

The Howard County Conservancy

Summer Nature Day Camp Information

2010

Mission: The mission of The Howard County Conservancy's Summer Nature Camp is to inspire an appreciation and respect for the natural world, to increase awareness of environmental issues and to instill a sense of stewardship.

To Register: Registration opens on January 20, 2010. Mail or drop off the registration form and deposit. If registering after June 1st full payment due at time of registration. Registration is on a first-come, first-served basis. If a program is full, your registration fee will be fully refunded. You can add your child's name to the waiting list and we will contact you if a spot becomes available. The website will be updated periodically as camps are full, please call 410-465-8877 for the most up to date information on availability.

Camper Expectations: Camp is outdoors unless there is severe weather. Campers hike and explore the landscape on a daily basis. Campers are expected to participate meaningfully in nature games, activities and study. We encourage a sense of wonder for the natural world and campers are expected to treat all living things with respect. All campers must abide by the camper code of conduct.

Camper to Staff Ratio: We follow the ACA recommendations for camper to staff ratio of 1 to 15 for campers age seven to eleven, and a ration of 1 to 10 for younger children. Staff will also be aided by trained Jr. Counselor volunteers.

Professional Staff: The Howard County Conservancy Nature Camp's staffers are college students or professionals currently working with children. All staff are required to attend an extensive pre-camp training, become First-Aid/CPR certified and undergo a criminal background check.

Camp License: We comply with the regulations and are certified by the State of Maryland Department of Health and Mental Hygiene. We are inspected annually; our Youth Camp Certificate is on display.

Fees & Payment: All deposits must be paid at the time of registration and are non-refundable. Balance of payment is due on or before June 1st, 2010. A \$25 late fee will be applied and camper may lose his/her spot if payment is not promptly received. If any camper withdraws from camp, children from the waiting list will be contacted.

Refunds: Once full payment is made, it is non-refundable unless the camper suffers a medical emergency, attested to by a physician, which keeps the child from attending. In this circumstance, refund minus deposit will be given after documentation is received. Refunds will not be given for failure to attend, absence or sick days or if a child is dismissed due to behavioral problems.

Cancellation Policy: The Conservancy reserves the right to cancel any camp session due to insufficient enrollment. If this occurs, all fees will be refunded.

Before and After Care: Before care is available in the mornings starting at 8:00am at the cost of \$25 per weekly session. If you will be dropping your child off before 8:50am you must register for before care. After care options are available in the afternoons, 5:30pm pickup costs \$50 per weekly session or extended after care 6:00pm pickup costs \$75 per weekly session. Before and after care is supervised by staff. Children have the option of selecting from provided self guided games, crafts, books and/or movies.

Late Pick Up: A charge of \$10 for the first fifteen minutes and \$15 for each additional fifteen minutes will be charged to parents for campers not picked up by scheduled time, payable on the following day at morning arrival.

Health Forms and Medication: Campers cannot attend camp unless the Health Form is completed in full prior to June 1st. Due to the nature of activities please contact the Camp Director to make arrangements for and discuss any special needs. The Howard County Conservancy does not provide medication. If your child requires medication during the day, campers can self administer required non-prescription and prescription medicine. A Medication Form and all documentation must be completed for each medication. All medicine must be sent in the original container, a refrigerator is available if needed.

Calculate Payment

Please fill in:

of Total Sessions _____ x \$250 \$ _____

Before Care (BC), After Care (AC), and Extended After Care (EAC):

sessions BC _____ x \$25 \$ _____

sessions AC _____ x \$50 \$ _____

sessions EAC _____ x \$75 \$ _____

Total Due \$ _____

Deposit(non-refundable): \$100 x # of sessions \$ _____

Total Enclosed \$ _____

Balance Due \$ _____

The balance will be due June 1, 2010

Payment, Fees & Refund Policy

- All deposits must be paid at time of registration and are non-refundable.
- Balance of fees and Health Forms due June 1st. A \$25 late fee will be applied. Pay in full for registrations after June 1st.
- Once full payment is made it is non-refundable unless the camper suffers medical emergency, attested to by a physician, which keeps the child from attending. Refunds are not given for absence, sick days or if a camper is dismissed due to behavioral problems.

Please initial that you have read and agree to policies

_____ Initials

Payment Method:

Cash: _____

Check: (payable to The Howard County Conservancy): # _____ Amount: \$ _____

Mail Completed Form and Payment to:
The Howard County Conservancy
PO Box 175
Woodstock MD, 21163

If You Have Any Questions Please Contact:
Laura Seiple, Camp Director
410-465-8877
laura.seiple@hcconservancy.org

Your confirmation, payment and parent guide will be emailed to you in an effort to conserve paper. Please let us know if you would prefer to receive correspondence by "snail" mail.

Preferred Email: _____

We are looking forward to seeing you this summer!

Office Use Only:

Date Rec'd: _____ Dep Amt Pd: _____ Confirmation Sent: _____ Invoice: _____

Balance Rec'd: _____ Amt Pd: _____ Receipt Sent: _____ Health Form Complete: _____

The Howard County Conservancy
Health Form 2010
(Must be completed in full)

Camper Name: _____ Date of Birth: _____

Camper's Primary Physician: _____ Phone: _____

Emergency Contacts

Please provide us with at least three people to contact in case of an emergency:

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

Please list any medication, food or environmental allergies your child has:

Medication

Please list any medication (prescription or non-prescription) your child is taking even if it is only administered at home (include dose, reason for taking the medication and possible side effects):

Will your child need to take regular medication (prescription or non-prescription) at camp?: No Yes
If yes, please use **Medication Form(s)**

Please list any emergency medication (epi-pen, inhaler, etc.) that your child will need to have at camp:

Complete **Medication Form(s)** for each

Information and History

Please list any pertinent information on any health problems your child has including physical, psychiatric, or behavior problems:

Date of last tetanus shot: _____
(month and year if you do not have the exact date)

Does your child attend a school in Maryland?: No Yes

School Name: _____ Grade in Fall 2010: _____

If your child does not attend a school in Maryland, a copy of your child's immunization records must be returned with this registration form.

Is there any reason why your child is not immunized? Medical Religious Other
Please include documentation of exemption.

Special Needs

Please explain any special learning, medical or behavioral needs your child may have:

Parental Consent:

The Howard County Conservancy has my consent for my child to take part in all programs. I release the camp and its personnel of any liability related to the administration of the over-the-counter medication listed above. The Conservancy also has consent to secure treatment by a local doctor or area hospital in the event of a medical emergency. The Conservancy has my consent to photograph or quote my child for advertising purposes.

I have read and understand all the information the registration and information forms and agree to the conditions stated therein.

Signature: _____ Date: _____

Relationship to Camper (parent/guardian): _____

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PO Box 175
Woodstock MD, 21163

If You Have Any Questions Please Contact:
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410-465-8877
laura.seiple@hcconservancy.org
