The 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 nondenominational; four divisions—

Pathfinders (ages 5, 6 and 7)
Warriors (ages 8, 9, and 10)
Trailblazers (ages 11, and 12)
Navigators (ages 13, 14, and 15)

*****These groups are susceptible to change due to the number of campers we get for each group.

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 making choices about their daily schedules builds self-
confidence, independence, and maturity.

PROGRAM OFFERINGS
Academic courses: Reading, Math, and Computer skills.
Enrichment Courses offer, “Hands on workshops on a variety of subjects not normally part of any
elementary school curriculum. Mini-courses are designed to be fun and stimulating. Each group takes
four workshops daily. Mini workshops offer skill-based instruction in a variety of areas. Workshops
include: Art, Poetry, Drama, Music, Jewelry making, Stepping and Etiquette. Mini workshops are
offered every day of the week.”

DAILY SCHEDULE
The Camp will be in session for seven weeks from June 12, 2006 to August 4, 2006. Campers can be
dropped off as early as 7:00a.m. picked up no later than 5:45p.m. Drop-off and pick-up will always
take place at Nyumburu Cultural Center. There will be a charge of $1.00 per minute per child for pick-
up after 5:45pm. Early arrival Campers will watch videos and play games. Camp activities will begin at
9:00am with morning affirmations with all Campers. Lunch & Play is 11:30 to 2:00pm. Snack time is from 2:00pm to 2:30pm.
Mini-workshops, reflective writing and free time conclude the day.

Please fax forms to 301-314-9505 or bring them to Nyumburu Cultural Center, University of Maryland,
College Park. Make checks payable to The University of Maryland. Pages needed back are 3, 4, 5 and
6 if your child is out of state. For additional information contact Anne Carswell at 301-314-7759 or
carswell@umd.edu. Website: www.nyumburu.umd.edu.
Nyumburu Cultural Center
CAMP SHULE
(Summer 2006)

Meals

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

Fees

Registration fee: **$50.00** (non refundable) per child, due by May 26, 2006 to secure position as a Camper. Camp fee is **$75.00** a week per Camper. All Checks or Money Orders are to be made payable to the University of Maryland. All payments are due one week in advance. This is a seven-week program and you must pay for all seven weeks whether your child attends or not. We hire our Camp Counselors based on the number of Campers that are enrolled. Unless you have a prior approval.

*** **$525.00** per child for seven weeks plus **$50.00** registration fee and **$125.00** for field trips and transportation per child= **$700.00**.

** Registration and field trip fees must be paid in cash. **$50.00 plus 125.00 = $175.00 **

Field Trips

There will be approximately 7 off-campus field trips and 7 on-campus outings and/or events. Total cost for field trips and transportation will be **$125.00**. The Nyumburu Cultural Center reserves the right to add costs for field trips with one-week notice.

******* (Money should be paid at time of registration) *******

Camp Tee Shirts must be worn on all Field Trips.

Campers should bring their lunch on field trips days.
Please Print

Camper’s Name____________________________________  Female__________  Male________

Age___ School Grade for (Fall 2006) ____________________ Birthdate____________________

Name of last school attended___________________________City & State___________________

Name of School for Fall 2006__________________________ City & State___________________

Home Address_________________________________Home#____________________________

City__________________________________________ State______________________ Zip_____________________

Mother wk # ______ __________________ Father wk. # _________________________________

Mother (cell) ________________________________Father (cell)__________________________

Mother e-mail________________________________Father e-mail ________________________

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 making application, 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:

________________________________________________________________________________

Parent/Guardian Signature(s)

_____________________________________________      Date____________________________

______________________________________________     Date____________________________

3.
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

(PARENT OR GUARDIAN)  (PARENT OR GUARDIAN)
Address
City State Zip
Address
City State Zip
(Work Phone)  (Work Phone)
(Home Phone)  (Home Phone)
Nyumburu Camp Shule  
University of Maryland  
Summer 2006  

PARENT AUTHORIZATION FOR CHILD PICK-UP  

CHILD’S NAME: ____________________________________________________________

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.

Authorized Person  Relationship  City/State  Work #  Home #

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

• Please inform authorized persons that they must show identification to pick-up camper.
• If any one other than parent is to pick-up Camper, please telephone ahead.
• There will be a charge of $1.00 per minute per child for pick-up after 5:45pm.
• Please be advised the 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 reason.

______________________________
Parent or Guardian

______________________________
Date

Camp Tee Shirts must be worn on all Field Trips. Child size ___S -M- L- XL  
Adult size___ S- M- L- XL- 2X - 3X  
(Please give both sizes if applicable)
NYUMBURU CAMP SHULE
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)

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.