

247 South Main Street
Manchester, CT 06040



Phone: 860-643-0949
www.lutzmuseum.org

**Lutz Children's Museum
Lutz Nature Camp Registration, Policies, and Procedures**

2018 Lutz Children's Museum Nature Camp

Week	Dates	Topic	Weekly Rates
1	7/9/18 – 7/13/18	Summer Scientists	Member: \$225.00 Non-Member: \$275.00 Inquire about membership information and prices during registration
2	7/16/18 – 7/20/18	Eco-Explorers	
3	7/23/18 – 7/27/18	Track That Animal	
4	7/30/18 – 8/3/18	CT Wildlife	Camp Hours Drop Off: 8:30am – 9:00am Monday – Thursday: 9:00am – 3:00pm Friday: 9:00am – 5:00pm
5	8/6/18 – 8/10/18	Threatened, Endangered, and Extinct Animals	
6	8/13/18 – 8/17/18	Bugs, Slugs, and other Invaders	

Summer camp registrations are processed on a first come-first serve basis. Camper registration is complete when attached documents are completed in full (initialed and signed, and submitted) and complete payment is received. The Youth Health Exam/Record and Authorization for the Administration of Medication Form is due by June 15th.

Museum staff reserves the right to change or cancel programs based on enrollment.

ONE CHILD PER APPLICATION PACKET REQUIRED

Child's Name	Age	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Subtotal
Ima Grizzlybear	7		X	X				\$500

Office Use Only
ID # _____
Sales # _____
Initials _____

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Updates & Communication

In an effort to quickly and effectively communicate with all parents please request to follow our private, summer camp only, Facebook page. Search **Lutz Nature Camp**. We are excited to privately post our daily experiences in order to share in the learning, joy, and fun. We will post photos, videos, and updates throughout the week.

We will be using the #LutzSummerCamp hashtag.



Camp Cell Phone – parents will have access to call/text camp staff as necessary.

Registration and Payment

All attached documents must be completed, initialed, signed, and submitted, and payment must be made in full for camper registration to be complete. A Youth Health Exam Record (sample form attached) must be completed, verified, and signed by a medical practitioner. **Camper registration is considered complete when all attached documents are completed in full (initialed, signed, and submitted), and complete payment is received. The Youth Health Exam/Record and Authorization for the Administration of Medication Form is due by June 15th.**

A camper may be registered for 1 week or all 6. Space is limited and available on a first come first serve basis. Rates are \$225/week for members and \$275/week for non-members. We do not offer discounts for multiple children or weeks. A very limited number of scholarships may be available to Manchester residents. Contact your school principal for details.

Refunds are available when a written request to withdraw is received one month or more before the first day of camp. Refunds (or credit for an alternate week) will be available if camp is cancelled for low enrollment.

Parent/guardian initials _____

Inclement Weather

The Lutz Nature Center Camp may open late, close early, or remain closed a full day in the event of severe weather. Decisions will be made based on the safety of our staff, campers and their families. Parents or guardians are encouraged to call the camp cell phone, number to be provided, with any questions about weather related schedule changes. There will be no refunds for weather related cancellations.

Parent/guardian initials _____

Camper Drop-Off and Pick-Up

Campers should be dropped off at Oak Grove Nature Center, 269 Oak Grove Street, between 8:30am and 9:00am. Camp activities begin promptly at 9:00am. Pick up is at 3:00pm Monday-Thursday and 5:00pm on Friday. Government issued photo identification is required to verify the person(s) authorized on the Pick Up Form. A penalty of \$1 per minute may apply to late pickups. State or local authorities will be notified after one hour if we have not heard from a parent/guardian.

Please note that during drop-off and pick-up, at Oak Grove Nature Center, vehicles should not block other vehicles, the entrance, or exit. Parking on the street is permitted if the lot is full.

Parent/guardian initials _____

Neglect and Abuse Policy

The Lutz Nature Center Camp and its staff are mandated reporters. We are required to report any suspicion of abuse or neglect to the Department of Children and Families (DCF).

Parent/guardian initials _____

What to Wear

Campers should dress comfortably in clothes appropriate for climate. Keep in mind that we will be active and outside activities may leave campers dirty, muddy, or wet.

Two pairs of shoes are required at camp. One pair of closed toed shoes for hiking and spending time at the nature center, as well as one pair of closed toed water shoes - flip flops, or other open toed footwear are not allowed to be worn as water shoes.

A swim suit and towel will be needed each Wednesday for our visit to Globe Hollow Pool.

Parent/guardian initials _____

Lunch, Snack, and Hydration

Campers are required to bring a bagged lunch and a snack every day, including field trip days. Food sharing is not permitted. An additional snack is recommended for Friday as pick up is at a later time. Lunches will be refrigerated according to regulations of the CT Department of Public Health. We will not have access to a microwave. Campers will have at least 30 minutes to eat lunch each day.

Please do not send drinks in glass bottles. We ask that every camper bring a refillable and reusable water bottle with them to camp each day. We will be very active and it is critical to stay hydrated.

Parent/guardian initials _____

Behavior

We expect every camper to demonstrate respect for themselves, each other and for camp staff/volunteers. All campers (along with their parent or guardian) will be required to sign a behavior agreement, which outlines expectations and unacceptable behaviors. The Lutz Nature Center Camp employs a 3-strike policy.

- 1. First Offense: Verbal warning from camp staff
- 2. Second Offense: Verbal warning and removal from activity
- 3. Third Offense: Verbal warning, parent/guardian notified and potential dismissal from camp.

Every behavior challenge will be documented by staff. The Lutz Nature Center Camp reserves the right to dismiss a child from camp immediately and without warning for serious offenses including: fighting, harassment, vandalism, theft, weapons or illegal substances. Refunds will not be issued for campers who have been removed from camp.

Parent/guardian initials _____

Personal Property

Please do not bring electronics such as cell phones, hand held games, tablets or iPods to camp. The Lutz Nature Center Camp will not accept responsibility for any personal property that is lost, stolen, or broken.

Parent/guardian initials _____

Camper Medication(s)

Emergency intervention medications (ex. rescue inhalers, epi-pens) are permitted at camp. In order to leave your child’s medication at camp, the Authorization for the Administration of Medication Form (attached) must be completed, verified, and signed by the prescribing physician and the parent/guardian(s). Without proper documentation medication will not be permitted at camp.

Medication listed on the Authorization for the Administration of Medication Form must be left with a staff member. Medication must be in its original container with the original pharmacy label. Without a label, medication is not permitted. We are required to accept no more than what will be needed per day/week.

All campers must be able to self-administer medication at camp. Children can self-administer medication ONLY if their physician has noted this on the Authorization for the Administration of Medication Form. However, camp staff is trained to administer certain medications in an emergency. Parents should make sure they pick up their child’s medication at the end of each day/week. Any medications left behind will be destroyed one week past the camper’s last day.

Parent/guardian initials _____

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Primary Contact Information

Please provide all information in clear print.

Attending Child's Name _____

Date of Birth _____ Age _____

Primary Home Address _____

Parent/Guardian Name _____

Address _____

Relation to Camper _____

Phone # _____

Phone # _____ Alt Phone # _____

Email Address _____

Parent/Guardian Name _____

Address _____

Relation to Camper _____

Phone # _____ Alt Phone # _____

Email Address _____

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Permission Form

Attending Child's Name _____

My child is granted permission to participate in all activities at the Lutz Children's Museum Nature Camp, including field trips and off-site activities. I understand that transportation will be provided by passenger van or school bus.

I understand that by granting permission and signing this form that I have read, understood, initialed, discussed, and will follow the Lutz Children's Museum Nature Center Camp Policies and Procedures.

I have provided true and accurate information of my child.

Parent/Guardian Signature _____

Print Parent/Guardian name _____

Date _____

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Authorized Pick-Up List

Attending Child's Name _____

All pick-ups are required to provide a photo ID at time of pick-up. Additional pick-ups may be added to this form.

Name _____

Address _____

Relation to camper _____

Phone # _____

Alt Phone # _____

Name _____

Address _____

Relation to camper _____

Phone # _____

Alt Phone # _____

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Photo and Video Release Form

Attending Child's Name _____

Lutz Children's Museum Science and Nature Camp
269 Oak Grove Street, Manchester CT, 06040

I grant the Lutz Children's Museum, its representatives and employees the right to take photographs and video of my child in connection with the above-identified subject. I authorize the Lutz Children's Museum, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Lutz Children's Museum may use such photographs or videos of my child without their name(s) and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above.

Parent/Guardian Signature _____

Print Parent/Guardian name _____

Date _____

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Sunscreen & Bug Spray Application

Please apply sunscreen and bug spray to your child prior to morning drop off. Campers should have their own bottles of sunscreen and bug spray to reapply throughout the day as needed.

In the event your child forgets sunscreen or bug spray, the Lutz Nature Camp has an assorted supply of sunscreen and/or bug spray that may be provided for your child.

By signing below I allow my child to use sunscreen and/or bug spray provided by the Lutz Children's Museum Nature Camp.

Attending Child's Name _____

Parent/Guardian Signature _____

Print Parent/Guardian name _____

Date _____

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Lutz Children's Museum Camp Expectations and Rules (2 pages)

Your child's safety and well-being is our top priority. In order to maintain an atmosphere which is safe, fun, and conducive to learning, we expect that all series participants will...

- Be courteous and show respect to all staff members, visitors, and other campers.
- Keep hands and feet to yourself at all times. "play-fighting" is unacceptable and will be treated as fighting.
- Listen and follow camp rules throughout the day.
- Respect museum property and property of others, including helping to keep the nature center, common areas, bathrooms, nature trails, and off-site locations, neat and clean.
- Behave in a way that does not distract others from learning.
- Accept responsibility for your own actions.

The Lutz Nature Center Camp employs a 3-strike policy.

1. First Offense: Verbal warning from camp staff
2. Second Offense: Verbal warning and removal from activity
3. Third Offense: Verbal warning, parent/guardian notified and potential dismissal from camp.

Any assault upon peers or a staff member, unwanted touching toward a workshop participant or staff, or possession of a weapon or drugs by a child will result in immediate suspension or dismissal without a refund.

If a participant repeatedly refuses to follow camp rules, a meeting will be scheduled between parents, summer camp coordinator, and program management. We will discuss options to remedy the situation(s) and decide what action may be taken for further occurrences (up to and including dismissal from camp).

By signing, I agree that I have read the camp expectations and rules with my child and I understand the steps to be taken in case of violation.

Attending Child's Name _____

Parent/Guardian Signature _____

Print Parent/Guardian(s) name _____

Date _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

I request that medication be self-administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

Museum and Camp Contact Information

Museum Camp Director: Bob Eckert

Camp Alternate Director: Michelle Deering
MDeering@LutzMuseum.org

Non-Emergency Questions: Museum Main Line: (860) 643-0949
FrontDesk@LutzMuseum.org