



SPRING CAMP 2021

MARCH 29 – APRIL 2 (9 am – 4 pm)

REGISTRATION FORM

AGES 8-12

DAILY tuition rate:

Museum Members (Family): \$90/day*
Non-Members: \$115/day

WEEKLY tuition rate:

Museum Members (Family): \$300/week*
Non-Members: \$375/week

HALF-DAY (9 am- 12 pm) or (1 pm- 4 pm)

Museum Members (Family): \$40*
Non-Members: \$50

Sibling Discount Policy: First child pays regular rate. Each additional sibling receives \$20 off regular rate.

****Extended Day AM** (8:00 a.m. - 9:00 a.m.) is available for an additional \$10 per day per child.

****Extended Day PM** (4:00 p.m. - 6:00 p.m.) is available for an additional \$20 per day per child.

***Become a Family Member:** Save on tuition by becoming a *Family* Museum Member. Just add your \$80 membership fee to your total on this camp registration form.

****Regular drop-off time is 9 a.m. - 9:15 a.m. Regular pick-up time is 3:45 p.m. – 4:00 p.m.**

CHILD INFORMATION (ONE FORM PER CHILD)

Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone #1: Home: _____ Work: _____ Cell: _____

Parent/Guardian Phone #2: Home: _____ Work: _____ Cell: _____

Email(s): _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade (2020 – 2021): _____

How did you hear about camp? E-blast Museum Member Internet Social Media Friend Other: _____

Does Child Have a Documented Disability? Yes No

If yes, please describe: _____

Does your child require Extended Day AM and/or PM Care? Yes No

If yes, please select:

Extended Day AM Day(s): _____

Extended Day PM Day(s): _____

PAYMENT INFORMATION

TOTAL (family membership + tuition - discounts + extended day fees) = \$ _____

Form of Payment: Check made payable to "Coral Gables Museum" Cash or money order

Credit card information: American Express MasterCard VISA

Account Number

Security Code

Exp. Date

Signature

AGREEMENT FORM

I CERTIFY THAT I HAVE READ AND UNDERSTAND the Camp Policies and agree to respect and uphold these policies.

I CERTIFY THAT I HAVE RECEIVED A COPY of the Camp Policies and agree to respect and uphold these policies.

I HEREBY GRANT PERMISSION for my child/ren to participate in all Camp field trips and activities unless otherwise stated in writing and presented to the Director of Education.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the Coral Gables Museum, Corp. and its agents against all claims as a result of any and all acts performed under this authority.

I GIVE CORAL GABLES MUSEUM PERMISSION to take and use photographs, slides and recordings of my child as may be needed for records or public relations.

I UNDERSTAND that the City Trekker Camp Program reserves the right to decline acceptance of an application or to dismiss a child from programs/classes if attempts to remedy unsatisfactory situations and behavior cannot be resolved.

Parent/Guardian Signature: X _____ **Date:** _____

RELEASE FORM

Please provide us with the names of all people to whom the child may be released during and/or at the end of the day (including parents/guardians). Should an unauthorized person arrive to Camp and attempt to pick up your child, your child will remain at the Camp until you have been contacted and have given us written permission to release your child to such person.

Please include your name and phone number, as well as those of any family members.

1) Name: _____ Relationship: _____ Phone # _____

2) Name: _____ Relationship: _____ Phone # _____

3) Name: _____ Relationship: _____ Phone # _____

4) Name: _____ Relationship: _____ Phone # _____

5) Name: _____ Relationship: _____ Phone # _____

I give permission for the people above to pick up and sign out my child anytime they are at the Coral Gables Museum Children's Camp.

Parent/Guardian Signature: X _____ **Date:** _____

Allergy Action Plan / Health Form

If your child has allergies, please list below and provide an Emergency Action Plan, as designated by your child's physician.

If there are any health concerns and/or special needs pertaining to your child that you feel need extra attention or consideration, please indicate them below.

MEDICATION POLICY AND AGREEMENT FORM

If your child needs to take any medication (i.e. inhalers, Epi-Pens, Tylenol etc.) you will need to read and sign this medication form.

All medications along with instructions for use, including dosage instructions, storage information, etc., must be provided to the School and Family Programs Manager on or prior to Monday morning check-in. All medications should be picked-up on Friday afternoon. Medications will be kept in the Museum Education office, under the supervision of our School and Family Programs Manager. Prescription medications and over-the-counter medications shall be kept in the original containers, bearing the pharmacy label and directions for use. ALL MEDICATIONS must be taken in the Museum Education Office under the supervision of Camp staff.

Under no circumstances should children carry medications around with them while in attendance at our program.

Coral Gables Museum honors the privacy of families and individuals in regard to health conditions and medications and will not discuss the private health issues of campers with individuals who need not be privy to such information.

Coral Gables Museum and its agents will be held harmless in the event of reactions of any kind, illness, or death resulting from the child's use of any medication while attending City Trekker One-Day Camps.

Coral Gables Museum reserves the right to refuse to administer medications. In such an event all deposits and tuition paid will be refunded in full.

I, THE UNDERSIGNED, GIVE PERMISSION to Coral Gables Museum to store medication for my child to self-administer (with supervision). I understand that the Coral Gables Museum is not responsible for any problem arising from the effects of the medication or the omission of the medication. I further agree to indemnify and hold harmless the Coral Gables Museum, Corp. and its agents against all claims as a result of any and all acts performed under its authority.

Parent/Guardian Signature: X _____ Date: _____

COVID-19

The health and safety of our campers and staff remain our highest priority. Below, you will find a summary of actions we are taking to help ensure we are lowering COVID-19 risk as much as possible. We are:

- Intensifying cleaning and disinfection practices within our facilities and premises by cleaning and disinfecting frequently touched surfaces every hour (e.g., drinking fountains and door handles), cleaning and disinfecting objects if they are shared (e.g., art supplies, toys, and games), and ensuring safe and correct use and storage of disinfectants]
- Keeping campers in small groups of 7 and spacing them out by prioritizing outdoor activities, by seating one child per row and skipping rows, and putting tape on the floors and signs on the wall to indicate 6 feet.
- Limiting the number of items that are shared or touched between campers and staff by providing individual supplies to each camper, keeping a camper's belongings separated from others and in individually labelling containers, cubbies, or areas, and using disposable utensils and dishes and pre-packaged boxes or bags when food is provided.
- Promoting healthy hygiene practices by teaching campers the importance of washing their hands with soap and water for at least 20 seconds, monitoring campers to make sure they are washing their hands, providing campers with hand sanitizer with at least 60% alcohol when they don't have easy access to soap and water, encouraging children to cover their coughs and sneezes with a tissue or to use the inside of their elbow, and posting signs about these healthy habits around the camp facility.
- Requesting that staff and campers wear a cloth face covering as feasible, and in times when physical distancing is difficult. As a reminder, cloth face coverings should not be placed on anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.
- If a child does get sick at camp, we have identified an area where they can rest, be watched after, and safely isolate from others. We will communicate with parents or caretakers directly and, if necessary, arrange for the child to be taken to a healthcare facility for care.

We ask that you help us protect the health of campers. Anyone who is sick or was sick with COVID-19 or recently in contact with someone with COVID-19 in the last 14 days—including staff, campers, and families— should not come to camp. Be on the lookout for symptoms of COVID-19, which include fever, cough, shortness of breath, chills, muscle pain, sore throat, and loss of taste or smell. Call your doctor if you think you or a family member is sick.

If you have a specific question about this plan or COVID-19, please contact lili@coralgablesmuseum.org for more information.

You can also find more information about COVID-19 at www.cdc.gov/coronavirus or on [CDC's website for youth and summer camps \(https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html).

Parent information: <https://www.cdc.gov/parents/children/index.html>