MUSC SUMMER CAMP 2017
PARENT PACKET

Register early!
Spaces are limited!

ULTIMATE FUN CAMP
AGES 5 TO 10

KID'S BEE FIT CAMP
AGES 3 TO 4

WHERE FITNESS & FUN COME TOGETHER

JUNE 5 TO AUGUST 11

REGISTRATION BEGINS
MARCH 1, 2017

KIDS@MUSC.EDU 843.792.0767
WWW.MUSC.EDU/HSC
Dear Parents,
Thank you for enrolling your child in MUSC Wellness Center Summer Camp 2017. We look forward to working with your children so that they may have a fantastic camp experience. We want to provide you with the following details regarding camp. Please keep this page of the Parent Packet for reference.

During camp hours the staff can be contacted via email at kids@musc.edu or leave a message at 843-792-0767.

FOR IMMEDIATE ASSISTANCE IN LOCATING A CAMPER OR OUR CAMP DIRECTOR PLEASE CALL 843-792-5757.

REGISTRATION
Registration for Kids Bee Fit (ages 3 to 4), Ultimate Fun ages 5 to 10 (rising 5K to rising 5th grade) Summer Camp 2017 begins March 1, 2017. A completed Parent Packet along with a $50/per week camp deposit must be submitted in order to register your child(ren). You will receive email confirmation ensuring your child’s enrollment within 5 business days of receipt of completed parent packet and deposit. Please note: A separate registration form is required for each child.

PARENT PACKET
A Parent Packet includes a registration form, payment and liability waiver, authorized pick-up form and camp expectations and needs to be completed in its entirety for enrollment. We cannot enroll your child without all 4 forms.

PAYMENT
**New for Summer Camp 2017**
Camp payment of balance due (minus deposit paid) can be made either of 2 ways:
1) Online (web link and payment instructions will be provided to you in your camp confirmation email) or 2) in person at the wellness center’s membership desk. Camp payment balances are due on or before the Wednesday prior to the week your child is attending camp. Payment for Kids Bee Fit Extended Day (1:00 to 3:45pm) and Ultimate Fun After Camp Care (4:00 to 5:30 pm) should be included in camp balance as well. Please note: We are no longer able to keep cc information on file; therefore, camp balance payments will be processed differently this summer by paying online or in person. If camp balances are not paid by 5pm on Wednesday before your child is to attend camp the following week, their spot will open for a camper on the waitlist.

CAMP DEPOSIT POLICY
Camp deposit ($50/per week) cannot be refunded or credited. A camp deposit/payment is not transferable to another week of camp after April 1, 2017 if you choose to change camp weeks in which you wish your child to attend (if space is available). Camp deposits are not transferrable to another sibling or applied to another week's camp balance.

AFTER CAMP CARE (Ultimate Fun Campers) & EXTENDED DAY (Kids Bee Fit Campers)
After Camp Care (ACC) is an after camp program offered from 4:00 pm to 5:30 pm to Ultimate Fun campers ages 5 to 10. Extended Day (Ext Day) is an after camp program offered from 1:00 to 3:45 pm to Kids Bee Fit Campers ages 3 to 4. Reservation required. Space is VERY limited. Please pre-register for ACC or Ext Day on your child’s registration form. Late reservations may be accepted if space is available. See registration form for fees.

REFUND/CREDIT POLICY
Once your child’s registration forms have been processed and payment has been received, refunds/credits of your child’s camp balance (not camp deposit) will only be considered for medical reasons when submitted with a camper’s physician note.

Camp $50 weekly deposits are NONREFUNDABLE AND CANNOT BE CREDITED ANY WAY.
Please do not ask for an exception.

CAMP DROP OFF/PICK UP
Please drop off your camper at downstairs lower lobby at 8:00 am and pick up between 12:45 and 1:00 pm for Kids Bee Fit and Ultimate Fun ½ Day campers and between 3:45 and 4:00 pm for Full Day Ultimate Fun campers and Ext Day Kids Bee Fit campers. Any child not picked up by 4:00 pm will be placed in After Camp Care. ACC charges will apply. Registration is required for early drop (7:30 to 8:00 am) and/or After Camp Care (4:00 to 5:30 pm) for Ultimate Fun or Ext Day (1:00 to 3:45 pm) for Kids Bee Fit campers. Please have ID ready to show at pick-up.

WHAT TO BRING and WHAT NOT TO BRING
Please label ALL items.

Please refer to Summer Camp 2017 Camp Expectations form in your Parent Packet. Items that are left at the MUSC Wellness Center after 5:30 pm on Friday will be donated to a charitable organization.

We look forward to a fun and safe summer! MUSC Camp Staff
**SUMMER CAMP 2017 ULTIMATE FUN CAMP (AGES 5 TO 10) REGISTRATION FORM**

**CAMPER’S NAME:** First name, Last name

**CAMPER’S BIRTHDATE (month/day/year) ** | AGE (as of June 5) | GRADE 5K to 5th (entering fall 2017)**

*Younger campers need to be 5 years of age on or before September 1, 2017 to enroll in Ultimate Fun Camp.*

Check here if there is a sibling attending camp. Sibling Name(s): ____________________________

Please note: Separate registration form is required for each child.

List any relevant medical information (allergies, medications, special needs, etc):

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**Instructions:** Please circle camp cost. Member # required if circling wellness center member rate.

Specify early drop-off & ACC and complete weekly camp balance.

You will receive email confirmation ensuring your child’s enrollment within 5 business days of receipt of parent packet/deposit.

Special Note: Sibling discounts only apply if the children are attending the same week.

<table>
<thead>
<tr>
<th>Camp Dates</th>
<th>UF Camp Cost (Member/Nonmember)</th>
<th>UF ½ Day Camp Cost (Member/Nonmember)</th>
<th>Weekly Deposit</th>
<th>Early Drop-off (Yes or No)</th>
<th>ACC</th>
<th>Weekly Camp Balance**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 JUNE 5 to 9</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>7:30 to 8:00 am</td>
<td>After Camp Care (4:00 to 5:30 pm)</td>
<td>$10 per day or $35/week</td>
</tr>
<tr>
<td>2 JUNE 12 to 16</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>7:30 to 8:00 am</td>
<td>No charge</td>
<td>No sibling discounts apply</td>
</tr>
<tr>
<td>3 JUNE 19 to 23</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>4 JUNE 26 to 30</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>5 JULY 5 to 7</td>
<td>$175/$105 $190/$115</td>
<td>$125/$75 $140/$85</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>6 JULY 10 to 14</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>7 JULY 17 to 21</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>8 JULY 24 to 28</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>9 JULY 31 to AUG 4</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
<tr>
<td>10 AUG 7 to 11</td>
<td>$290/$175 $315/$190</td>
<td>$210/$125 $235/$140</td>
<td>$50</td>
<td>Yes or No</td>
<td>Specify Days</td>
<td></td>
</tr>
</tbody>
</table>

*Week 5 July 5 to 7 is a 3-day camp week. Camp will not be offered Monday or Tuesday, July 3 & 4.*

**Weekly camp balances are NOW paid online (payment instructions will be provided to you in your camp confirmation email) or in person at the wellness center membership desk.

Refund/Credit Policy: Once your child’s registration forms have been processed and payment has been received, refunds/credits will only be considered for medical reasons when submitted with a camper’s physician note. Camp deposit is NONREFUNDABLE.

**Parent(s) Names and Contact Information:**

First names ____________________________ Last name(s) ____________________________ Best Daytime Contact Phone # ____________________________

**Additional Emergency Contact:**

First name ____________________________ Last name ____________________________ Best Daytime Contact Phone # ____________________________

Email Address: Email is our main form of communication.
**SUMMER CAMP 2017 KIDS BEE FIT CAMP (AGES 3 TO 4) REGISTRATION FORM**

**CHILD'S NAME:** First name, Last name

**CAMPER'S BIRTHDATE** (month/day/year)  
**AGE (as of June 5)**

*Younger campers need to be 3 years old on or before September 1, 2017 to enroll in Kids Bee Fit Camp.*

_____ Check here if there is a sibling attending camp. Sibling Name(s):

Please note: Separate registration form is required for each child.

List any relevant medical information (allergies, medications, special needs, etc):

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**Instructions – Please circle camp cost. Member # required if circling wellness center member rate.**
You will receive email confirmation ensuring your child's enrollment within 5 business days of receipt of parent packet/deposit.
Special Note: Sibling discounts only apply if the children are attending the same week.

<table>
<thead>
<tr>
<th>Week</th>
<th>Camp Dates</th>
<th>Weekly Camp Cost</th>
<th>Weekly Deposit</th>
<th>Early Drop-off</th>
<th>Extended Day</th>
<th>Weekly Camp Balance**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JUNE 5 to 9</td>
<td>$225/$135</td>
<td>$50 per child</td>
<td>Submit along with parent packet</td>
<td>No charge</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>JUNE 12 to 16</td>
<td>$225/$135</td>
<td>$50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>JUNE 19 to 23</td>
<td>$225/$135</td>
<td>$50</td>
<td></td>
<td></td>
<td></td>
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<td>4</td>
<td>JUNE 26 to 30</td>
<td>$225/$135</td>
<td>$50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5*</td>
<td>JULY 5 to 7</td>
<td>$135/$80</td>
<td>$50</td>
<td>Yes or No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>JULY 10 to 14</td>
<td>$225/$135</td>
<td>$50</td>
<td></td>
<td></td>
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**Refund/Credit Policy:** Once your child's registration forms have been processed and payment has been received, refunds/credits will only be considered for medical reasons when submitted with a camper's physician note. Camp deposit is NONREFUNDABLE.

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**Parent(s) Names and Contact Information:**

First name(s)  
Last name  
Best Daytime Phone #

**Additional Emergency Contact:**

First name  
Last name  
Best Daytime Phone #

**E-mail Address:** Email is our main form of communication.
PAYMENT AUTHORIZATION AND LIABILITY WAIVER

FAX: 843-792-7933   EMAIL: kids@musc.edu   PHONE: 843-792-0767
MAILING ADDRESS: MUSC WELLNESS CENTER
ATTENTION: Wendy Williams, Suite 232
45 Courtenay Drive Charleston, SC 29425

Camper(s) Name: ________________________________

Parent/Guardian Name: ________________________________

METHOD OF PAYMENT

MUSC Wellness Center Member? Yes or No
If yes, please provide member # __________

CAMP DEPOSIT OR PAYMENT IN FULL PAYMENT CHOICE: via mail, drop off, or fax (credit/debit card only)
______ Credit/Debit Card _______ Check (payable to MUSC)

CREDIT/DEBIT CARD:
Name of Cardholder ________________________________

Credit/Debit Card # used only for paying the camp deposit or camp payment in full

EXPIRATION: month/year

**Cardholder’s Signature ________________________________

PAYMENT CONFIRMATION

You have the option of paying the $50 per week (nonrefundable) deposit or paying for camp in full at the
time of registration.

I, ____________________________, have included with my completed parent packet the payment of
$__________ for (please circle one) weekly camp deposit or payment for camp in full.

__________________________________________________________

IMPORTANT CAMP BALANCE PAYMENT INFORMATION

We can no longer keep credit card information to process camp balances.

Go online (https://online.spectrumne.net/musc/) or pay in person at the wellness center’s membership desk before 5:00 pm
Wednesday before your child is to attend camp the following week. Online payment instructions will be provided to you in your
camp confirmation email. Note: If you choose to pay in person, payments will be accepted Monday – Wednesday between 8am and
5pm the week before your child is to attend camp.

CAMP PARTICIPANT WAIVER

I, ____________________________, hereby for myself, my child, my heirs, executors and administrators, waiver
and release any and all rights and claims for damages I or my child may have against the Medical University of South
Carolina and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any
activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my
child during the duration of his/her participation and specified activities with this institution. I hereby certify all the
above information and information on his/her registration form to be correct and true. I have read and hereby accept
the refund and transfer information as stated in the registration details.

PARENT/GUARDIAN SIGNATURE ___________________________ DATE __________

Revised 2/1/2017
MUSC Summer Camp 2017 Expectations

Safety is our first priority at the MUSC Wellness Center. We have put together a set of guidelines to ensure that our Summer Camp participants will be in a safe environment while being active and having fun.

Please read over these guidelines and provide your signature below.

- Campers must practice proper conduct at all times, obeying all safety rules and regulations.
- Campers are expected to follow all directions given by the camp directors and counselors.
- Kids Bee Fit Camp campers (ages 3 to 4) must be potty trained.
  
  **Due to variety of food allergies, we ask parents and campers not to bring any peanut/nut products for lunch or snack.**

- Use of the vending machines by our campers will not be allowed during camp.
- Please do not bring money to camp.
- What to bring: Your child will need a refillable water bottle, lunch (Please make sure to not send lunch items that must be heated in microwave) and 2 snacks, swim suit, towel, goggles, tennis racquet (if don’t have one, we supply), shoes suitable for sports, a mat for quiet time for Kids Bee Fit Extended Day campers, and a book for early drop-off, after camp care, and quiet time. A plastic bag to store damp swimsuits in their book bags is also a great idea.

  What not to bring: Handheld video games, cell phones, ipods and other electronics will not be allowed at camp. Should your child have a need for cell phone access during the day, please inform the camp director at check-in.

- We ask all parents to pick up their child promptly between 12:45 and 1:00 pm for Kids Bee Fit campers or between 3:45 to 4:00 pm for older campers & Kids Bee Fit Extended Day campers unless you have scheduled for after camp care. **Any child not picked up by 4:00 pm will be placed in After Camp Care. ACC charges will apply.**

  If you need to pick up your child before camp ends, please send a note in the morning as to the time you will need to pick up your child and who will be picking up your child. You will be asked to sign them out at the lower lobby.

  All campers will participate in swim time. If you do not want your child to swim, please notify the camp director in writing.

  If your child acts inappropriately towards a fellow camper or counselor, i.e., hitting, punching, yelling, name-calling, using profanity, the camp director will notify the parent, and the camper will be immediately removed from camp.

  We want all of our campers to have a blast with us this summer. If your child is not feeling well or is unhappy at camp the camp director will contact the parent.

  **Please label all belongings that your child brings to camp.**

We look forward to having a fun, active, and safe summer with all our campers. Please, don’t hesitate to contact us if you have any questions or concerns at kids@musc.edu or 843-792-0767.

Camper’s Name: ________________________________

Parent/Guardian Signature __________________________ Date ________

Revised 2/1/2017
AUTHORIZED PICK-UP FORM

CAMPER(S) NAME

AUTHORIZED PICK-UP
Please list the individuals who are allowed to pick up your child from the MUSC Wellness Center including parents/guardians.

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

UNAUTHORIZED PICK-UP
Please list the individuals who are not allowed to pick up your child from the MUSC Wellness Center.

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Name_________________________ Relation to child_________________________

Additions or deletions may be made at any time by written notice from the parent/guardian to the Youth Programs Director. All authorized individuals must show identification to counselors and/or directors. The child will not be released to individuals listed as unauthorized or not listed at all. A signature is required before registration can be processed.

Parent/Guardian Signature_________________________ Date_________________________

Revised 2/1/2017