epiSTEMic Camp 2015

Looking for a fun and educational science, technology, engineering and math (STEM) program for your rising prek-8th grader? The epiSTEMic summer program aims to develop campers' knowledge and understanding of STEM through hands-on, thematic, and project-based explorations for the early childhood (ages 4-8) and elementary-middle school (ages 9-14) learner through inclusive, small, grade-level group activities.

The epiSTEMic summer program was developed by faculty in the department of Early Childhood, Elementary, and Literacy Education (ECELE) in the College of Education and Human Services. Nationally recognized for teacher preparation, the ECELE faculty delivers a camp designed for the child and teacher in mind. The camp aims to foster learning in children, while supporting teacher development. MSU education students and partner teachers receive STEM training and professional development through epiSTEMic. Parents are also invited to participate in the camp as part of an epiSTEMic community of learners.

epiSTEMic is committed to maintaining a small camp size, as such, space is limited.

Learners in the program will:

- Participate in interdisciplinary, thematic STEM challenges
- Develop engineering habits-of-mind through design challenges
- Communicate and collaborate with peers through presentations and team meetings
- Be curious and creative, ask questions, and seek answers independently and as a community
- Apply digital technology skills through computer-based projects
- Create video and art projects
- Have fun, play games, and more!

Sample daily program:

- 1:00 Parent/caregiver drop off
- 1:10 – 1:30 Whole group (project debriefs, team building activities)
- 1:30-2:30 Challenge activities (past projects include the classic egg drop, Rube Goldberg machines, go-carts and marble runs)
- 2:30 – 3:00 Snack (we will provide healthy snacks)
- 3:00 – 4:00 Small group activities (such as: math enrichment, creative arts, Minecraft, coding with Scratch)
- 4:00- 5:00 Outdoor fun/fitness/choice activities
- 5:00- 5:15 Parent/caregiver pick up

epiSTEMic 2015 runs from Monday through Thursday, 1:00 - 5:00 p.m. from July 6- July 30. Fees for 2015 is $1,200, which includes snacks and all materials. Extended day from 5:00-6:00 p.m. is available ($15/day or $40/week).
epiSTEMic CAMP 2015

Sessions are held Monday through Thursday from 1:00 AM-5:00 PM, and will begin July 6 – July 30, 2015. Please attach the nonrefundable $25 per application (certified check/money order/credit card/cash) by May 16, 2015. Checks made payable to: Montclair State University. Applications submitted without the application fee will not be processed. You will receive confirmation, if your child is accepted into the program by June 1, 2015. At this point you will be asked to submit your tuition payment, unless you have enrolled in our payment plan.

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>FIRST SUMMER WITH US?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
<tr>
<td>BIRTHDAY</td>
<td>AGE</td>
<td>GENDER</td>
<td>GRADE</td>
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<tr>
<td>PARENT/GUARDIAN 1</td>
<td>PARENT/GUARDIAN 2</td>
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CELL PHONE | HOME PHONE | CELL PHONE | HOME PHONE |
| WORK PHONE | WORK PHONE |

EMAIL (please print clearly) @____________________________________________________________ (gmail/aol/Verizon/etc)

HOW DID YOU HEAR ABOUT US

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS
In addition to parents, ONLY those on the list below will be allowed to pick-up a camper from camp. (Photo ID will be required at pick-up.) Please list all additional persons authorized to pick up your child. Parent/guardian may give written permission for an individual, who is not on this list, to pick up child. No child will be released without written permission. Please make sure that the individuals on this list are aware that they may be called in an emergency to pick up your child. You are welcome to add or to delete from this list at any time. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the epiSTEMic Camp 2015 at Montclair State University and kept on file at program.

ADDITIONAL AUTHORIZED PICKUP (Guardian, Friends, Nanny, Babysitter, Relatives, etc.)

NAME | CELL | HOME/WORK#
| NAME | CELL | HOME/WORK#
| NAME | CELL | HOME/WORK#

PARTICIPATION & PERMISSION AGREEMENT
I hereby enroll my child __________________________________________ in the epiSTEMic Camp 2015 at Montclair State University and I:

________________________ grant permission for my child to participate in all scheduled camp activities, including the bus transportation to and from camp and field trips.

________________________ understand I must complete and return medical forms by law prior to the start of camp.

________________________ give permission to use any pictures taken of my child during participation at camp for promotional purposes. This photograph may be placed on the Summer Literacy Camp at Montclair State University’s Web Page, brochure, or camp flyers to promote information about the program.

________________________ understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for prompt medical treatment.

________________________ understand that each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may result in disciplinary action by the camp directors and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.

________________________ agree to pay the balance of camp fees.

________________________ indemnify and hold harmless the epiSTEMic Camp at Montclair State University and its employees from liability for any harm that befalls my child as a result of participation in the camp.

________________________ give permission for staff to apply or reapply as necessary sun lotion/bug spray that I provide for my child.

Reservation not valid without signature and will be returned to sender.

By signing below I acknowledge and accept the above stated release and the epiSTEMic Camp 2015 at Montclair State University’s camp policies that I have initialed.

Signature __________________________ Printed Name __________________________ Date __________________________
# 2015 REGISTRATION FORM

**ENROLLMENT FEE: $1,200**

**Payment Options**
(Cash/check pay to: Montclair State University)

**Check all that applies below.**

- a) One Time Payment Enclosed: _____
- b) $600 by May 1st and $600 by June 1st _____
- c) Save $50 when you refer an enrollee: _____
- d) Save $50 for each sibling you enroll: _____
- e) Interested in extended day? _____

Return completed form with payment by June 1st. Payment schedule is also available. Please contact literacy@montclair.edu or call (973) 655-5407 for more information.

Please note, that there are limited spaces available. Your child’s acceptance is based on maintaining a low student to teacher ratio. This allows us to maintain the integrity and quality of the program. We recommend, that you apply as early as possible, but please be mindful, that your child is not guaranteed a space in the program, until we are certain of the number of graduate teachers we have available.

No child will be accepted on the first day unless tuition is paid in full, or payment arrangement is finalized.

**Refund Policy:** Written notice of withdrawal will entitle registrants to a refund (less $75 non-refundable processing fee) provided such notice is postmarked prior to the first day of program start. No refunds will be made after the program has begun.

**Sibling Discount:** $50 for each registered sibling (For full tuition payments only).

**Referral discount:** I am referring a new student to the program, and will receive a $50.00 discount on my tuition.

Name of new applicant: ____________________________________________

**Payment plan:** I would like to set up a free payment plan. □ Yes □ No

I agree to make a scheduled payment on my credit card: □ Yes □ No

I wish to pay: □ Bimonthly (1st and 15th of each month) $______ □ Monthly (1st day of the month) in the amount of $______ until I have a zero balance.

The extended day service will include related camp project activities or basic skills practice, and snack.

In order to ensure the availability of supplies and staff and if you can identify a minimum of 4 days for extended day, we ask for a prior commitment and payment at $40 per 4 days. Cancellations for a full refund require 24 hours notice. If you need extended day with short notice, please email your request to hinesf@mail.montclair.edu to reserve a seat. Payment is due at pick up.

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*Written notice of withdrawal required a refund less than a $75.00 non-refundable processing fee. Such notice must be postmarked prior to the first day of classes. No refunds will be made after the session begins.*
BACKGROUND INFORMATION

1a) How did you hear about the epiSTEMic program?

___________________________________________________________________________

1b) (If you are a returning family) What aspects of the program makes you want to return?

___________________________________________________________________________
___________________________________________________________________________

2) Please list 3 priority SCIENCE skills you would like your child to develop.

1) ___________________________________________________________
2) ___________________________________________________________
3) ___________________________________________________________

3) Please list 3 priority MATH skills you would like your child to develop.

1) ___________________________________________________________
2) ___________________________________________________________
3) ___________________________________________________________

* We will do our best to address the skills listed in priority order.

4) How does your child spend his/her free time?

______________________________________________________________________________
______________________________________________________________________________

5) What is your child’s favorite subject(s) at school?

______________________________________________________________________________

6) What is your child’s least favorite subject(s) at school?

7) What are your child’s socialization strengths and areas to develop?

Strengths: _____________________________________________________________________
_____________________________________________________________________

To develop: ___________________________________________________________________
_____________________________________________________________________

8) Does your child have learning an Individualized Education Plan (IEP) or 504? □YES □NO

If YES, please provide a copy of your child’s IEP or 504 report, so that we may integrate appropriate instruction for your child. We will maintain confidentiality of the document.

9) Any particular strategies or adaptations that you use at home that can help us support your child in the program?

______________________________________________________________________________
______________________________________________________________________________

10) Does your child have any allergies or medical concerns we should be prepared to address? Please describe below.

______________________________________________________________________________

11) Is your child proficient with using a computer keyboard? □YES □NO

12) Is your child familiar with:
   a) the digital game Minecraft? □YES □NO
   b) the programming game Scratch? □YES □NO
13) Anything else you would like us to know about your child?

______________________________________________________________________________

In order to learn how your child is benefitting from this program and to improve how to support teacher development through the epiSTEMic program, you and your child will be asked to complete a consent and assent form on the first day of the program.
If your child has any allergies to medicine or food, please explain these and any other allergies.
Does your child need/use an EPI-pen?

______________________________________________________________________
______________________________________________________________________

Has your child been exposed to any communicable disease in the last 21 days? If, yes please explain:

______________________________________________________________________
______________________________________________________________________

Does your child require limited physical activity due to heart, asthma, or surgical problem?

______________________________________________________________________

In the event of a medical emergency, I (we) give permission to the university physician, to hospitalize and/or secure proper treatment for my (our) child. Every attempt will be made to contact you prior to such decision.

_______________________________________________
Parent(s)/Guardian Signature