



CCMSH Spring Break Camp 2020

Dear Parents & Guardians,

Thank you for registering your child(ren) at the Corpus Christi Museum of Science and History Spring Break Camp. Enclosed you will find an informational packet and forms. Please read carefully and return the completed Parent Packet to my email address:

Christopherc2@ccmuseum.com

If CCMSH has not received the completed packet by the first day your child or children attend camp, they will not be eligible to attend.

If you have any questions, please contact me using the information below.

Chris Cartwright
Camp Manager
Corpus Christi Museum of Science & History
(361) 826-4661
Christopherc2@ccmuseum.com



Quick Start Guide

- Any child being registered for the 2020 Corpus Christi Museum of Science and History (CCMSH) Spring Break Camp must be in Pre-Kinder (and fully able to use bathroom by their self) or equivalent program prior to attending camp, no exceptions will be made. CCMSH reserves the right to request proof for any child(ren) registering for camp.
- Send your child's belongings in a backpack type bag with their name on each item every day.
- In the backpack should be:
 - A change of clothes
 - Sunscreen
 - Bug Spray
 - A hat
 - Water Bottle
 - Lunch
- Closed toed shoes only. Closed toed sandals or Crocs are acceptable. Flip flops are not allowed.
- Cell phones, portable game devices, toys or music players are not allowed. If you need to reach your child(ren), you may call the Camp Director at 361-826-4667.
- Children registered in camp will receive one free camp shirt.
- Campers will not be allowed to visit the museum gift shop under the care of CCMSH Staff. CCMSH staff will not hold any child's money and will not be responsible for lost money.
- Lost materials will be stored for one week.
- Please send your child with a lunch every day, as lunch will not be provided. We will not be able to accommodate any lunches that must be refrigerated or heated, please plan accordingly. CCMSH is a peanut free campus, so please consider this when preparing lunch for your child(ren). We will be providing a morning snack. An additional snack will be provided for any camper in aftercare at 4:30pm. Please be aware that allergy restrictions may change, but we will notify you if that occurs.
- CCMSH Camp is a closed campus. Parents, guardians or family members may not visit campers during operation hours without signing the camper(s) out or in the direct supervision of the Camp Director.
- A photo ID is required to pick up any child, every day of camp. No exceptions will be made. If you do not bring an ID, you will be turned away. A state or government issued ID is preferred but we may accept others at the discretion of the Camp Director.

Complete Information Guide

What to bring:

- Please place all your child's materials in a backpack or backpack type bag.
- Please label all belongings with the child's name.
- Wear comfortable clothes. We recommend sending an extra set of clothes just in case an accident happens.
- Closed toe shoes such as tennis shoes, sneakers, or sandals with a closed toe are the only acceptable footwear. Lab safety is a top priority and due to the nature of our camp NO FLIP FLOPS will be allowed. We will call you if your child is not wearing proper footwear. Unfortunately, if a camper is not wearing proper foot wear they may not be able to participate in activities.
- Water bottle. On campus, water fountains are available.
- A lunch for each child. Please clearly label your child's lunch with his/her name. This camp is peanut free for the safety of our staff and campers.
- Sunscreen, bug spray, and a hat.
- Please do not send any cell phones, portable game devices, toys or music players with your child. CCMSH is not responsible for any lost or stolen items.
- Medications:
 - Any necessary medications must be given to the Camp Director. All medications will be stored in a locked box except fast acting medications, which will be kept by the child's counselor. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

Lunch:

- Please send your child with a lunch every day.
- We are a peanut-free campus. For the safety of all children, no peanut products of any kind can be brought to or consumed at the museum. All lunches will be checked before campers began lunch. If peanut products are found, campers will be asked to return the product to his/her lunchbox.
- We will provide campers with a morning snack each day and an afternoon snack for those in after care.
- Lunch will be from 12:30-1:30.
- Lunch for grades PreK-2nd will begin at 12:30pm and conclude at 1:00pm. For grades 3rd-6th, lunch will begin at 1:00pm and conclude at 1:30pm.

Sign in and out:

- A photo ID must be provided upon pick-up every day. The adult's ID will be compared to the list of approved pick-ups provided by you on a form later in this packet. Please ensure the pickup name matches the individual's ID.
- You will need to drop off and pick up your child in person. Under no circumstances will a child be released to an individual not on the approved pick-up list.
- Regular drop off will be from 8:45-9:00 am. Regular pick up will be from 3:45-4:00 pm. Pickup will momentarily suspend from 3:00-3:45pm in order to finish the final activities and allow the counselors



to get ready for check out. We will not release any children at this time unless it has been prearranged. Any adults arriving before 3:45 pm, will be asked to wait in the museum lobby until pickup begins. If you need to pick up your child early you must inform the sign-in staff in the morning so that we can assign a staff to facilitate the early pick up.

- Before care drop off begins at 7:30 am. After care ends at 5:30 pm. Please plan accordingly, we will not accept earlier drop offs and doors will not open until 7:30 am. Any child remaining at the Museum after 5:30 pm will incur a \$10 fee. The fee will increase by \$10 every 15 minutes. This fee will start the first minute of the 15 minutes.
- CCMSH reserves the right to cancel any extended care that does not meet our attendance requirements. Full refunds for extended care will be given in the case of cancelations of extended care sessions.
- Campers must be dropped off by 9:00 am so that they may enjoy all the camp activities which begin at 9:00 am every day. We appreciate your punctuality.

Closed Campus Policy:

- CCMSH Camp enforces a closed campus policy. Parents, guardians or family members will not be allowed to join their child(ren) in camp activities or in the classroom while under the care of CCMSH.
- Parents who are currently volunteering at CCMSH will work with the volunteer coordinator as assigned.

Extended Care:

- The camp day begins at 9:00 am and ends at 4:00 pm. However, extended care is available from 7:30-8:45 am (before care) and 4:15-5:30 pm (after care). The morning and afternoon costs are \$50 for the entire week of before/ after care. A day to day rate of \$15 will be available as well.
- An additional fee of \$10 per 15 minutes will be accrued if the child is not picked up by 5:30 pm. Fees will be charged at the beginning of the 15 minutes.
- CCMSH reserves the right to cancel any extended care that does not meet our attendance requirements. Full refunds for extended care will be given in the case of cancelations of extended care sessions.

Lost Materials Policy:

- Lost and Found will be located at the Front Desk during pick up hours, otherwise in the camp office. Lost and found items will not be kept longer than one week.

CCMSH T-Shirt Policy:

- CCMSH will provide only one free current camp shirt per camper up to the first 100 registrations

Cancellation & Refund Policy:

Refunds may be issued until March 5th, 2020. No refunds will be issued after that time. There will be no refunds due to camper illness or weather conditions. CCMSH has a minimum enrollment policy. Minimum of 8 children per camp class or camp will be subject to cancellation. If CCMSH cancels your session, you will be notified at least 1 day in advance and given a full refund. CCMSH reserves the right to cancel or combine sessions with low participation.



Medical Procedures

All parents must fill out a medical release form for all camp participants. This will include permission to transport the child to appropriate medical facilities, perform CPR, First Aid, and dispense any prescribed medication. The children will only be given medication by staff members, and only will be given medications that are specifically prescribed for that child. All dosing will be strictly followed according to dosing on the medication. If dosing is different than written on the original container, the parents must provide the camp with a written letter from the physician with the current dosing instructions. All medication must be in its original packaging. The camp staff will not administer any expired medication. If any medications are left behind after the child has attended camp, reasonable efforts will be made to return the medication to the parents. If medication has not been picked up after 30 days, it will be disposed of properly.

When medication is given, the administrator will fill out the medication record for the camper. The record will be kept for one year.

All medications will be kept in a locked box in a secure location. When onsite at CCMSH, the medications will be kept by the Camp Director, except for fast acting, lifesaving medications like EpiPen(s) and inhalers. These medications will be kept with the camper's counselor. If you wish for your child to carry their own medication, we must have a note from a physician stating the medical necessity.

All camp employees are first-aid trained. A first-aid kit will be kept in each classroom, the museum front-desk, and offices. In addition, whenever off-site the Camp Director or Senior Education Staff will have a first-aid kit on their person.

If a camper needs an EpiPen, or if the injury seems to require immediate medical attention beyond first aid, the Camp Director will immediately call 911. The child will be transported to the hospital designated on the child's medical form (if no hospital is indicated the default will be Driscoll Children's Hospital), or other medical facility as determined by the EMT staff. Immediately after 911 is called, the Camp Director will call the child's parents and inform them of the situation and let them know where to meet the child. A staff member will ride in the ambulance with the camper to the hospital and stay with the child until the parents arrive.

Parents will be notified by letter/email if a communicable disease is contracted by a child or staff member.



Discipline and Guidance Practices

CCMSH camps will not tolerate any of the following: fighting, name calling, bullying of any kind, rough housing, inappropriate sexual activities, or activities that threaten the safety of others. Any activities of this sort will result in disciplinary action for the child.

Disciplinary action will vary depending on the situation but may include:

- Verbal warnings
- Time out for as many minutes as the child is old (age 5=5 minutes out)
- Natural consequences
- Call home to parents
- Suspension
- Expulsion from camp

If two or more incidences requiring parent contact occur within the week, CCMSH may suspend the child.

The suspension and expulsion policies stated above are guidelines. An action of severity may result in suspension or expulsion regardless of prior parental contactor suspensions. CCMSH reserves the right to employ this policy at our discretion.

No refunds will be given for any missed days or weeks due to disciplinary action.



Parent/Child Information

Please return the following pages to us at least one week prior to the beginning of your child's first week of camp.

First Parent/Guardian Name: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____
(Street Address) (City/State) (Zip)

Second Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____
(Street Address) (City/State) (Zip)

First Emergency Contact: _____ Relationship: _____

Emergency Number: _____

Second Emergency Contact: _____ Relationship: _____

Emergency Number: _____

Family Physician: _____

Physician's Number: _____

Insurance Company: _____

Group Number: _____ I.D. Number: _____

Preferred ER: _____

(If no ER is chosen, we will transport to Driscoll Children's Hospital.)

I give CCMSh permission to take photos of my children (*circle*) YES NO



Before & After Child Care Requirements

Please let us know your before/after child care requirement details below.

Before Care is 7:30-8:45 am and After Care is 4:15-5:30 pm

<input type="checkbox"/> For the Week – Before Care	<input type="checkbox"/> For the Week – Both
<input type="checkbox"/> For the Week – After Care	<input type="checkbox"/> By the Day

By the Day Details: (Check All that Apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care					
After Care					
Both					



Pick Up Permission Slip

To limit the amount of paperwork you must fill out, please list all children attending camp on this form.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

I hereby allow the following people permission to pick-up my child from CCMSH Spring Break Camp: (Don't forget yourself or your spouse!)

Your Name: _____ Relationship: _____

Additional Pick Up: _____ Relationship: _____

Additional Pick Up: _____ Relationship: _____

Additional Pick Up: _____ Relationship: _____

The people listed above must be 18 or older and present a current picture I.D. when picking up your child(ren). Please ensure first and last names match identification cards. Your child(ren) will not be released to anyone other than you or one of the people listed above.



CCMSH Camp Health Card

Please fill out a separate CCMSH Camp Health Card for every registered camper.

Child's Name: _____

Grade completed at end of 2018-2019 school year: _____

DOB: _____ Age: _____

T-Shirt Size (circle one):

Youth Sm Youth Med Youth Lrg Adult Sm Adult Med Adult Lrg

Is your child up to date on all vaccinations and immunizations? (check one)

Yes

No *If not, please provide your state exemption form.*

If your child has any current medical conditions, allergies or is on medication, please note below: (optional)

CCMSH takes great care to welcome and include all campers. Please inform us of any emotional, behavioral or sensory notes below, this may include any helpful calm down techniques or triggers we should be aware of. We appreciate any information that may help CCMSH become a great experience for your child(ren): (optional)



Authorization to Dispense Medication Beyond Basic First Aid

Please fill out a separate Authorization form for every registered camper.

Except for first aid, CCMSH personnel shall not hand out prescription or non-prescription medication to a child without specific written authorization from the child's Physician or Parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication, date, time given, and the name of the person administering the medication will be recorded. **Note: This form must be used for all over the counter medications (Tylenol, cough syrup, Benadryl, etc.) and all prescription medications including the use of a nebulizer. Any over the counter medication that will need to be distributed during camp hours will need to be purchased by the camper's parents/guardians.**

Child's Full Name: _____

Name of Medication: _____

Prescribing Physician's Name: _____ Phone: _____

Date(s) to give Medication: _____

Time of day medication is to be administered: ____AM ____PM

Amount (dosage) each time: _____

Other notes (i.e. should be taken with food or water): _____

Please sign one:

I give permission for the above medications to be distributed to my child by designated staff members.

Guardian Signature

I do not want any additional non-first aid (Tylenol, Benadryl, etc.) medication distributed to my child.

Guardian Signature



Additional Parent and Child Information (optional)

Child Info:

Returning Camper? No Yes: _____(year(s) attended)

Gender: _____ Current School: _____

Zip code of child's address: _____

List the languages your child is fluent in: _____

Race/Ethnicity (*circle all that apply*)

Asian

Hispanic/Latino

African American

American Indian or Alaska Native

White (non-Hispanic)

Native Hawaiian and Other Pacific
Islander

Other: _____

Parent Info:

How did you hear about Camp? (*circle*)

School Flyer	Google Search	Friends
Repeat	Facebook	Member

Will you enroll multiple children this Camp Period? (*circle*) No Yes

Total combined household income for the year of 2018: (*circle one*)

\$0 - \$9,999

\$10,000 - \$14,999

\$15,000 - \$24,999

\$25,000 - \$49,999

\$50,000 - \$74,999

\$75,000+



Parent/Guardian Waiver, Release and Indemnification Agreement

The Corpus Christi Museum of Science & History (CCMSH) conducts Camps, which include arts and crafts, classroom laboratory science experiments, outdoor research projects, classroom laboratory safety instruction, outside activity, and other activities for children. If you would like your child to participate in Camp, please sign this Waiver, Release, and Indemnification Agreement.

1. The undersigned understands that certain camp activities will involve chemicals, controlled fire, outdoor activities, animals, and will take place away from CCMSH's premises. The undersigned consents to the child's participation in such activities and any transportation to and from.
2. To the best knowledge of the undersigned, the child does not have any health restrictions, either mental or physical, that would keep him/her from participating in the Camp program.
3. CCMSH personnel are authorized to give appropriate medical consents and authorizations on the undersigned's behalf with respect to any medical emergency or condition involving the child in connection with the child's participation in Camps.
4. The undersigned individually and on behalf of the child hereby releases CCMSH and its respective officers, employees, volunteers and agents (collectively "the releasees") from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child's participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.
5. The undersigned shall indemnify and hold harmless each of the releasees from any loss, liability, or claim arising in connection with the child's participation in CCMSH Camps, including in connection with any injury or death of the child or other loss or cost arising in connection with the child's participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the indemnitees or otherwise.
6. The undersigned understands and accepts the risks and responsibilities associated with the child being a participant of CCMSH Camps and have been given the opportunity to request further information from CCMSH personnel regarding those risks and to explain such risks to the child.
7. The undersigned agrees to accept full financial and legal responsibility for any acts of vandalism or destruction committed by the child.



8. The undersigned gives permission for my child to visit offsite locations with CCMSH Camps. The undersigned understands the undersigned individually and on behalf of the child hereby release CCMSH and visited organizations/locations and their respective officers, employees, volunteers and agents (collectively “the releasees”) from any liability to the undersigned, the child, his/her personal representatives, assigns, heirs, and next of kin in respect of any and all damage, loss, or cost, and any and all claims or demands therefore, on account of injury, including death, to the child or otherwise, which results from accident or other occurrence in connection with the child’s participation in CCMSH Camps, whether caused by negligence, except the sole or gross negligence, of any one or more of the releasees or otherwise.
9. The undersigned agrees that any and all material may be published in any manner that the CCMSH deems appropriate and that it may be used for any other purpose that CCMSH may deem appropriate. The undersigned further agrees that the child’s name, likeness, photo, voice and biographical material about them may be used in connection with publicity about the Museum for institutional promotional purposes. The undersigned hereby releases CCMSH, its licensees and assignees from all claims or causes of action that may arise in whole or in part from the broadcast of any other use or promotion of the institution.
10. The undersigned agrees to adhere to all CCMSH camp guidelines and policies as described in this packet.
11. The undersigned has read, understood, and voluntarily signed this waiver, release, and indemnity agreement.
12. The undersigned are, in fact, the sole parent(s) or legal guardian(s) of the child and are herein acting in such capacities. The undersigned agree to indemnify and hold each of the releasees harmless from and against any liability, loss, or claim whatsoever, arising by any reason of breach by the undersigned of the foregoing representations and warranties regarding their capacity.

Print Name and Relationship to Child(ren) _____

Child(ren)’s Name(s) _____
