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**  
- **Warriors**  
- **Trailblazers**  
- **Explorers**  
- **Pioneers**  
- **Navigators**  

K, & 1st
2nd, & 3rd
4th, & 5th
6th, & 7th
8th, & 9th
10th, & 11th

Graders
Graders
Graders
Graders
Graders
Graders

****These groups are susceptible to change due to the number of campers enrolled in 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 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 Writing  
Enrichment courses at Camp Shule offers academic courses, and mini workshops. The academic courses consists of reading, math and writing. Mini-courses are designed to be fun and stimulating and each group takes four workshops weekly. Mini workshops offer skill-based instruction in a variety of areas including: Public Speaking, Drama, Music, Vocabulary, Stepping, Spanish, and Etiquette. Mini workshops are offered 3 times a week.” Arts and Craft are offered twice a week for K-5.

**DAILY SCHEDULE**
The camp will be in session for **eight weeks from June 21, 2010 to August 13, 2010.** 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 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 and play games. Camp activities will begin at 9:00am with morning affirmations including all campers. Morning is spent in three academic classes (except on days scheduled for field trips). Lunch & Play is 12pm to 2:45pm. Snack time is from 3:00pm to 3:15pm. Mini-workshops, reflective writing and free time will conclude the day at 4:00pm. Aftercare is until 6:00pm.

Please fax applications to: Ms. Anne Reese Carswell, Camp Director 301-314-0383-FAX or call 301-314-7759 or e-mail- carswell@umd.edu.
### NYUMBURU CULTURAL CENTER
University of Maryland, College Park, Maryland 20742

### CAMP SHULE (Summer 2010)

#### CAMP SHULE Important Information:

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A $80.00 non refundable Registration Fee &amp; Tee Shirt <strong>MUST</strong> be made to start the process by February 26, 2010 7am to 6pm Nyumburu Cultural Center, University of MD. Check or Money Order. On a First Come Basis.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Check or Money Order should be made to the University of Maryland for Tuition for 8 weeks $640.00 by March 26, 2010.</strong></td>
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<tr>
<td>3.</td>
<td>Field Trip CASH due no later than Friday, April 9, 2010 non refundable ($150.00). <strong>DO NOT</strong> Send Cash in Mail. Nyumburu open for payment Friday, April 9th - 7:30am to 6:00pm.</td>
</tr>
<tr>
<td>4.</td>
<td>Even though your forms can be faxed you must send or bring in the original (pages 1, 2, and 3).</td>
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<td>5.</td>
<td>In additional to page 1, 2, and 3, page 4 must be completed by Non-Maryland Students.</td>
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<tr>
<td>6.</td>
<td><strong>Page 2 should be notarized</strong> by at least one parent (If only one parent is going to be available for the Notary then only that parent or guardian should complete that section) and sign.</td>
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<tr>
<td>7.</td>
<td><strong>Parent Orientation Day Thursday, June 18, 2009 at 6:00pm to 7:00pm</strong> in the Nyumburu Cultural Center, UMD.</td>
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<td>8.</td>
<td>Dates for Camp: June 21, 2010 to August 13, 2010. (Depending on PG School SNOW decision)</td>
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<tr>
<td>9.</td>
<td>Campers can be dropped off as early as 7:00am and pick-up no later than 6:00pm.</td>
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<tr>
<td>10.</td>
<td>Campers should bring a snack or money to get a snack from the vending machine.</td>
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<tr>
<td>11.</td>
<td>Campers will need a binder note book ($1.00 at dollar store).</td>
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</tbody>
</table>
| 12.     | **Field Trips**
There will be approximately 7 off-campus field trips and 9 on-campus outings and/or events (i.e. swimming, bowling, etc.). Total cost for field trips and Field trips transportation fee will be $150.00. (Please remember CASH only for Field Trips). Receipts will be available. Most field trips will be on Tuesdays and Thursdays. Campers **must** bring their lunch on field trips days. Camp Tee Shirts must be worn on **ALL** Field Trips. |
| 13.     | **Meals**
Nyumburu Cultural Center /Camp Shule can not be responsible for providing lunches or snacks for campers. Campers may bring their lunch and/or purchase their meals from the retailers in the Stamp Student Union. Campers may bring their breakfast to eat prior to 9:00am. |
| 14.     | Campers **Presentation Ceremony** will be Thursday August 12 at 5:00pm. Parents, Family, and Friends are invited. DINNER |
| 15.     | **Total Payment for 8 weeks (including, Tuition, Field trips. Registration, & Tee Shirt Registration Fee & Tee Shirt $80.00 Check or Money Order–(Non refundable) by February 26, 2010. Tuition 8 weeks $640.00 Check or Money Orders Non-refundable after 1st week. March 26, 2010 Field Trips $150.00 CASH (Non refundable) by April 9, 2010. Grand Total $870.00** |
| 16.     | You can start immediately making Tuition payments to the UNIVERSITY OF MARYLAND weekly or bi-weekly toward Tuition which must be completed by March 26, 2010. |

**Mail Payments to:**
Nyumburu Cultural Center
NYUMBURU CAMP SHULE
University of Maryland, College Park
Registration Form
(Summer 2010)

Please Print
Camper’s Name __________________________ Female ______ Male ______
Age_____ Grade promoted to in the (Fall 2010) _______________ Birthdate __________
Name of last school attended __________________ City & State ________________
Name of School going to in the Fall 2010 __________________ City & State ________________
Home Address ___________________________ Home Phone# ___________________________
City __________________ State ______________ Zip __________________

Mother Name __________________ Father Name __________________
Mother wk # ______ ___________ Father wk # ______ ___________
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:

______________________________ __________________
Parent/Guardian Signature(s) Date ___________________
NYUMBURU CAMP SHULE
University of Maryland, College Park
Summer 2010
EMERGENCY MEDICAL CONSENT FORM

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 personnel 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

Address

City State Zip

City State Zip

(Work Phone) (Work Phone)

(Home Phone) (Home Phone)
Nyumburu Camp Shule
University of Maryland, College Park
Summer 2010

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. (For emergency and or pick-up)** Family, friends, neighbors or co-workers.

<table>
<thead>
<tr>
<th>Authorized Person</th>
<th>Relationship</th>
<th>City/State</th>
<th>Work #</th>
<th>Home #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________________</td>
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<td>5. ___________________</td>
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</tbody>
</table>

- Please inform authorized persons that they must show identification to pick-up camper.
- 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 child for pick-up after 6:00pm.
- 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 reason.

Parent or Guardian

_______________________________________________________

Date ________________________________
NYUMBURU CAMP SHULE -2010
University of Maryland, College Park
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.