



# 2019 Museum Discovery Camp Registration Packet

Advanced registration is required. Full payment and completion of this packet are due at registration. Once both are received, you will be sent a confirmation email and copy of the "2019 Museum Discovery Camp Survival Guide." Please fill out a different form for each child. Registration closes the Monday prior to the start of each camp session. Camp fees are non-refundable. We reserve the right to cancel a class due to low enrollment; in this situation a full refund will be issued. Please contact Rebeka Birch at 610.371.5850 x258 or at [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org) if you have any questions.

We are an inclusive camp; children of all abilities are welcome. To provide for the needs of your child, please include the necessary information on the medical form. We want to ensure all campers have the best experience possible by having adequate staff and assistance for all attending. We will make every effort to accommodate every child.

## General Information:

|   |     |                    |                        |
|---|-----|--------------------|------------------------|
| Camper's Name:                          |     | Age:               |                        |
| School Camper will attend in Fall 2019: |     | Grade - Fall 2019: |                        |
| Mother/Guardian's Name:                 |     | Phone:             |                        |
| Father/Guardian's Name:                 |     | Phone:             |                        |
| Primary Phone #:                        |     |                    |                        |
| Camper's Address, City, State, Zip:     |     |                    |                        |
| Primary Email:                          |     |                    |                        |
| Preferred Contact Method:               |     |                    |                        |
| Museum Member:                          | YES | NO                 | Camper's T-Shirt Size: |

**\*Emergency Contact Information & Authorized Pick-Up Person(s) *other* than listed above\***  
(Only those listed will be allowed to sign out your child. Proper ID must be shown)

**\*Please list in the order to contact\***

|       |  |        |  |               |  |
|-------|--|--------|--|---------------|--|
| Name: |  | Phone: |  | Relationship: |  |
| Name: |  | Phone: |  | Relationship: |  |
| Name: |  | Phone: |  | Relationship: |  |
| Name: |  | Phone: |  | Relationship: |  |

## Registration Information:

### Full Day Camp

School Age Campers (Entering Grades 1-6 in fall 2019)

| Members:  | Non-Members:  |
|---|---|
| <b>Early Bird</b> (March 1 – April 30): \$150/week/camper   | <b>Early Bird</b> (April 1 – April 30): \$180/week/camper   |
| <b>Full Price</b> (May 1 – Close): \$175/week/camper  | <b>Full Price</b> (May 1 – Close): \$200/week/camper  |
| <b>Mini Camp (early drop-off/late pick-up):</b><br>A.M. Session: \$10 additional/day/camper<br>P.M. Session: \$10 additional/day/camper<br>*NO P.M. Sessions on FRIDAYS | <b>Mini Camp (early drop-off/late pick-up):</b><br>A.M. Session: \$10 additional/day/camper<br>P.M. Session: \$10 additional/day/camper<br>*NO P.M. Sessions on FRIDAYS |

### ½ Day Preschool Camp (*Tinker Tots* – August 26 – August 30)

Ages 3-6 and are potty-trained

| Members:   | Non-Members:   |
|--|--|
| <b>Early Bird</b> (March 1 – April 30): \$80/week/camper | <b>Early Bird</b> (April 1 – April 30): \$95/week/camper |
| <b>Full Price</b> (May 1 – Close): \$90/week/camper      | <b>Full Price</b> (May 1 – Close): \$100/week/camper     |

| ✓ | Camp Week:   | Time:                                    | Fee (See Chart Above): |   |   |   |   |  |
|---|--|--|------------------------|---|---|---|---|--|
|   | July 8–July 12 – <i>EEK! Real Monsters!</i>                          | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | July 15 – July 19 – <i>Grooving Through the Galaxy</i>               | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | July 22 – July 26 – <i>Bang, Pop, Fizz</i>                           | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | July 29 – August 2 – <i>Art Extravaganza</i>                         | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | August 5 – August 9 – <i>Raiders of the Lost Artifact</i>            | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | August 12 – August 16 – <i>Light IT, Move IT, Make IT</i>            | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | August 19 – August 23 – <i>Outdoor Explorers</i>                     | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | August 26 – August 30 – <i>Tinker Tots</i><br>(Preschool Only)       | 9 a.m. – 4 p.m.                          |                        |   |   |   |   |  |
|   | Mini Camp A.M. Session (Indicate Days)                               | Drop off between 8:00 a.m. and 8:45 a.m. | M                      | T | W | H | F |  |
|   | Mini Camp P.M. Session (Indicate Days)<br>(NOT available on FRIDAYS) | Pick-up between 4:15 p.m. and 5:00 p.m.  | M                      | T | W | H |   |  |
|   |  | <b>Total:</b>                            |                        |   |   |   |   |  |

## Medical Information:

\*Reading Public Museum Summer Discovery Camp is an ALL INCLUSIVE program\*

Does your child have any of the following (**check all that apply**):

|                          |                                   |                          |                   |                          |                                    |
|--------------------------|-----------------------------------|--------------------------|-------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | Seasonal Allergies                | <input type="checkbox"/> | Epilepsy          | <input type="checkbox"/> | Sensory Processing Disorder        |
| <input type="checkbox"/> | Medication Allergies (list below) | <input type="checkbox"/> | Diabetes          | <input type="checkbox"/> | Food Allergies (list below)        |
| <input type="checkbox"/> | Insect Sting Allergy (list below) | <input type="checkbox"/> | Asthma            | <input type="checkbox"/> | Hearing Difficulties (list below)  |
| <input type="checkbox"/> | Vision Difficulties (list below)  | <input type="checkbox"/> | Autism/Asperger's | <input type="checkbox"/> | Physical Difficulties (list below) |
| <input type="checkbox"/> | ODD/PDD                           | <input type="checkbox"/> | ADD/ADHD          | <input type="checkbox"/> | Other (list below)                 |

List necessary details here:

Does your child have any additional emotional/physical/behavioral/mental conditions that by making us aware of them will allow us to make their camp experience better? ☐ Yes ☐ No

*If yes, please explain:*

Does your child require a one-on-one paraprofessional or additional support staff during the school year? ☐ Yes ☐ No

*If yes, will they be attending camp with your child (please contact your district about supplying someone for your child at summer camp)?* ☐ Yes ☐ No

*If no, what are some helpful support strategies for your child, please list:*

Is your child on any medications? ☐ Yes ☐ No

*If yes, please list:*

Will your child need to receive a prescription or over-the-counter medication **while here?** (including EpiPens and Rescue Inhalers) ☐ Yes ☐ No

*If yes, you will receive a medical form to fill out and return to us detailing the medications.*

***ALL medications must be in the original container and accompanied by our medication form or they will not be administered. Our staff is not permitted to administer ANY medications, please sign-off that your child is capable of administering their own medications – we will supervise ALL administrations.***

**Please Read and Initial:**

**I acknowledge that if my child needs to receive ANY medication during summer camp that I will provide a completed medical form for that medication, that I will provide the medication in its original container, and that I affirm that my child is capable of administering their own medication with staff supervision.**

**Parent/Guardian Initials:** \_\_\_\_\_

### Photo Release:

Should my child appear in photographs, films, video recordings, etc. taken during general participation, I hereby grant permission for my child to appear in promotional material related to Reading Public Museum.

**Please initial in the space next to your selection:**

\_\_\_\_\_ I agree

\_\_\_\_\_ I disagree (Note: disagreement in this matter will NOT effect your child's ability to attend camp)

### Behavior Expectation Policy:

At Museum Discovery Camp, we have high expectations for campers' ability to monitor their own behavior and strive to keep disciplinary actions to a minimum. We ask all campers to follow our three Museum Discovery Camp rules at all times.

1. Respect The Reading Public Museum – treat our facilities, exhibits, artifacts, supplies, and equipment with care; clean up after yourself. Follow The Museum Rules.
2. Respect your fellow campers – be kind, use polite and respectful language, share, take turns, and keep all body parts outside of others personal space.
3. Respect your counselors (including all camp staff and volunteers) – listen and then follow instructions, use polite and respectful language, stay with your class at all times.

**The Following guidelines will be followed in the case of camper misbehavior.**

***Campers will be made aware of where they stand for each infraction.***

**For cases of disrespectful or disruptive behavior or language:**

- 1<sup>st</sup> Strike – Verbal warning
- 2<sup>nd</sup> Strike – Verbal warning

- 3<sup>rd</sup> Strike – Time out from activity for 10 min
- 4<sup>th</sup> Strike – Time out with a camp staff member for 30 min and must write a letter for parents/guardians explaining why they were disciplined which a camp staff member will sign and distribute at pick-up

**The slate is wiped clean each day, but if a camper reaches the maximum strikes for the behavior on multiple days (not necessarily consecutive), then:**

- 2<sup>nd</sup> Day – Phone call to parents
- 3<sup>rd</sup> Day – Camper must take 1 Day off from camp (no refund)
- 4<sup>th</sup> Day – Camper is asked not to return to camp that week (no refund)

*\*If the camper is scheduled for multiple weeks of camp and if they cannot control themselves after two weeks of discipline, they will be asked not to return to camp for the remainder of the season with no refunds\**

**For cases of physically or emotionally aggressive\* behavior towards others or themselves (defined as purposeful and leaves a mark or as purposeful bullying and witnessed by a counselor). There is absolutely no reason for a camper to act physically aggressive or bully another camper, therefore, actions such as those will be dealt with on a more severe level and the slate will not be wiped clean each day:**

- 1<sup>st</sup> Strike – Time out with a camp staff member for 30 min and must write a letter for parents/guardians explaining why they were disciplined which a camp member will sign and distribute at pick-up
- 2<sup>nd</sup> Strike – Time out with a camp staff member for remainder of the day, phone call to parents to collect camper
- 3<sup>rd</sup> Strike – Time out with a camp staff member for remainder of the day, phone call to parents to collect camper, camper must take the following day off from camp (no refund)
- 4<sup>th</sup> Strike – Time out with a camp staff member for remainder of the day, phone call to parents to collect camper, camper is asked not to return to camp for remainder of the week (no refunds).

*\*If the severity of the behavior is deemed beyond disciplinary action, that camper will immediately be asked not to return to camp for the remainder of the season (no refund). For example, this could be considered if the camper incurs severe physical injury to another camper or themselves, or has demonstrated that they are a danger to other campers or to themselves\**

*\*If the camper is scheduled for multiple weeks of camp and if they cannot control themselves after two weeks of discipline, they will be asked not to return to camp for the remainder of the season with no refunds\**

**I have read and understand the Behavior Expectation Policy and have reviewed it with my child.**

Please Initial: \_\_\_\_\_

## Parent Agreement:

***\*Please INITIAL all items and fill in information where space is provided - You must agree to all items in the Parent Agreement in order for your child to attend Discovery Camp at The Reading Public Museum\****

INITIAL

POLICY

|  |  |
|--|--|
|  | I/We, (legal parents/guardians' name(s)) _____, I hereby authorize the Reading Public Museum to administer basic first aid when applicable to (child's name) _____ for minor injuries, including the treatment of minor cuts, scrapes, burns (including sunburns) and stings.  |
|  | Medication will not be administered by RPM staff at any time – should a camper require medication during camp, it will be provided with detailed instructions and a physician's note and will be administered by the camper with RPM staff supervision.  |
|  | I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of RPM to provide transportation and treatments, including X-rays and routine tests, for my child.  |
|  | In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child.   |
|  | I agree to assume financial responsibility for all medical and hospital expenses.  |
|  | On behalf of the child/minor, I hereby release, discharge, and hold harmless, The Reading Public Museum, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and or damages, including attorney fees, arising out of my/our child's participation in The Reading Public Museum Discovery Camp, except for the willful misconduct or gross negligence of The Reading Public Museum. |
|  | I have read and given my approval or disapproval for my child to appear in photographs taken during general participation that may be used in promotional material related to The Reading Public Museum.   |
|  | I have read, understand, and agree to the Behavior Expectation Policy.   |
|  | Should anything in my child's medical or behavioral plans change from the time I sign this form through the time my child will be in the care of Reading Public Museum, it is my responsibility to inform Reading Public Museum immediately. If I/We fail to do so, Reading Public Museum cannot be held responsible for anything related to this change should it occur.  |

***I have read, understand, and initialed all the information above:***

Signature: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Date: \_\_\_\_\_

***I hereby authorize that, to the best of my knowledge, all of the information provided is complete and correct and I will be responsible to update it should it, at any time, change:***

Signature: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Date: \_\_\_\_\_

## Payment

|                             |                 |      |             |      |
|-----------------------------|-----------------|------|-------------|------|
| Payment Type                | Enclosed Check* |      | Credit Card |      |
| Credit Card Type            | MC              | VISA | DISCOVER    | AMEX |
| Credit Card #               |                 |      |             |      |
| Credit Card CCV Code        |                 |      |             |      |
| Credit Card Expiration Date |                 |      |             |      |

Signature: \_\_\_\_\_

\*Checks can be made payable to **Reading Public Museum**

Forms and/or Payment can be mailed and/or emailed to the following:

\*If you wish to make a payment over the phone, please call Rebeka Birch at 610.371.5850 x258

**Reading Public Museum**

**Attn: Summer Camp**

**500 Museum Road**

**Reading, PA 19611**

[rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org)

**Subject: Summer Camp**

Please contact Rebeka Birch at 610.371.5850 x258 or at [rebeka.birch@readingpublicmuseum.org](mailto:rebeka.birch@readingpublicmuseum.org) if you have any questions.

| Internal Use Only:                |   |
|-----------------------------------|---|
| Date Reservation Received:        | Reservation Received By:                |
| Emergency Contact List Completed: | Medical Form Completed:                 |
| Photo Release Acknowledgement:    | Behavioral Policy Acknowledgement:      |
| Parent Agreement Completed:       | Payment Paid In Full by Choose an item. |
| Reservation Approved:             | Confirmation Sent:                      |