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EXPLORER CAMPERS

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Dear Astrocamper,

Astrocamp 2009 is just around the corner. All of the wonders of the universe await you during *Exploration Astrocamp* (the 1-week programs). You will have a wonderful time with all of the hands-on programs and exciting camp activities.

This syllabus contains everything you will need to prepare for a fun and rewarding camp session. Please read through the syllabus carefully, there is a ton of important information. There are also a number of forms that are essential in our preparation for the summer. Please fill these out and return to the Claremont Office no later than **APRIL 15th**.

If you will be flying into the area, flight arrangements must be made to and from Ontario International Airport. Please complete the enclosed form and return it with the other camp forms as soon as possible. Please call our main office one week prior to the start of camp to confirm our receipt of this flight information.

We are looking forward to Astrocamp. The camp will be filled with new adventures, new friends, great discoveries, intriguing programs and lots of fun. If you have any questions, please do not hesitate to call the Claremont Office at 800-645-1423 or 909-625-6194.

Sincerely yours,

Ross Turner

ASTROCAMP - GENERAL CAMP INFORMATION

1. ARRIVAL AT ASTROCAMP - SATURDAY (1 WEEK SESSIONS) OR SUNDAY (2 WEEK SESSIONS)

Campers should check in between 1:00 and 3:00 PM in the main parking lot on the first day of camp. Parents, please follow traffic directions from the staff member in charge of traffic. Camper orientation begins at 3:00 PM. Parents may tour the facility during check in time. Lunch will not be served. **IF YOU ARE GOING TO BE LATE TO CHECK-IN, YOU NEED TO CALL US AS SOON AS POSSIBLE (951) 659-6062.**

2. DEPARTURE FROM ASTROCAMP - ALL SESSIONS DEPART ON FRIDAYS

Parents may pick up campers between 9:30 and 11:30 AM. **LUNCH WILL NOT BE SERVED. Any camper not picked up within an hour of the departure time (11:30am) will be charged a late fee of \$50.00/hour that must be paid upon pick-up of your camper.**

3. ASTROCAMP MAILING ADDRESS

Camper's name
% Astrocamp
P.O. Box 3399
Idyllwild, CA 92549

NOTE: WE WILL NOT ACCEPT CARE PACKAGES, THEY WILL BE SENT BACK.

4. TELEPHONE COMMUNICATIONS

Telephone calls to or from the campers **are not allowed** due to their busy schedules. The daytime number is (951) 659-6062. An answering machine will take messages after 5:00 PM. The answering machine will also have a number should you need to reach someone after 5:00PM. **Telephones are not available for outgoing calls. PLEASE DO NOT BRING CELL PHONES OR COMPUTERS TO CAMP. IF FOUND, THEY WILL BE CONFISCATED AND RETURNED THE LAST DAY OF CAMP.**

5. CAN I E-MAIL MY CAMPER?

1 – way e-mails can be sent to your camper by signing up on Guided Discoveries website at:

1 Week Explorer Campers: www.astrocamp.ecamp.net
2 Week Voyager Campers: www.astrocamp2.ecamp.net

PLEASE SEE THE E-MAIL FORM ENCLOSED.

******PLEASE NOTE: YOUR CAMPER WILL NOT BE ABLE TO EMAIL YOU BACK******

6. SPECIAL CAMPER NEEDS

DIETARY NEEDS: If your camper requires a special diet, please contact Caitlin Farr (951-659-6062) at least two weeks before the camp session.

PHYSICAL NEEDS: If special accommodations are needed for your camper to fully participate in the program, please contact Caitlin Farr (951-659-6062) at least one month before the camp session.

7. CAMPER MEDICATION

The medication form enclosed is REQUIRED for ALL CAMPERS whether taking prescribed medication or not. All prescribed or over the counter medication that is needed by a camper will be collected at the registration area when campers are dropped off. Accurate instructions MUST accompany the medication. Campers will have access to their medication through the nurse's office. **PLEASE INSTRUCT YOUR CAMPER TO BE RESPONSIBLE AND GO TO THE NURSE FOR HIS/HER MEDICATION.**

8. CAMPER PHYSICAL

Enclosed in this syllabus is a Camp Health History and Examination Form. Have this form **completed and SIGNED** by your doctor prior to the start of camp. The form should arrive at the Claremont office **NO LATER THAN APRIL 15th.**

9. CAMP STORE

Campers may deposit money into their camp store account by sending a check (separate from tuition) or credit card to the main office. Credit in the store will be for the amount of the check. Money not spent will be refunded to the camper after the camp session is completed. We suggest a MAXIMUM deposit of \$50.00 for one-week campers and \$100.00 for two-week campers. Items available in the camp store include:

Soap/Shampoo	Post cards/stamps	Batteries	Toothbrushes	Science Items
Patches	Disposable cameras	Snacks	Toothpaste	Pencils
Astrocamp T-shirts	Astrocamp sweatshirts	Film	Candy	Drinks

10. CARE PACKAGES

WE WILL NOT ACCEPT CARE PACKAGES. THEY WILL BE SENT BACK. WE APPRECIATE YOUR COOPERATION IN THIS MATTER.

11. PARENT NOTIFICATION

In the event your child has an illness or injury requiring treatment by medical personnel other than the health care providers at camp, you will be notified by camp staff.

12. LUGGAGE LABELING

PLEASE BE SURE THAT ALL LUGGAGE IS LABELED WITH CAMPERS NAME, ADDRESS AND PHONE NUMBER.

ASTROCAMP - TYPICAL DAILY CAMP SCHEDULE

7:30 A.M.	RISE AND SHINE
8:00 A.M.	BREAKFAST
8:30 A.M.	DORM CLEAN-UP
9:00 TO 12:15 P.M.	MORNING PROGRAM
12:30 P.M.	LUNCH
1:00 P.M.	QUIET PERIOD – CAMP STORE
2:15 TO 5:30 P.M.	AFTERNOON PROGRAM
5:30 P.M.	REST AND RELAXATION
6:00 P.M.	DINNER
6:30 P.M.	REST TIME
7:00 TO 10:00 P.M.	EVENING PROGRAMS
10:00	DORM TIME
10:30 P.M.	LIGHTS OUT

ASTROCAMP - TUITION AND FEES

TUITION / AIRPORT FEES (These can either be charged or paid with a check.)

Total Camp Tuition	One week	\$900.00	Two week	\$1,800.00
Less deposit		<u>\$200.00</u>	Less Dep.	<u>200.00</u>
TOTAL DUE		\$700.00		\$1,600.00

Airport Transportation Fee (each way, if applicable) \$ 35.00

OTHER (These can either be charged or paid with a check. If paying by check, please make the check separate from tuition / airport fees.)

Camp Store Account (1-Week Maximum)	\$ 50.00
Camp Store Account (2-Week Maximum)	\$100.00

FINAL TUITION DUE BY APRIL 15, 2009. All checks must be made payable to ASTROCAMP. Please enclose this form with your final payment. PLEASE, NO POSTDATED CHECKS. If charging, Guided Discoveries will appear on your statement.

CAMPER'S NAME: _____

SESSION:

Explorer 1 _____ Exp 2 _____ Exp 3 _____ Voyager 1 _____ Voyager 2 _____

METHOD OF PAYMENT: _____ Check _____ VISA _____ MasterCard
(If using a credit card, please fill out the information below.)

ACCOUNT NUMBER

EXP. DATE

NAME ON ACCOUNT

SIGNATURE

TUITION / FEES AMOUNT ENCLOSED / CHARGED \$ _____

OTHER AMOUNT ENCLOSED / CHARGED \$ _____

TOTAL AMOUNT ENCLOSED / CHARGED \$ _____

PLEASE MAIL FORM TO:

**ASTROCAMP
P. O. BOX 1360
CLAREMONT, CA 91711**



ASTROCAMP – 2009 PERMISSION SLIP AND WAIVER
EXPLORER CAMPERS

CAMPER NAME _____

Please circle one: Explorer 1 Explorer 2 Explorer 3

I give my camper permission to participate in the following activities.

Mountain Biking Activity (AVAILABLE TO: "B and C" campers)

Rock Climbing Activity (AVAILABLE TO: "C" campers)

As the parent or legal guardian of

(Camper's name)

I consent to allowing my camper to participate in the above checked activities held during the summer at Astrocamp in Idyllwild, CA. I, the undersigned parent or legal guardian of the camper agree to the terms of this Release and Waiver of Liability in consideration of Guided Discoveries' acceptance of the camper into these activities.

I (we) understand that the above checked activities are inherently dangerous. I fully realize the dangers and risks of my camper participating in this program(s). These risks and others that cannot be anticipated contribute to the unique character and desirability of the activities involved and pose the possibility of injury, illness, or death. For this and other reasons, the risks cannot always be eliminated, altered or controlled. I also understand my camper will be asked to comply with all rules set forth by Guided Discoveries for the above checked activities. The camper's failure to abide by these rules will also increase the risk of harm.

Parent/Guardian Release and Waiver of Liability

With this knowledge, I grant permission for our camper to participate in the above checked activities, and on behalf of ourselves and the camper, we accept and assume the risk and full responsibility for injury, illness, death or loss of personal property or other damage or expense resulting from the camper's participation in the above checked programs, whether caused by the negligence of Guided Discoveries, Inc., its agents, servants and employees, landlords, lessors and representatives, or otherwise.

I hereby waive and agree not to sue and release and discharge the Guided Discoveries, Inc., parties, its agents, servants and employees, landlords, lessors and representatives from all liability to use and the camper and camper's heirs, assigns and personal representatives for any and all of the losses, damages, claims or demands assumed by us in the preceding paragraph.

This agreement shall be governed by the law of the State of California, if any provision herein is held to be invalid, the remaining terms shall remain in full force and effect.

I hereby certify that I have read this agreement and agree to be bound by its terms.

Parent or Guardian Signature

Date

Camper's Signature

PLEASE MAIL FORM TO:
ASTROCAMP
P. O. BOX 1360
CLAREMONT, CA 91711



ASTROCAMP - MEDICATION FORM

CAMPER'S NAME: _____

SESSION:

Explorer 1 _____ Exp 2 _____ Exp 3 _____ Voyager 1 _____ Voyager 2 _____

ENCLOSE A COPY OF THE CAMPER'S MEDICAL INSURANCE CARD.

ALL CAMPERS need to complete the top portion regarding over-the-counter medication. If your camper is taking prescription medication(s), you need to complete all portions of this form. **Please instruct your camper to be responsible to go to the nurse for his/her medication.**

OVER-THE-COUNTER MEDICATION

Our camp medical personnel need your permission to give your child over-the-counter medication such as Tylenol, Swimmer's Ear and Kaopectate. These are not prescription drugs.

I give my permission to the camp medical personnel to administer any over-the-counter drugs as deemed necessary **EXCEPT** those listed as follows:

DATE _____ SIGNATURE _____
PARENT OR GUARDIAN

1. Astrocamp will reasonably endeavor to carry out my request but does not and cannot insure or guarantee that it can or will.
2. Astrocamp is relying on my judgment in permitting my child to attend Astrocamp in view of the health problem, which necessitates this medication. I realize that my child may not be accepted due to this health problem pursuant to Section DN 212.1 of the California Administrative Code.
3. I represent to Astrocamp that this is a valid prescription issued for my child.
4. I agree to hold Astrocamp, its directors, officers, agents and employees harmless from any loss, cost or expense arising in any manner from my request.

Doctor's Name: _____ Prescription No.: _____

Name of Drug: _____

Dosage and Frequency: _____

Comments: _____

Date: _____ Signature: _____

PLEASE MAIL FORM TO:

ASTROCAMP

P. O. BOX 1360

CLAREMONT, CA 91711



A SPECIAL NOTE REGARDING PERSONAL INFORMATION ABOUT YOUR CHILD

We hope you noticed the Parent's Confidential Report included in the registration packet. We would like to take a moment to discuss this particular form.

Many parents are ambivalent about providing camps with information about personal aspects of their child's behavior or past experiences. Some parents fear that the information may be misused, while others are concerned about their child being "labeled," singled out, or treated differently. All parents want to see their child have a good start at camp, unencumbered by past problems.

As seasoned camp directors, who are ourselves parents, we appreciate these concerns. We also know how invaluable such information can be in assisting us help your child make as smooth and happy an adjustment to camp as possible – something we know all parents want too! Very often having prior knowledge about a learning difficulty, a recent loss in or out of the family, or a major change in the family or in the child's life can be the crucial factor in helping us be sensitive to your camper's need for patience, understanding, and reassurance. Since children often automatically use their behavior rather than their words to tell us what's bothering them, having advanced knowledge of areas that might be difficult for your child really helps us understand the message in his/her actions so we can assure him/her of a better summer.

Our commitment is never to misuse such information or to release it to unauthorized persons. It will never be used in camp unless necessary and then only with the greatest discretion. We will certainly let you know if your child is having difficulty. If you have any special concerns about this information or about your child, please feel free to call us. Or, if something comes up before camp begins, please send us a note or call us. As a team we can better assure your child of a successful time at camp.

ASTROCAMP - PARENT'S CONFIDENTIAL REPORT

This information will be shared with your child's counselor before they arrive at camp. This helps the counselor to be prepared to assist your child during camp. Please be as honest as possible, as it will help us better serve your child to the best of our ability.

CAMPER'S NAME: _____

SESSION:

Explorer 1 _____ Exp 2 _____ Exp 3 _____ Voyager 1 _____ Voyager 2 _____

Information provided by: _____

Relationship to camper: _____

Parent / Guardian occupation: _____

Was your child the one who chose to attend Astrocamp? _____

If yes, why? _____

Has your camper ever attended Astrocamp? Yes / No

When? _____

Has your camper attended Astrocamp with his / her school program? Yes / No.

What school does your child attend? _____

What aspect of camp is your camper most anticipating? _____

Is your camper happy at school? _____

Does your camper seem to enjoy schoolwork? _____

In what activities, sports, clubs, hobbies, etc., is your camper participating in during the school year?

Does your camper make friends easily? _____

Please explain any areas of potential concern: _____

Does your camper interact well with adults? _____

Please explain any areas of potential concern: _____

Does your camper have chores around the house? _____

Please explain: _____

Will this be your camper's first summer camp experience? _____

What other camps has your child attended? _____

What particular outcome(s) do you desire as a result of this summer's camp experience? _____

Are there any confidential problems with regard to your camper that you want us to be aware of in order to be of help this summer? _____

What methods of encouragement work best with your camper? _____

What methods of discipline work best with your camper? _____

Does your camper have any particular eating habits that we should be aware of? _____

How does your camper respond to authority? _____

Are there any additional comments you could share with us about your camper? _____

PLEASE MAIL FORM TO:

ASTROCAMP

P. O. BOX 1360

CLAREMONT, CA 91711



ASTROCAMP – CAMPER CODE OF CONDUCT

EACH CAMPER MUST READ AND HONOR THE CODE OF CONDUCT AND BEHAVIOR. BOTH CAMPER AND PARENT MUST SIGN AT THE BOTTOM. PLEASE READ CAREFULLY.

Campers will follow the general camp guidelines and rules that will be explained during the camp orientation.

Campers will cooperate with the camp staff in keeping the dorms and camp clean. Campers are expected to clean their rooms daily and to help clean the common areas. Running and roughhousing are not allowed in the dorm areas.

Camper's quiet hours are from 10:00 P.M. through 7:30 A.M. each day. Campers are to remain in their dorms from "lights out" until 7:30 A.M. the next morning. Campers will not wander the campus after hours.

Leaving camp property is NOT PERMITTED. Camp staff will escort all sanctioned out-of-camp activities.

Campers are NOT PERMITTED in staff residences.

Campers will respect other campers and staff. Any action that infringes on the ability of another camper to have positive experience will not be tolerated. Fighting, teasing, coercing, stealing, practical jokes, vulgarity, hazing or any other act that will demean or degrade another person is unacceptable behavior.

ALCOHOLIC BEVERAGES, UNLAWFUL NARCOTICS, DRUGS, AND DRUG PARAPHERNALIA WILL NOT BE TOLERATED AT ASTROCAMP. Possession or use is an infraction of this policy.

TOBACCO OR ANYTHING THAT IS SMOKED IS NOT PERMITTED AT ASTROCAMP. This includes, but is not limited to cigarettes, chewing tobacco, "bidis", cloves or cigars. This policy is enforced from the time a camper reports to ASTROCAMP, or is picked up at the airport.

ASTROCAMP recognizes the importance of social interaction while at camp, as well as the possibility of summer romances. However, there are potential concerns because of these relationships. While at ASTROCAMP, all campers will abide by these rules: (a) Stay in supervised areas, especially when with a person of the opposite sex. (b) Campers are not allowed in the dorms of the opposite sex. (c) Campers will not sneak out at night or after hours to meet other campers. (d) Campers will not have intimate or sexual relationships.

We have read the entire CAMPER'S CODE OF CONDUCT AND BEHAVIOR. We understand that failure to comply with these policies may result in expulsion from ASTROCAMP. In the event of expulsion, the parent or guardian will forfeit any remaining tuition. As the camper, I agree to obey these documents while attending ASTROCAMP.

CAMPER'S SIGNATURE: _____ **DATE:** _____

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE MAIL FORM TO:

ASTROCAMP

P. O. BOX 1360

CLAREMONT, CA 91711



ASTROCAMP - HOUSING POLICIES

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THE ROOMMATE REQUEST FORM. YOUR SIGNATURE ON THE ROOMMATE REQUEST FORM INDICATES THAT YOU HAVE READ AND UNDERSTAND THESE POLICIES.

ASTROCAMP believes that meeting new people is an essential part of the camp experience. We encourage you and your camper to think of camp as an opportunity to meet as many new friends as possible.

1. Roommate requests are not guaranteed. We will do our best to accommodate reasonable requests.
2. Roommates must be the same sex and in the same age group.
3. Roommates are grouped by AGE, NOT GRADE IN SCHOOL. This applies to all campers, including those who have skipped grades. The age cut off date is August 31st.
4. Campers are NOT moved up to the next age group. Campers may move to a younger group, if appropriate and space allows.
5. Only reciprocal requests are granted. Please make arrangements with a friend prior to sending in forms.

TIPS FOR ROOMMATE REQUESTS

A pair or trio of friends is the best request in terms of size. After three people, your group will be split up at our discretion.

Negative requests (“Do not put my child with _____”) are strongly discouraged.

If you have any questions, please call Caitlin Farr at (951) 659-6062.

ASTROCAMP - ROOMMATE REQUEST FORM

CAMPER'S NAME: _____

SESSION:

Explorer 1 _____ Exp 2 _____ Exp 3 _____ Voyager 1 _____ Voyager 2 _____

MALE _____ FEMALE _____

AGE BY AUGUST 31st, 2009 _____

AGE GROUPS:

1 Week Sessions:

A – CAMPERS (8 - 9 YEARS OLD)

B – CAMPERS (10 -11 YEARS OLD)

C – CAMPERS (12 – 15 YEARS OLD)

2 Week Sessions:

A – CAMPERS (10 - 11 YEARS OLD)

B – CAMPERS (12 -13 YEARS OLD)

C – CAMPERS (14 - 16 YEARS OLD)

ROOMMATE(S) REQUESTED:

***IF A REQUESTED ROOMMATE IS YOUNGER, PLEASE READ AND INITIAL BELOW.**

1. _____ AGE: _____

2. _____ AGE: _____

CAMPER: I AM WILLING TO MOVE TO A YOUNGER GROUP, TO HAVE MY ROOMMATE REQUEST HONORED.

YES _____ NO _____ CAMPER INITIALS _____

PARENT: I HAVE READ & UNDERSTAND, ASTROCAMP HOUSING / ROOMMATE POLICIES

PARENT SIGNATURE: _____

DATE: _____

ONLY RECIPROCAL REQUESTS ARE HONORED.

PLEASE MAIL FORM TO:

ASTROCAMP

P. O. BOX 1360

CLAREMONT, CA 91711



ASTROCAMP - CLOTHING LIST

This is a minimum list. Everything on this list has a function. **PLEASE BE SURE EVERYTHING IS MARKED WITH NAME, ADDRESS AND PHONE NUMBER.**

ESSENTIAL ITEMS:

Jeans or long pants	Tennis shoes and/or hiking boots	Pillow w/ Pillowcase
Shorts	Long-sleeved Shirt	T-shirts
Underwear	Socks	Lip balm
Sweatshirt or sweater	Windbreaker or jacket	Water Bottle
Rain coat or poncho	Sleepwear	Sunscreen (SPF 30)
Swimsuit	Wash cloth and Bath towel	Beach Towel
Laundry Bag	Sleeping bag or blanket with linen	

Personal hygiene items (toothbrush, toothpaste, soap, shampoo, conditioner, brush, comb, deodorant, etc.)

LAUNDRY

ONE-WEEK SESSIONS: Laundry will not be done unless there are extreme circumstances.

TWO-WEEK SESSIONS: Laundry will be done one time during the session.

NON-ESSENTIAL ITEMS

Sun hat	Sun glasses	Insect repellent
Camera and film	Alarm clock	

ITEMS NOT TO BRING

Television	Stereos or walkmans	Pocket knives
Handheld videogames	Food	Lighters and fluid
Cash	I-Pods/MP3 players	
Laptop computers	Cellular phones	

ELECTRONIC DEVICES

Astrocamp requests that electronic devices are NOT brought to camp. **ASTROCAMP DOES NOT ACCEPT THE RESPONSIBILITY FOR THE LOSS, DAMAGE OR THEFT OF SUCH DEVICES. ANY ABUSE OF THIS POLICY, WILL RESULT IN CONFISCATION AND STORAGE UNTIL THE END OF THE SESSION.**

HOW TO PACK

All items should be packed in a duffel bag. Please limit luggage to **NO MORE THAN TWO (2) BAGS.** Make sure all luggage has a visible tag with the camper's name, address and telephone number written in ink.

ASTROCAMP - FLIGHT ARRANGEMENTS

*****VERY IMPORTANT: PLEASE MAKE SURE THAT YOUR CAMPER IS AWARE THAT THEY ARE TO STAY AT THE GATE AFTER DEPARTING THE PLANE, AND WAIT FOR THE ASTROCAMP STAFF TO MEET THEM. DO NOT GO DOWNSTAIRS TO BAGGAGE AREA, WITHOUT AN ASTROCAMP STAFF MEMBER. *****

CAMPER'S NAME: _____

SESSION:

Exp 1 _____ Exp 2 _____ Exp 3 _____ Voyager 1 _____ Voyager 2 _____

PLEASE NOTE WE WILL NOT ACCEPT FLIGHT ARRANGEMENTS AFTER JUNE 1ST.

ARRIVAL INFORMATION:

All flight arrivals MUST be made to Ontario International Airport between **11:00 AM and 1:00 PM** on the **FIRST** day of camp. **Flights outside of this time frame will result in additional fees and must be approved by a director.**

Date: _____ Arrival time: _____ AM / PM
Airline: _____ Flight #: _____ From: _____ to: ONT
(Airport)
Ticketless Reservation #: _____

DEPARTURE INFORMATION:

All flight departures MUST be made from Ontario International Airport between **12:00 NOON and 2:00 PM** on the **LAST** day of camp. **Flights outside of this time frame will result in additional fees and must be approved by a director.**

Date: _____ Departure time: _____ AM / PM
Airline: _____ Flight #: _____ From: ONT to: _____
(Airport)
Ticketless Reservation #: _____

PARENT'S NAME: _____

ADDRESS: _____ PHONE #: _____

PERSON PICKING UP – RETURN FLIGHT _____
CELL PHONE # _____

PLEASE NOTE: There is a \$35.00 charge each way for this service. Refer to Tuition and Fees page for payment information. Any other special arrangements MUST be in writing and will require additional fees.

PLEASE SUPPLY YOUR FLY-IN CAMPER WITH A LUNCH

Please clearly mark your camper's luggage with his / her name, Astrocamp, and the camp phone number (951) 659-6062.

PLEASE MAIL FORM TO:

ASTROCAMP
P. O. BOX 1360
CLAREMONT, CA 91711

ASTROCAMP - CHECK LIST

EXPLORER CAMPERS

*****ALL YELLOW AND GREEN CODED FORMS NEED TO BE RETURNED BY APRIL 15th.*****

PLEASE TAKE COPIES OF ALL FORMS BEFORE MAILING BACK TO US. PLEASE DO NOT FAX FORMS.

PLEASE RETURN THE FOLLOWING ITEMS TO:

**ASTROCAMP
P. O. BOX 1360
CLAREMONT, CA 91711**

- Explorer Permission Slip**
- Tuition and Fees**
- Code of Conduct**
- Flight Arrangements**
- Medication Form – please enclose a copy of medical insurance card**
- Camp Health History and Examination Form**
- Parent’s Confidential Report (2 sided)**
- Roommate Request Form**
- Letter of Recommendation from teacher – first year only**

Please return all completed YELLOW AND GREEN CODED forms by April 15th!

PARENT LETTER AND CAMP POLICIES REGARDING CELL PHONES AND OTHER TECHNOLOGIES

Dear Parents,

We have always taken the safety and well-being of our campers—your children—very seriously. After all, giving your children over to the care of other people is perhaps the greatest act of trust you as a parent can engage. We aim to do everything we humanly can to earn and keep that trust. We also know we cannot do this without your help. We are writing to invoke the *partnership* we feel we have with you to help us make sure your children continue to have the safest, most wholesome experience with us possible.

Given certain developments in our culture, including the increased use of the Internet, cell phones and text messaging, we appeal to you as parents—our partners—to help us maintain as safe an environment for your children at camp as we can. Please read our letter carefully so you may understand the challenges facing us regarding the continued safety and health of our camp community. Then, take time to review and then read to your child the enclosed policies regarding the Internet, social networking sites and exchanging contact information with their counselors. As always we urge you to call us if you have any questions, concerns or ideas about any of these issues.

Cell Phones

As you know we have a “no-cell phone” policy at camp. Aside from the fact that cell phones are expensive and can get lost or stolen and that the physical camp environment is not kind to such items, there is a fundamental problem with campers having cell phones at camp, and that is trust. When children come to camp they—and you—are making a leap of faith, temporarily transferring their primary care from you as their parents to us and their counselors. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn, little by little, to solve some of their own challenges. We believe this emerging independence is one of the greatest benefits of camp. It is one important way your child develops greater resilience. Contacting you by phone essentially means they have not made this transition. It prevents us from getting to problems that may arise and addressing them quickly. Sending a cell phone to camp is like saying to your child that you as the parent haven’t truly come to peace with the notion of them being in our care.

We agree to tell you if your child is experiencing a challenge with their adjustment to camp. *You can help* by talking with you child *before they leave for camp* and telling them that there is always someone they can reach out to, whether it is their counselor, a trusted activity leader, the Head Counselor or even the Director or camp health care provider. We are all here to help, but if you don’t trust us your children certainly won’t.

Your Kids, Our Staff after Camp

Our pledge is to put your children in the company of the most trustworthy and appropriate young adults we can hire—counselors and instructors who are well suited to the task of caring for campers. The effort we put into screening and selecting our staff is part of our pledge. Our staff work with your children in the context of a visible, well-scrutinized environment that has many built-in checks and balances. Counselors are supervised by senior staff guided by clear, firm policies regarding behavior. Their actions are also visible to co-workers and campers. By hiring them we do not recommend them as baby-sitters, Nannies or child companions outside of camp. *In general we discourage our staff from having contact with your children after camp since we cannot supervise it. We hire our staff for the camp season. We do not take responsibility for their behavior off-season only.* As a parent you are, of course, free to make your own choice in this matter. While we cannot keep you from allowing your child to visit with one of our staff members, in so doing you take full responsibility. We also know that many children exchange contact information (e.g., e-mail address, profile names, cell phone

numbers) with counselors without our or your specific awareness or permission. *We recommend that you as the parent supervise your child's online activities just as you do other aspects of their life in your home, and oversee any off-season contact our staff members and your child. You take full responsibility to oversee any contact that results.*

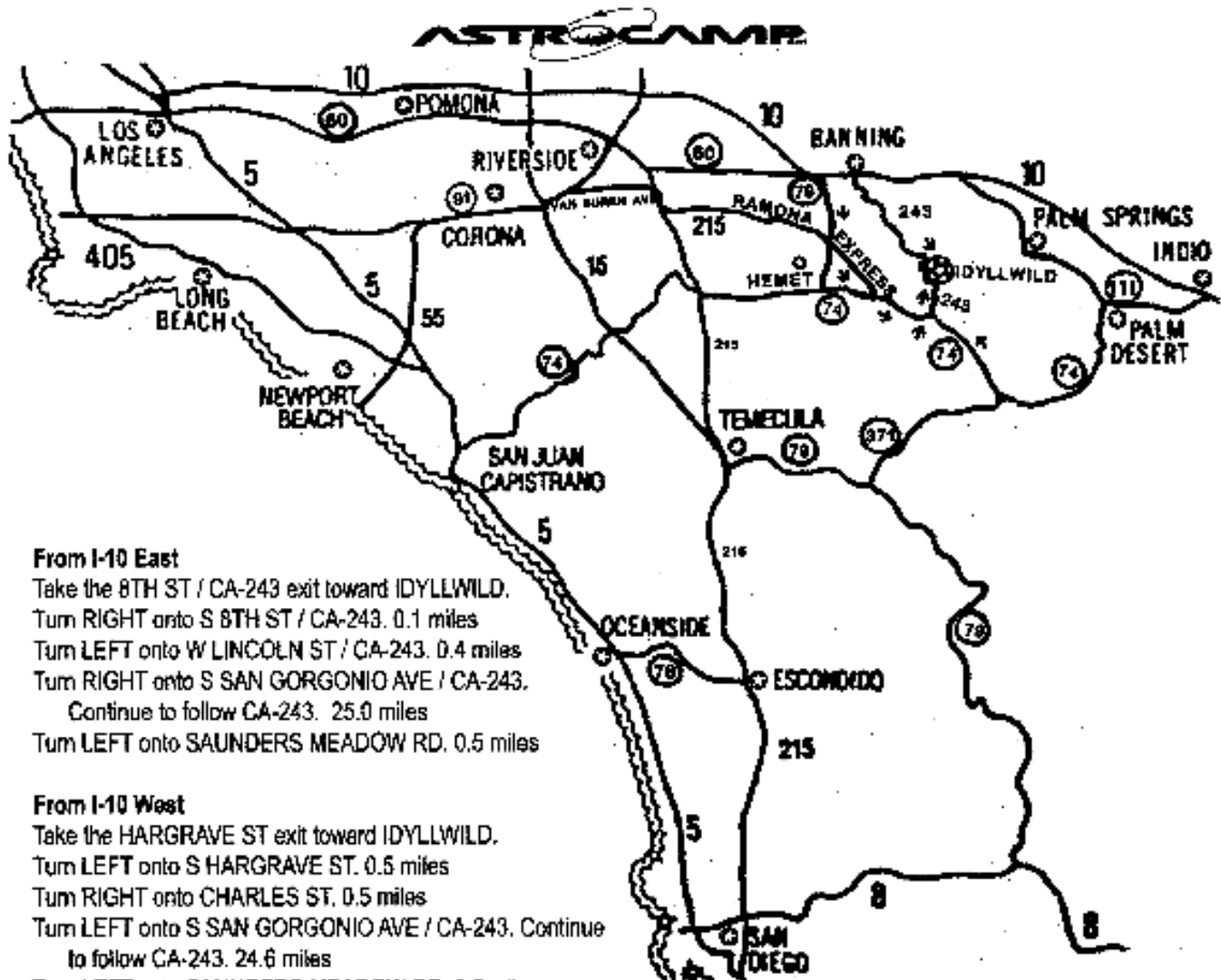
Working Together to Keep Your Children Safe

We see many positive, exciting ways for youngsters to enjoy the Internet and other technology. As advocates for children we want to work with you to keep those experiences safe, healthy and positive. That is why we have taken the time to write these policies, include some resources for you and urge you to talk with your children—both about camp and their online activity in general.

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“..have you been Ditterized?”

ASTROCAMP



From I-10 East

Take the 8TH ST / CA-243 exit toward IDYLLWILD.
 Turn RIGHT onto S 8TH ST / CA-243. 0.1 miles
 Turn LEFT onto W LINCOLN ST / CA-243. 0.4 miles
 Turn RIGHT onto S SAN GORGONIO AVE / CA-243.
 Continue to follow CA-243. 25.0 miles
 Turn LEFT onto SAUNDERS MEADOW RD. 0.5 miles

From I-10 West

Take the HARGRAVE ST exit toward IDYLLWILD.
 Turn LEFT onto S HARGRAVE ST. 0.5 miles
 Turn RIGHT onto CHARLES ST. 0.5 miles
 Turn LEFT onto S SAN GORGONIO AVE / CA-243. Continue
 to follow CA-243. 24.6 miles
 Turn LEFT onto SAUNDERS MEADOW RD. 0.5 miles

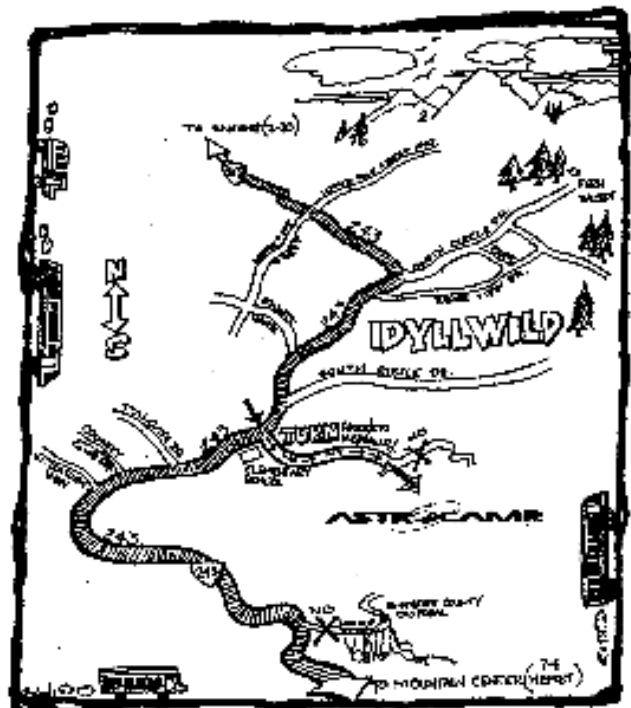
*In Winter or incimate weather we suggest you

Take Hwy 79 south off of I-10 to the Ramona
 Expressway (2nd signal) 7.9 miles
 Turn left on Ramona Expressway 10 miles (Will turn
 to Mountain Ave, then back to Ramona Expressway)
 Turn Left on CA-74/Florida Ave. 14.4 miles
 Stay Straight to go onto CA-243 3.5 miles
 Turn Right on Saunders Meadow Rd. 0.5 miles

From I-15 North

Take I-215 North
 Take the CA-74 E exit toward HEMET.
 Turn right onto CA-74 E. 31.7 miles
 Stay STRAIGHT to go onto CA-243. 3.6 miles
 Turn RIGHT onto the 2nd SAUNDERS MEADOW RD. 0.5 miles

If you have any questions on how to
 get here please call us at 951-659-6062



GET STARTED TODAY

1. Go to: <http://astrocamp.ecamp.net>

2. New to the site?

Click on the 'create an account' button

-OR-

Already have an account?

Enter your email address and password and hit 'login'.

When updating you may change your email address and add new contacts.

3. Follow the instructions to register or update your account information.

A one time use 'login code' is necessary for security.
Our 2009 login code: **AstroExp**

Here are your package options[^]

Package 1

3 email credits
FREE

Package 2

3 FREE +
10 email credits
\$9.95

Package 3

3 FREE +
13 email credits
\$12.95

Best Value

[^]A credit card is required for purchases. A 24 Hour trial period is available, should you wish to preview the service before purchasing. Packages are on a per computer basis.

INVITE FRIENDS AND FAMILY



Once you have created or updated your account, login and click on the invite button on the lower left hand side. Submit the form and an email will be sent to each invitee providing them with their unique username and password to access the site.

FREQUENTLY ASKED QUESTIONS

For more FAQ's please visit: http://astrocamp.ecamp.net/tech_support.php

What do I do if I forgot my password?

On the login page, click on the link under "I forgot my password, what do I do?" and follow the on site instructions.

I'd like to view the site on my computer at work. Do I need to create a second account?

No, this is not necessary. You will be able to login using the same username and password despite which computer you use.

What are packages?

Packages contain items that will grant you access to the site and allow you to use the products available. Package availability may vary depending on your camp.

NEED HELP? HAVE QUESTIONS?

Please contact eCamp Customer Service by visiting:

<http://astrocamp.ecamp.net/cs.php>

You can also reach us directly at: 866-517-0759

eCamp[®] Services for:

AstroCamp

1 Week Session

ONE-WAY EMAILS



- Email credits can be used to send an email, add stationery, or other fun features
- Your email messages are delivered to camp, printed and handed out at traditional mail call each day, faster than 'snail mail'
- Invite friends and family to send messages

LOGIN TODAY



part of **active** NETWORK