

2017
FUN WITH SCIENCE SUMMER CAMP
REGISTRATION FORM

Dear Parent/Guardian:

Johns Hopkins Medicine's Fun for Science Summer Camp will be held **Aug 14th to 18th, 2017**. **Camp will be held at the ground floor of Johns Hopkins Medicine Pre-Clinical Trial Building, 725 N. Wolfe Street.** A total of fifteen 4th and 5th graders from East Baltimore area elementary schools will be selected to attend this week-long day camp. **Selections will be based on recommendations from the child's science teacher, and the parent(s) ability to transport and pick-up the child from camp daily.** Attached is a flyer with additional information. If you would like your child to be considered for participation in this camp, and can arrange to drop off and pick up your child from the Johns Hopkins East Baltimore campus daily, complete the entire registration packet (which includes the registration form, emergency contact and medical authorization sheets, parental consent form, media release form, disciplinary agreement, and camp housekeeping rules agreement) and return it to your child's teacher. In order for your child to be considered, **ALL** forms must be completed and received no later than the last day of school, **June 13th, 2017**. **Students who have previously attended Fun for Science Summer Camp are not eligible to participate in the Camp this year.** All teachers and students will receive a decision by letter by June 30, 2017, indicating whether the child has or has not been accepted to attend Camp.

Child's Name: _____ Age: _____

(Child must be entering 5th or 6th grade in the Fall)

Baltimore City Public School Student ID: _____

(Provided by school)

Parent/Guardian(s) Name: _____

Home Address: _____

Home Phone: _____

Email: _____

School Attended: _____

School Address: _____

School Phone: _____

Recommending Teacher: _____

2017 Fun with Science Summer Camp CAMP HOUSEKEEPING RULES AGREEMENT

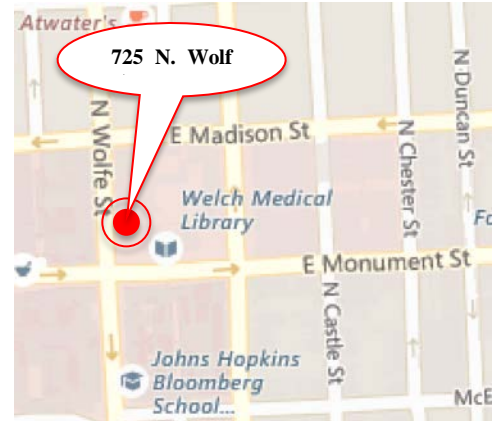
Camp Arrival Time

Camp begins at **9:00 a.m.** each morning. Campsite address is:

Ground Floor, Pre-Clinical Trial Building
725 N. Wolfe Street
Baltimore, MD, 21205

Drop off time: **8:30 to 9:00 am.** Security will not allow students unsupervised access to classroom before **8:30 a.m.**

Drop off place: **725 N. Wolfe Street** (corner of Monument and Wolfe Streets). See map on the right.



Camp Dismissal Time

Parents, it is your responsibility to make sure that your child is picked up by **4:30 p.m.** daily. First offense for late pick-up (after **4:30 p.m.**), will receive a warning. If you incur a second offense, your child will be dismissed from the program. If you are experiencing a serious problem, please call the camp's coordinator Darcey McDowell at (410) 599-7093

Program Contacts

Dr. Jie Xiao
Camp Program Director
410-614-0338

Darcey McDowell
Camp Coordinator
(410) 599-7093

Please sign and date below indicating that you have read and understand camp housekeeping rules agreement.

Parent or Guardian

Date

**2017 FUN WITH SCIENCE SUMMER CAMP
PARENTAL CONSENT FORM**

I, _____
Parent/Legal Guardian

hereby give permission and acknowledge that my child:

_____ Date of Birth: ____/____/____
(Name of child)

will be participating in the activities associated with the Johns Hopkins Medicine 2017 Fun with Science Summer Camp.

I understand that this will include participation in special events and activities related to the Johns Hopkins Medicine Fun with Science Summer Camp, and will include a field trip under the supervision of Johns Hopkins staff. I hereby release and discharge the Johns Hopkins Medical Institutions, their officers, agents, and employees, and persons, firms, or corporations contracting with, or acting on behalf of Hopkins with respect to all activities associated with the Johns Hopkins Medicine 2017 Fun with Science Summer Camp.

DATE: _____ SIGNED: _____
Parent/Legal Guardian

2017 FUN WITH SCIENCE SUMMER CAMP EMERGENCY CONTACT AND MEDICAL AUTHORIZATION FORMS

I, _____
Parent/Guardian of:

born on _____, do hereby give my consent to **Johns Hopkins Medicine**, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/guardian, etc. in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

EMERGENCY CONTACT INFORMATION:

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

PHYSICIAN INFORMATION:

Name

Address

Telephone

MEDICAL INSURANCE:

Insurance Company

Telephone

Employer Group Name

Subscriber No.

ALTERNATE PARENTAL AUTHORIZATION:

If the parents/guardian cannot be reached, other relative(s) or person(s) to contact in emergency:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Signature of parent(s)/guardian: _____ Date: _____

2017 FUN WITH SCIENCE SUMMER CAMP EMERGENCY CONTACT AND MEDICAL AUTHORIZATION FORMS

****Parents/Guardians****

It is your responsibility to let us know about all of your child's health issues that may affect their ability to interact with other students and camp aides in a normal fashion.

Please describe all:

1. Health Issues (asthma, ADHD, ADD, medication allergens, food allergens, speech impediment, etc.):

2. All medications being taken: (asthma, ADHD, ADD, allergens, over the counter, food allergens, etc.) and amounts and times:

I _____, do hereby state that the above

(Signature of Parent or Guardian)

(Date)

information is true.

(Return both pages of this form with Registration Packet)

**2017 Fun with Science Summer Camp
MEDIA RELEASE FORM FOR STUDENT PARTICIPATION**

School _____

Child's Name _____ Age _____

To promote, evaluate, or otherwise describe Johns Hopkins Medicine Fun with Science Summer Camp and other science educational programs and activities, I give permission to the Johns Hopkins Medical Institutions, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, a minor, appears, to use and cite any comment(s), verbal or written, made by said minor about the program, and to use said minor's name in connection with any publication and in such manner as determined by the Institution.

(Print Name of Parent or Legal Guardian)

Date

(Signature of Parent or Legal Guardian in Blue or Black Ink)

(Signature of Hopkins Personnel)

ORIGINAL COPY ONLY

2017 Fun with Science Summer Camp DISCIPLINARY AGREEMENT

Fun with Science Summer Camp supports an atmosphere where students are provided concentrated instruction and hands-on demonstration in the basic sciences from Hopkins faculty and staff. To ensure that each student has the opportunity to receive the same educational experience, there are rules that **ALL** students must adhere to at all times. These rules include:

Bullying

Bullying (in any form) at Fun with Science Summer Camp **will not** be tolerated, and is grounds for **IMMEDIATE** dismissal from Camp. Parents, you are responsible for reading and discussing this policy with your child prior to the first day of camp.

As defined by the Baltimore City Public School System,

“Bullying, harassment, or intimidation means intentional conduct, including verbal, physical, or written conduct, or an intentional electronic communication, that: (I) creates a hostile educational environment by substantially interfering with a student’s educational benefits, opportunities, or performance, or with a student’s physical or psychological well-being and is: 1. motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attribute, socioeconomic status, familial status, or physical or mental ability or disability; or 2. threatening or seriously intimidating; and (II) 1. occurs on school property, at a school activity or event, or on a school bus; or 2. substantially disrupts the orderly operation of a school. Electronic communication means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer, or pager.”

Bullying includes, but is not limited to:

Hitting, kicking, shoving, spitting, hair pulling, or throwing something
Getting another person to hit or harm a student
Teasing, name-calling, making critical remarks, or threatening, in person or by other means
Demeaning *verbal attacks* and making the *student the* victim of jokes
Making rude and/or threatening gestures
Excluding or rejecting *a* student
Intimidating (bullying), extorting, or exploiting
Spreading harmful rumors or gossip

Cell Phones, Other Electronics

Cell Phone Usage

It is the policy of Fun with Science Summer Camp to allow cell phones at camp. However, usage of the cell phone is for emergency purposes only (Camp will determine emergency) or to contact parent or guardian regarding pick-up time. Students caught using the cell phones for non-emergency purposes (including texting) will have the phone confiscated the first time. The phone will be returned to the parent with a warning that if there is a second incident, the child will be dismissed from Camp.

Other Electronics

DO NOT BRING Mp3s, laptops, notebooks, or any other electronic gadgets, etc. to Camp. Any student caught the first time with any of the above gadgets will have the item taken away and returned at the end of the day. If a second infraction occurs, the student will be dismissed from Camp.

Parents please sign and date below attesting that you have read and discussed the disciplinary rules agreement with your child. **If you do not sign and date this agreement, your child will not be allowed to attend Fun with Science Summer Camp.**

Parent/Guardian Signature

Date