

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!

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:

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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:
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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: _____

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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? _____

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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:** _____

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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.

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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.

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