Nyumburu Cultural Center

CAMP SHULE

Summer 2007

The Nyumburu Camp Shule (Shule-Swahili word meaning “School”) 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)** K, 1st, & 2nd Graders
- **Warriors (ages 8, 9, and 10)** 3rd, 4th, & 5th Graders
- **Trailblazers (ages 11, and 12)** 6th & 7th Graders
- **Navigators (ages 13, 14, and 15)** 8th, 9th & 10th Graders

****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, Writing, 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, Public Speaking, Spanish, Drama, Music, Vocabulary, 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 18, 2007** to **August 3, 2007**. Campers can be dropped off as early as **7:00am** and **picked up no later than 6:00p.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 6:00pm. Early **arrivals** will use the Computer Labs, watch videos and play games. Camp activities will begin at 9:00am with morning affirmations with all campers. Lunch & Play is 12pm to 2:30pm. Snack time is from 3:15pm to 3:45pm. Mini-workshops, reflective writing and free time will conclude the day.

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

You may call me at 301-314-7759 or e-mail carswell@umd.edu.

Registration Fee MUST be paid to secure a spot. Even though you can fax your form you must send or bring in the original forms (page 3, 4, 5). Plus Page 6 if Non-Maryland Student. Checks should be made to the University of Maryland.

Parent Orientation Day Thursday, June 14, 2007 at 6:00pm in the Nyumburu Cultural Center Multipurpose Room.

- Campers attending all seven weeks will have first priority. A set number of part-time campers will be accepted.
Nyumburu Cultural Center
CAMP SHULE
(Summer 2007)

Camp Date: June 18, 2007 to August 3, 2007 (Seven Weeks)

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 their meals 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 18, 2007 to secure position as long as space is available. 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. We hire Camp Counselors based on the number of campers that are enrolled.

*** $525.00 per child for SEVEN weeks plus a $50.00 registration fee, and $125.00 for field trips and transportation per child= Total $700.00.

** Field trip fees must be paid in cash $125.00 **

You will receive a receipt for all payments.

Field Trips
There will be approximately 7 off-campus field trips and 7 on-campus outings and/or events (i.e. swimming, bowling, etc.). Total cost for field trips and transportation will be $125.00. The Nyumburu Cultural Center reserves the right to add costs for field trips within 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.
NYUMBURU CAMP SHULE
Registration Form
(Summer 2007)

Please Print

Camper’s Name____________________________________  Female__________  Male________

Age___ School **Grade for** (Fall 2007) _________________ Birthdate____________________

Name of last school attended___________________________City & State______________

Name of **School for** Fall 2007_________________________City & State______________

Home Address_________________________________Home#____________________________

City_________________________ State______________________Zip_____________________

Mother Name________________________   Father Name _______________________________

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 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____________________________

___________________________     __________________________
                                  Date____________________________

3.
NYUMBURU CAMP SHULE  
Summer 2007  
EMERGENCY MEDICAL CONSENT FORM

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

(PARENT OR GUARDIAN)                                             (PARENT OR GUARDIAN)
Address
City    State    Zip

(Work Phone)                                                      (Work Phone)

(Home Phone)                                                      (Home Phone)
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.

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<th>Authorized Person</th>
<th>Relationship</th>
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<th>Work #</th>
<th>Home #</th>
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- 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

**** 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.