Nyumburu Cultural Center
CAMP SHULE

Summer 2013
June 17, 2013 to August 9, 2013. (8 weeks)
Registration will stay open until all slots are full.
Space still Available in ALL Grades

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 six divisions:

Pathfinders          K, & 1st
Warriors             2nd, & 3rd
Trailblazers         4th & 5th
Explorers            6th, & 7th
Pioneers             8th, & 9th
Navigators           10th, & 11th
Graders

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 base 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 4th 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 17, 2013 to August 9, 2013. 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 (Do not leave messages on this number) or e-mail carswell@umd.edu for faster response.

A.
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.

Fees: Money Order & Cashier Checks -- NO Personal CHECKS

The total cost for the 8 weeks sessions per child is $880.00.
Distribution is as follows:
- **Registration Fee** - Registration included in the $880.00
- **Tuition** - Eight (8) weeks - Availability ON A FIRST COME BASIS. 50% refund after 1st week of camp. No other refund given after 1st week.
- **Field Trips & Tee Shirt** - Camp Tee Shirts are required to be worn on ALL Field Trips.

Money order/Cashier check made payable to University of Maryland.

*Please include Camper's Name and Grade on Money Order and Cashier Check*

Cash payments may be made as well. Receipts will be available for all payments.

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. in the Nyumburu Cultural Center Multipurpose Room –University of Maryland College Park, Maryland.
4. 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.

5. Grand Total for Camp Shule **$880.00** for 8 weeks. This includes everything except Lunch and Snack. No Personal Checks.

6. You can start immediately making Tuition payments, made payable to UNIVERSITY OF MARYLAND weekly or bi-weekly.

Mail Payments to:
Nyumburu Cultural Center
Suite 1120-Nyumburu Bldg. #232
University of Maryland
College Park, Maryland 20742
Attention: Anne Carswell
Please Print or TYPE

Camper’s Name_________________________________ Female_________ Male________

Age___ Grade as of August 2013____________________ Birthdate____________________

Name of last school attended____________________ City & State_____________________

Name of Upcoming School for (August 2013)__________ 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**

(Kid sizes) 6-8 ______ 8-10 _____ 10-12____ 12-14_____ 14-16____

(Adult sizes) Small_______ Medium______ Large_______ XL _______ 2X ________

1.
NYUMBURU CAMP SHULE
University of Maryland, College Park, Maryland
Summer 2013

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 Address

City State Zip City State Zip

(Work Phone) (Work Phone)

(Home Phone) (Home Phone)
Nyumburu Camp Shule  
University of Maryland, College Park, Maryland  
Summer 2013  
PARENT AUTHORIZATION FOR CHILD PICK-UP  
Please PRINT or TYPE

CHILD’S NAME: ____________________________________________________________

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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.**

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- Please inform authorized persons that they **must show identification** to pick-up Camper including Parents.
- If anyone other than the Parent is to pick-up the Camper, please telephone well in advance.
- 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 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** reason.

Parent or Guardian

________________________________________________________

Date ___________________________

****Must show ID to Pick-Up CAMPER****

3.
NYUMBURU CAMP SHULE  2013
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 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.