Applicants accepted on a **FIRST COME BASIS**

**Nyumburu Cultural Center**

**CAMP SHULE**

**Summer 2014**

**June 16, 2014 to August 8, 2014.** (8 weeks)

Registration will stay open until all slots are full.

Availability ON A FIRST COME BASIS. **FULL time Campers accepted First**

(The information pages are A, & B and Registration pages are 1-4)

Nyumburu Camp Shule (Shule-Swahili word meaning “School”).

Camp Shule combines fun, friendships, and adventure of camp with the excitement of intellectual inquiry and discovery. Participants: Coeducational, and five divisions:

Each grade will have a separate classroom. Except 10<sup>th</sup> and 11<sup>th</sup> grades.

<table>
<thead>
<tr>
<th>Pathfinders</th>
<th>K, &amp; 1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warriors</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;, &amp; 3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Graders</td>
</tr>
<tr>
<td>Trailblazers</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; &amp; 5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Graders</td>
</tr>
<tr>
<td>Explorers</td>
<td>6&lt;sup&gt;th&lt;/sup&gt;, &amp; 7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Graders</td>
</tr>
<tr>
<td>Navigators</td>
<td>8&lt;sup&gt;th&lt;/sup&gt;, 9&lt;sup&gt;th&lt;/sup&gt;, 10&lt;sup&gt;th&lt;/sup&gt;, &amp; 11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Graders</td>
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**BACKGROUND AND PHILOSOPHY**

Camp Shule provides an opportunity for youth to explore academic, artistic, and athletic interests in a relaxed and creative environment. Camp Shule encourages a life-long, love-of-learning with a combination of the best aspects of traditional camps—close friendships, activities, and adventure—with an element of intellectual inquiry and exploration. Camp Shule is based on the fundamental belief that children are good decision makers, and make choices about their daily schedules which builds self-confidence, independence and maturity.

**PROGRAM OFFERINGS**

Academic courses: **Reading, Math, & Writing** (Monday, Wednesday & Friday).

Enrichment courses offer “hands on workshops in a variety of subjects. Mini-courses are designed to enhance academic skills, and stimulate Campers abilities in a fun-setting environment. All of these courses offer skill based instruction in a variety of areas.

**Field Trips and Mini Workshops** (Tuesday’s and Thursday’s).

Mini Workshops include: Public Speaking, Drama, Music, Vocabulary, Stepping, Etiquette, Sports Workshops, and Computer skills. **Arts and Craft** are offered for **Kindergarten through 4<sup>th</sup> grade**. **Works shops subject to change.**

**DAILY SCHEDULE**

Before care is **7:00am to 9:00am.** After care is **4:00pm to 6:00pm** and is included in the Registration fee. The camp is in session for **eight weeks from June 16, 2014 to August 8, 2014.** Campers can be dropped off as early as **7:00am** and **picked up no later than 6:00pm.** Drop-off and pick-up will always take place at the Nyumburu Cultural Center. There will be a charge of **$1.00 per minute** per child for pick-up after 6:00pm. Early arrival campers will watch videos, visit computer lab, and play games. The Camp planned curricular begins at **9:00am** with Morning Affirmations. Monday, Wednesday, and Friday is spent in **three academic courses.** Lunch is **12:00pm to 12:45pm.** Outdoor Recreation is **1:00pm to 2:30pm.** Snack time is from **2:35 to 2:55pm.** Academics with games **3:00pm to 3:55pm.** Monday through Thursday aftercare **4:00pm to 6:00pm.** Friday’s Open Mic **3:00pm to 5:00pm.** Friday’s aftercare **5:00pm to 6:00pm.**

**Please fax applications to:** Ms. Anne Reese Carswell, Camp Director (301) 314-0383-FAX

You may call (301) 314-7759 or e-mail carswell@umd.edu for a faster response.
Nyumburu Cultural Center

CAMP SHULE Electronic Payment Option

Camp Dates - June 16, 2014 to August 8, 2014

**CAMP SHULE** fees can be paid electronically for one to eight weeks.

**Before and After Care**
Camp Hours: 7:00am to 6:00pm Included in FEE
Curriculum Hours: 9:00am to 4:00pm Included in FEE

Application Form: [www.nyumburu.umd.edu](http://www.nyumburu.umd.edu) (Look for CAMP SHULE 2014)

**Registration fee $80.00 non-refundable (included in FEE)**

**Tee Shirt $10.00 (Included in Fee)**

**CAMP SHULE AMOUNTS Summer 2014**

<table>
<thead>
<tr>
<th>Weeks Attending</th>
<th>Total</th>
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<tr>
<td>8-weeks</td>
<td>$940.00</td>
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<tr>
<td>7-weeks</td>
<td>895.00</td>
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<tr>
<td>6-weeks</td>
<td>840.00</td>
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<tr>
<td>5-weeks</td>
<td>715.00</td>
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<tr>
<td>4-weeks</td>
<td>590.00</td>
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<td>3-weeks</td>
<td>465.00</td>
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<tr>
<td>2-weeks</td>
<td>340.00</td>
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<tr>
<td>1-week</td>
<td>165.00</td>
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</tbody>
</table>

Complete the electronic payment by using your Master Card, Visa, or Debit Card. Insert your Credit Card number and include your _____ digit ID Number, Security Code, and Expiration Date. **Money orders and Cashier Checks accepted. Personal checks will not be accepted.**

Name: ______________________________

Make Payment below

Card: VISA [ ] MASTERCARD [ ] DEBIT CARD [ ]

AMERICA EXPRESS [ ] DISCOVER [ ]

CREDIT CARD NUMBER: ________________ 16 digits

CVV# ______

Payment: Amount: ____________
NYUMBURU CULTURAL CENTER
CAMP SHULE
(Summer 2014)

Celebrating 17 Years of CAMP SHULE 1998-2014

Meals
Nyumburu Cultural Center /Camp Shule will not be responsible for providing lunches or snacks for campers. Campers may bring their lunch and/or purchase their meals from the food court in the Stamp Student Union. Campers may bring their breakfast to eat prior to 9:00am.

Nyumburu- CAMP SHULE Important Information:

1. Although forms can be faxed you must send or bring in the original (pages 1, 2, and 3).

2. State of Maryland Students are required to completed pages 1, 2 and 3. All Non-State of Maryland Students are required to complete pages 1, 2, 3, and 4.

3. Page 2 should be notarized by at least one parent (If only one parent will be available for the Notary, then only that parent or guardian should complete the Notary section.)

4. Parent Orientation - Friday, May 9, 2014 from 6:00pm to 7:00pm in the Nyumburu Cultural Center Multipurpose Room –University of Maryland College Park, Maryland.

5. Appropriate ID must be shown to pick-up Campers. Parents or others who are picking-up Campers are required to have their names on the Pick-Up Form. See page 3.

6. Grand Total for Camp Shule $940.00 for 8 weeks. This includes everything except Lunch and Snack. No Personal Checks. SEE Page B.

7. You can start immediately making Tuition payments, made payable to UNIVERSITY OF MARYLAND weekly or bi-weekly. Full payment must be completed by Friday, May 2, 2014.

See Applications Below pages 1, 2, 3, & 4
NYUMBURU CAMP SHULE
Registration Form
(Summer 2014)

Please Print or TYPE
Camper’s Name_________________________ Female_________ Male________
Age____ Grade as of August 2014_________________ Birthdate________________
Name of last school attended________________________ City & State________________
Name of Upcoming School for (August 2014)______________ City & State____________
Street Address__________________________________ Home#____________________
City____________________ State__________________ Zip____________________
Mother Name__________________ Father Name________________________
Mother work__________________ Father work__________________________
Mother (cell)__________________ Father (cell)________________________
Mother e-mail________________ Father e-mail________________________
Mother Place of Employment___________________________________________
Father Place of Employment____________________________________________
Emergency Person Name__________________ Home #____________________
Cell #________________________ work #_____________________________
Emergency person is a relative, neighbor, etc.? __________________________
Medical Insurance Company__________________________________________
Policy Number_______________________________________________________
Special Request:______________________________________________________
The above named Camper hereby applies for admission to Camp Shule. In applying to Camp Shule, the undersigned agrees to abide by Camp regulations. I hereby consent to the participation of my child in the activities of the Camp during the current camp session, except for the following (if any): Also note any special needs or limitations:

_________________________ Date________________________
_________________________ Date________________________

Tee Shirt
(Child sizes) 6-8 _______ 8-10 _______ (Youth sizes) 10-12______ 12-14______ 14-16____
(Agent sizes) Small______ Medium______ Large______ XL______ 2X______

What Weeks Will Your Child Attend Camp?
ALL 8 weeks ___ 1st___ 2nd___ 3rd___ 4th___ 5th___ 6th___ 7th___ 8th___

1.
NYUMBURU CAMP SHULE
University of Maryland, College Park, Maryland
Summer 2014
EMERGENCY MEDICAL CONSENT FORM

PLEASE PRINT or TYPE

Date: ________________________

If my child, ____________________, born ____________________ becomes ill or involved in an accident and I cannot be contacted, I hereby give my consent to the Camp Shule staff to take my child for emergency medical treatment. I give permission for qualified medical administrators to administer diagnostic and therapeutic procedures deemed necessary for the well being of my son/daughter. I also agree to present information concerning his/her medical condition to other responsible University Officials when required. No major operation will be performed, except in extreme emergency, without parents being contacted and fully informed.

Physician: ____________________________________________________________

Address: ______________________________________________________________________

Phone Number: ________________________________________________________________

Hospital Affiliation: ____________________________________________________________
(A child may be taken to the nearest hospital emergency room or to the one that is least crowded.)

Health Insurance Company: ______________________________________________________

Policy Number: ________________________________

Child’s Known Allergies: ________________________________________________________
(Including medications)

Child’s Ongoing Medications: ____________________________________________________

Child’s Known Physical Conditions: ______________________________________________

In the case of such an emergency, I can be reached at: ________________________________

SIGNATURES MUST BE NOTARIZED by at least one Parent or Guardian

(PARENT OR GUARDIAN) _________________________________________________________ (PARENT OR GUARDIAN) _________________________________________________________

Address

______________________________________________________________________________

City State Zip

______________________________________________________________________________

City State Zip

(Work Phone) _________________________________________________________________ (Work Phone) _________________________________________________________________

(Home Phone) _________________________________________________________________ (Home Phone) _________________________________________________________________

2.
**Nyumburu Camp Shule**  
University of Maryland, College Park, Maryland  
Summer 2014  

**PARENT AUTHORIZATION FOR CHILD PICK-UP**  
Please PRINT or TYPE

**CHILD’S NAME:** ________________________________________________

<table>
<thead>
<tr>
<th>Parent</th>
<th>Relationship</th>
<th>City/State</th>
<th>work #</th>
<th>Cell#</th>
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I authorize the following person (s) to pick up my child from Nyumburu Camp Shule

I understand that it is my responsibility to inform the camp of any changes related to this authorization.

**Complete all Five.** (Include parents name in the five).

<table>
<thead>
<tr>
<th>Authorized Person</th>
<th>Relationship</th>
<th>City/State</th>
<th>Work #</th>
<th>Home #</th>
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- Please inform authorized persons that they **must show identification** to pick-up Camper including Parents.

- There will be a charge of $1.00 per minute per Camper for picked-up after 6:00pm.

- **Camper can be dropped off as early as 7:00am and no later than 9:00am.** Please try to get your Camper to Camp by 9:00am so they can be apart of the morning affirmation. Please be on time for the start of Class at 9:25am so your Camper won’t interrupt the class.

- Please be advised that Camp Shule has the right to dismiss a Camper and request immediate pick-up at any time during the entire camp. Camp Shule can also permanently excuse your child from the Camp for any unruly health reasons.

Parent or Guardian

__________________________________________

Date ____________________________

**Must show ID to Pick-Up CAMPER****
NYUMBURU CAMP SHULE 2014
University of Maryland, College Park, Maryland
Emergency Medical Consent Form
** NON-MARYLAND STUDENTS **

Complete this part of the form if your child **DOES NOT attend** a public or private school in the state of Maryland.
(Signatures must be notarized) Please PRINT or TYPE

Name ____________________________________________________________

Name of School Camper attends ____________________________________________

Parents/Guardians Name ___________________________ ____________________________

Parents/Guardians Address ____________________________________________

Home Phone __________________________________ Business Phone _______________

Physician ___________________________ Physician’s Phone __________________

Physician Address ____________________________________________

Hospital Affiliation ____________________________________________
(A child may be taken to the nearest hospital emergency room or to the one that is least crowded).

Health Insurance Company: ___________________________ Policy No. ____________________________

Date of Child’s last Tetanus Immunization: ____________________________

Child’s Known Allergies (including medications) ____________________________________________

Child’s Ongoing Medications ____________________________________________

Child’s Known Physical Conditions ____________________________________________

Please attach the following medical immunization records to this form:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
- Measles (Rubeola)
- Rubella (German Measles)
- Mumps

Parent/Guardian check these only if they apply:

- If there is a medical reason that your child is not, or is not able to be in compliance with the immunization requirements please include a letter from a licensed physician or a local health officer which indicates this.
- If you object to your child being immunized against any/all listed diseases upon the grounds that they conflict with your bona fide religious beliefs and practices we will provide you with the appropriate form requesting exemption from these requirements.