Form NEEDS TO BE ATTACHED TO EACH CAMP FORM \***

**MEDICAL AND CONTACT INFORMATION** *(Summer 2023)*  
**THIS FORM MUST BE COMPLETED FOR ALL CAMPERS & EACH CAMP**

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

Please check if NO known allergies: \_\_\_\_\_

**ALLERGIES:**

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Latex: \_\_\_\_\_

Other: \_\_\_\_\_

Type of reaction/treatment: \_\_\_\_\_

\_\_\_\_\_

Any other pertinent medical information that may impact the camper: \_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION (Parent/Guardian)**

Father: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

May the camp sponsor send text messages to this cell phone number? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father's e-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Day Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

May the camp sponsor send text messages to this cell phone number? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's e-mail: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Caregiver's Day Phone: \_\_\_\_\_

Caregiver's Cell Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Parents/Guardians Name

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