

Dear Parent,

Thank you for choosing to send your child to camp at The Children's Museum of Science and Technology (CMOST). We are looking forward to a fun, educational and very exciting time here at The Museum. This letter serves as a guideline for what to expect.

Included with this letter are several medical forms and emergency contact forms. It is important that we have current information in case of an emergency.

MEDICAL FORMS

- All forms included must be completed and returned to CMOST on the day of camp in order for your child to attend camp. These forms are required for the safety and security of your child.
- If your child requires medication for a medical condition, they must be able to self administer their dosage. CMOST staff does not administer medication under any circumstances.

SNACK

- Children will be provided a snack.
- Children will be going outdoors so you should also send plenty of water to drink and a peanut free lunch.

CAMP TIMES

- All camps begin at 9:00 AM and finish at 4:00 PM
- Before care is available from 8:00 AM - 9:00 AM for an additional \$6 per day. Pre-registration is required for this service.
- After care is available from 4:00 PM to 5:00 PM for an additional fee of \$6 per day. Pre-registration is required for this service.

ARRIVAL TIMES

- Arrival: *The doors to The Museum will be unlocked at 8:50 AM.*
- *Parents need to escort their child to the room in which their camp is being held.* Parents are required to sign their children in and out of camps at CMOST daily. We will have signs posted and CMOST staff will be available to direct you to the appropriate rooms.
- Entrance to The Museum is only through the front doors. Entrance will not be granted through the Eatery Restaurant.

DEPARTURE TIMES

- Camp departure time is 4:00 pm for all sessions. Please pick up your child promptly from his/her class.
- *All authorized adults will need to present a current Photo ID to the teacher at time of dismissal in order to sign out children.*
- Campers will be released only to those individuals who have been listed by you as authorized to pick up your child. *Parents or others who are not listed on your Emergency contact form, will be unable to pick up your child.*
- Campers signed up for the aftercare program may be picked up anytime between 4:00 and 5:00 pm.

LATE POLICY

- There are some occasions on which parents are late to pick up their children. CMOST has strict policies for such cases. You will be given a 5 minute grace period at pickup time and if a child is

not picked up within those five minutes a *late pick-up fee of \$5 for every 5 minutes, or portion thereof, will be assessed*. Late pick up fees are assessed immediately and payment is required for your child's continued enrollment in the camp.

- Parents must call The Children's Museum of Science and Technology to alert staff to the fact that they will be late and to let them know when they are expected to arrive.

CANCELLATION, CAMP CHANGE & REFUND POLICY

- You may cancel your registration, in writing up to three (3) weeks prior to your program start date. To cover administrative costs, you will be refunded 70% of the pre-paid program fee. No refund will be made if cancellation is received less than three weeks prior to start date (determined by post-mark on the envelope).
- CMOST reserves the right to cancel any camp program for any reason. You will receive a credit towards a future program or a full refund in the amount of the pre-paid program fee.
- Children dismissed due to discipline, behavioral or similar situations will not be entitled to a refund.
- Children absent from any day of camp will not be entitled to a refund, credit or exchange of dates.
- Any request to change camp sessions/dates (if available) is subject to a \$20 administrative fee in addition to any other applicable camp fees.

MISC. ITEMS

- If your child will not be attending camp due to sickness or any other reason, please contact The Museum immediately so staff knows not to expect them.
- Gameboys, mp3 players and other electronic devices are not allowed at camp.

If you have questions that are not covered in this letter, please call Sarah Fisk at 518-235-2120 or email at sfisk@cmost.org.

Sincerely,

Sarah Fisk
Director of Education and Museum Experience
The Children's Museum of Science and Technology
250 Jordan Road
Troy, NY 12180

Emergency Contact Form

Child's Name _____

Numbers where you can be reached during camp hours:

home _____ work _____
cell _____

**** In case you cannot be reached whom should we contact?**

Emergency Contact (other than parent)

Home address _____ Phone _____

Business address: _____ Phone _____

Is this person authorized to make decisions concerning your child in case of an emergency when we cannot contact you? Yes _____ No _____

Please list the names of all people authorized to pick up your child.

Name: _____ Name: _____

Relationship to Child: _____ Relation to child: _____

Phone Number: _____ Phone Number: _____

Does your child have any special needs that we should be aware of?

In case of extreme emergency we will go to the hospital with your child. Please list your hospital of choice.

Name of Hospital:

Address:

Parent Signature and Date:

The Children's Museum of Science and Technology Summer Camp
Medical History and Release

Name of child _____ Birth date _____ Sex _____ Age _____

Parent/Guardian _____

Home
Address _____ Phone _____

Business
Address _____ Phone _____

E-mail Address _____

HEALTH HISTORY (check if your child has ever had any of the following medical complications)

_____ TB		ALLERGIES:
_____ Diabetes	_____ hay fever	_____ asthma
_____ Epilepsy	_____ poison ivy	_____ penicillin
_____ Other	_____ insect stings	_____ other drug

Additional Allergies/ Illnesses:

Dietary modifications/ Restrictions:

Current medications:

Child's
pediatrician: _____ Phone _____

Medical insurance
company: _____ policy/group# _____

Other _____

IMPORTANT – This section must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied for outside use.

Signature of parent/guardian or adult:

Date: _____

Permission Slip and Release of Liability

I give my child _____(name) permission to participate in all camp activities at The Children’s Museum of Science and Technology.

I also give permission for any and all medical attention necessary to be administered to my child,(named above) in the event of an accident, injury, sickness, etc., under the direction of the team chaperones.

I hear by release, discharge, acquit and forgive from any and all claims, actions, suits, demands, agreements, liabilities, judgments and proceedings against the Children’s Museum of Science and Technology and agree to hold the Children’s Museum of Science and Technology harmless for any injury to my child which may occur on this date or any other, as a result of my child’s participation in the museum related activity listed above.

Parent

Signature and date _____