

All of the details to help parents and students prepare for a terrific experience at camp!

# CampStructure!

You will pick up an **activity schedule** on the morning of the first day of camp, listing all of the activities your child will complete at camp!

Our week is full of exciting science projects! Campers will complete ~10 lessons if attending one time slot and ~20 lessons if attending both time slots for the week.

Each time slot has a snack break and an activity component which involves skill building and team work.

Our goal is to strike a balance between academic, social, and recreational pursuits!

### CampLocation & Hours

150 Hilden Rd. Suite #311
Ponte Vedra, FL 32081
Camps operate Mon-Fri
9am-12pm and 1pm-4pm.
Find us on Google Maps as
"Club Scientific -St. Johns"

#### **Contact Us:**

Tyler Burley - Camp Director (904)287-8603 tburley@clubscientific.com



Our Tax ID # 99-1552451

# What to Send to Camp

If attending one time slot (AM or PM): one peanut-freesnack and a drink for each day.

If attending both time slots (AM and PM): two snacks, lunch, and drink for each day.

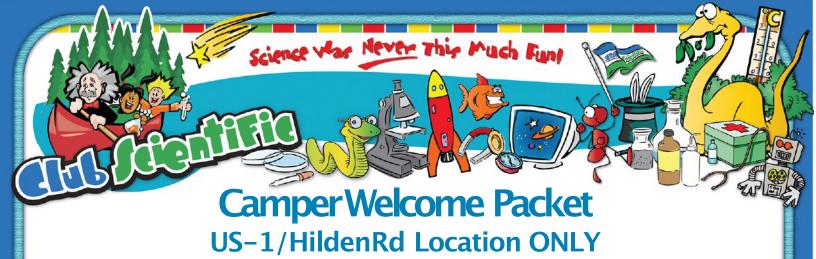
# What NOT to Send to Camp

No cell phones, game devices, jewelry, cash, or other valuables. Any foods containing Peanuts.

Club Scientific will not be responsible for items that are lost or stolen.

## **Preferred CampAttire**

Please dress your child in comfortable clothing and sneakers. Campers will receive a complimentary Club Scientific t-shirt on the first morning of camp-we'd love for them to wear their camp shirt each day! We feel that wearing the t-shirt will give campers a sense of belonging and will help them relate to each other. Additional camp shirts can be ordered online at \$12 each.



# **Drop Off and Pick Up Times**

Morning Session (9am - 12pm)

- Drop off time is 8:50-9:00am
- Pickup time is 11:50am-12:00pm

Afternoon Session (1pm - 4pm)

- Drop off time is 12:50-1:00pm
  - Pickup time is 3:50-4:00pm

Please plan to arrive no later than 12PM for Morning Session pick-up

<u>Please plan to arrive no later than</u> 12PM for Afternoon Session pick-up

#### Security Check at Dismissal

At check-in you will receive a 4-digit **Dismissal Code**, unique to your child.

Parents must present their child's unique Dismissal Code when picking up their child. If a friend or relative is picking up your child, please ensure they know your child's dismissal code.



#### **Early Dismissal**

If your child must leave camp early, please notify the Camp Instructors in writing, or email the Camp Director at jstump@clubscientific.com

## **Personal Belongings**

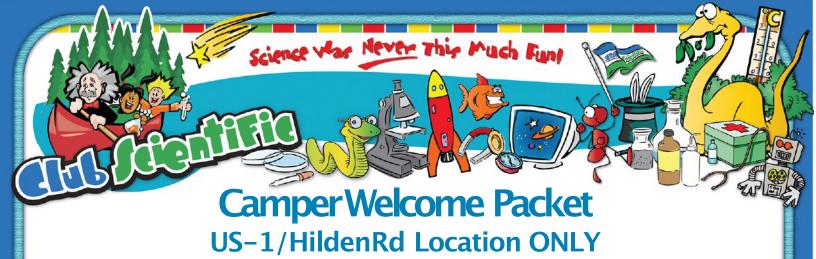
Club Scientific is NOT responsible for personal belongings brought to camp. Please label all of your child's items such as lunch box, water bottle, backpack, etc. Refer to page 1 to review what to bring and what not to bring to camp.

## **Behavior Expectations**

Inappropriate language will NOT be permitted. Fighting, teasing, bullying or any intimidation by anyone is strictly prohibited. Good sportsmanship is always expected. Campers are expected to treat each other, the staff, and the facility with respect. Behavior such as this, or behavior deemed excessively disruptive to the overall experience of other campers will not be tolerated, and is cause for dismissal from camp.

#### **NOTEREGARDING FAMILY DAY:**

Please note that there is no "Family Day" on Fridays at our US-1 location, due to the small size of our classroom. Be sure to check our Facebook Page for an inside look at each week of camp instead!



Your Child's Health & Safety are our #1 Priority!

#### **Authorization of Medication**

In order for our Camp Staff to administer medication to your child at any time during camp, you and your child's physician MUST complete the "Authorization of Medication" form included at the end of this Welcome Packet and bring it to the first day of camp.

Medication must be sent to camp in its original bottle.





# **Sick Campers**

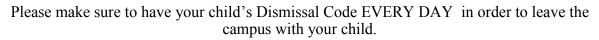
If your child is ill and will not be attending camp, please notify your child's Camp Director through email, phone, or text.

Please DO NOT send your child to camp if he/she is not feeling well.

If your child becomes ill during camp, we will use the Emergency Contact # you provide.

# **Campus Security**

As soon as check-in is complete, the front door will be closed and locked. Visitors will not be permitted on campus without permission from the camp director.







## **Lunch & Snacks!**

Campers must bring their own drinks or snacks each day. Club Scientific does not provide daily food to campers. We DO have a refrigerator and microwave available at our US-1 location, so let your child's instructor know if they need either!

Due to allergy concerns, please **DO NOT pack any food containing peanuts.** 

# **CampStaff Details**

All of our staff members have been fingerprinted, and have successfully passed a level 2 background screening. Camp counselors participate in detailed training on: curriculum expertise, classroom management, camper safety, camper to camper relationships, fostering self esteem, as well as emergency preparedness including CPR and First Aid



Club Scientific St Johns, FL 150 Hilden Rd Ste 311 Ponte Vedra, FL 32081

Ph: 904-287-8603

tburley@clubscientific.com

#### **Administration Of Medicine**

| Name                                      | Date of Birth                |
|---|------------------------------|
| Home Address:                             |                              |
| Home Phone:                               |                              |
| Camp Location:                            |                              |
|   |                              |
| TO BE COMPLETED A                         | AND SIGNED BY YOUR PHYSICIAN |
| Diagnosis:                                |                              |
| Name of Medication:                       |                              |
| <ol><li>Time to be given:</li></ol>       | Weeks                        |
| Side Effects: 1. To report: 2. To expect: |                              |
| Physician's Name (PRINT):                 | Date:                        |
| Physician's Phone#:                       | Address:                     |
| Physician's Signature:                    |                              |

|             | TO BE COMPLETED   | AND SIGNED BY PARENTS   |            |
|-------------|---|---|------------|
| described a | above to my child (name<br>the Site Directors with the<br>r a duplicate professiona | s' Site Directors administer the me of child) e medication prescribed in the orig | I<br>ginal |
| Parent's Si | gnature:  | Date:   |            |