EARTH CAMP IS FOR ADVENTUROUS KIDS, 8 – 13 YEARS OLD WHO LOVE SCIENCE!

Discover local trails, wetlands, salt marshes, beaches, and woodlands in “THE GREENEST BOROUGH.” Campers will explore what lies beneath the shore’s edge at GREAT KILLS BEACH, study pond life at WOLFE’S POND PARK, and investigate animal tracks while learning about ENTOMOLOGY at MOUNT LORETTO. Over the course of two weeks, kids will build their science skills through HANDS-ON STEM ACTIVITIES and make new friends discovering some of Staten Island’s rarest green spaces. Each camper will receive their own FIELD DISCOVERY KIT and keep a scientific field journal to record daily observations.

Transportation is provided 3 days/week when campers take a chartered bus to explore local green spaces, leaving from and returning to the Staten Island Museum at Snug Harbor by 3:00pm.

WOODLANDS
WETLANDS
SALT MARSHES

2 WEEK SESSION!
JULY 8 – JULY 19
MONDAY – FRIDAY
8:30AM – 3:00PM

RATES
NON-MEMBERS: $550
MEMBERS: $500

Register before May 11 to receive a 10% discount

Refer a friend and get a $50 rebate on your registration! Restrictions apply.

Supported in part by COLGATE-PALMOLIVE

1000 Richmond Terrace, Building A
Staten Island, NY 10301
P: 718.727.1135 F: 718.273.5683
www.StatenIslandMuseum.org
Please read the following carefully before signing the application

Requirements of Earth Camp:
- Interest in nature and a good sense of adventure
- Applicants must be between the ages of 8 – 13
- Campers must be able to handle some strenuous activity
- Bagged lunch each day, including drink (cooler provided)
- A bottle of water and snack for the daily hike
- Small backpack to carry snack, water and field discovery kits
- Medical forms must be completed before the first day of camp
- Prompt drop off and pick up by parents. Lateness may result in a fee
- Sneakers and proper outdoor clothing

Rules of Earth Camp:
- Cause NO harm to plants or wildlife
- Cell phones are allowed for emergency use only
- Behave with respect and kindness to other campers and counselors
- No video games, iPods or other items of value should be brought to camp
- Digital cameras are encouraged, but Museum is not liable for their care

The Museum has these rules in order to run a safe and enjoyable Earth Camp for everyone. Campers who fail to comply with Earth Camp rules could forfeit their place in camp without refund.

Permission Slip for Earth Camp
I give permission to the Staten Island Museum to lead my child on trips to local parks and beaches as part of the Earth Camp program. I hereby agree that the Museum may take and use any photographs and video of my child taken during the program for publicity purposes. By signing this application I grant these permissions to the Staten Island Museum and agree to the Rules of Earth Camp as stated above.

Parent's signature: ____________________________________________ Date: ____________

Forms of Payment:
- Visa, MasterCard, American Express are accepted
- Check or Money Order payable to Staten Island Museum
- Cash payments can be made in person at the Museum

Mail Application and Medical Forms to:
Staten Island Museum
Attn: Susan Hogan
1000 Richmond Terrace, Building A
Staten Island, NY 10301
Questions? SHogan@StatenIslandMuseum.org
Phone: 718.727.1135 Fax: 718.273.5683
# Earth Camp 2019
## REGISTRATION FORM

Please completely fill out form and payment information.

### Camper’s First Name: ____________________  Last Name: ____________________

<table>
<thead>
<tr>
<th>Street:</th>
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<tbody>
<tr>
<td>City, State, Zip Code:</td>
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<table>
<thead>
<tr>
<th>School:</th>
<th>Entering Grade Level:</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>Gender:</td>
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</table>

### Parent or Guardian Name(s):

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
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<tbody>
<tr>
<td>Cell Phone 1:</td>
<td>Cell Phone 2:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Add’l E-mail Address:</td>
</tr>
</tbody>
</table>

### Earth Camp Dates

<table>
<thead>
<tr>
<th>Membership Status (check)</th>
<th>Price (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member (Family Level)</td>
<td>$500.</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$550.</td>
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<tr>
<td>Add Family Membership</td>
<td>$60.</td>
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</tbody>
</table>

| July 8—July 19, 2019      |

### Earth Camp Dates

- **Member (Family Level)**: $500.00
- **Non-Member**: $550.00
- **Add Family Membership**: $60.00

### How did you hear about Earth Camp?  

- Social Media  
- A friend  
- School/Teacher  
- ___________

If you were referred by another Earth Camper, please let us know who:  

*Once both campers have paid in full, a $50 rebate will be issued to the referring family (applicable to new referrals only).*

### At least 50% of payment must accompany this application; balance due by 6/1/19. A 20% fee is charged on all cancellations received 2 weeks prior to the 1st day of the program, after that refunds are not given.

| Early Bird Special 10% off registration by May 11 (Full payment required) |
| Camp subtotal: $___________ |
| Grand Total: $___________ |

### Payment Options

- Check or Money Order:  
- Visa / Master Card / American Express:  
- Cash (in-person):  

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<tr>
<th>Check or Money Order</th>
<th>Visa / Master Card / American Express</th>
<th>Cash (in-person)</th>
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<tbody>
<tr>
<td>Credit Card Number:</td>
<td>Expiration Date:</td>
<td></td>
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</tbody>
</table>

| Signature: ____________________ | Date: ____________________ |

Send completed forms w/ payment to:  
Staten Island Museum Attn: Susan Hogan,  
1000 Richmond Terrace, Building A, Staten Island, NY 10301  
or via email to SHogan@StatenIslandMuseum.org
# Earth Camp 2019
# EMERGENCY AND DROP OFF CONTACT FORM

<table>
<thead>
<tr>
<th>Camper’s First Name:</th>
<th>Last Name:</th>
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</table>

## Emergency Contacts

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Phone Number:</th>
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**PLEASE NOTE:** For the safety of your child, campers must be signed in & out each day. **Photo ID** will be asked for adults picking up children.

### Additional People Who May Pick Up and Drop Off Child at Camp:

<table>
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<tr>
<th>Contact Name:</th>
<th>Phone Number:</th>
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Parents signature: ________________________________

Date: ____________
HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM ____________________________

CHILD’S LAST NAME ____________________________ FIRST NAME ____________________________ / / M O F O BIRTHDATE SEX

Home Address: __________________________________________ Phone: ____________________________

Parent or Guardian: __________________________________________ Phone: ____________________________

Place of Employment: Father (Guardian) ____________________________ Phone: ____________________________
Mother (Guardian) ____________________________ Phone: ____________________________

In case of emergency, notify: __________________________________________ Phone: ____________________________

If Parent, Guardian are not available in an emergency, notify:

1. __________________________________________ Phone: ____________________________

or 2. __________________________________________ Phone: ____________________________

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes ☐ No ☐ (If yes, state type of exposure: ____________________________)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

☐ Rheumatic Fever ____________________________ ☐ Hay Fever ____________________________

☐ Seizures ____________________________ ☐ Poison Ivy, etc. ____________________________

☐ Diabetes ____________________________ ☐ Insect Stings ____________________________

☐ Asthma ____________________________ ☐ Penicillin ____________________________

☐ Chicken Pox ____________________________ ☐ Other Drugs ____________________________

☐ Food ____________________________

Other Past Illnesses __________________________________________

Operations or Serious Injuries (Dates) __________________________________________

Hospitalization (Dates) __________________________________________

Chronic or Recurring Illness __________________________________________

Any specific activities to be encouraged? __________________________________________

Conditions that require activity to be restricted? ____________________________

Permission for all program activities unless otherwise noted by Dr. ____________________________

Appliance worn (glasses, contacts, etc.) __________________________________________

Medication taken __________________________________________

Suggestion from Parent/Guardian __________________________________________

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship ____________________________ Signature ____________________________ Date ____________ Tel.# ____________

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation

DCR 7 (Rev. 2/04)
PHYSICAL EXAMINATION
(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

<table>
<thead>
<tr>
<th>IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.</th>
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<tbody>
<tr>
<td>DTaP, DTP, DT, Td</td>
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<tr>
<td>Polio</td>
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<tr>
<td>MMR</td>
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<tr>
<td>Hemophilus Influenzae type b (Hib)</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Pneumococcal Conjugate (PCV)</td>
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<tr>
<td>Other</td>
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<thead>
<tr>
<th>MEDICAL EXAMINATION – To be filled out by licensed physician.</th>
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</thead>
</table>

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code:  S = Satisfactory
X = Not Satisfactory (Explain)
0 = Not Examined

General Appearance ____________________________________________
Genitalia ___________________________________________________
Height __________ Weight __________ Blood Pressure __________ Posture & Spine __________ Throat - Tonsils __________
Nose __________ Teeth __________ Abdomen __________ Hernia __________ Feet __________ Lungs __________ Skin __________
Hgb. Test (Date) __________ Urinalysis (Date) __________
Eyes __________ Vision __________ w/Glasses __________ Extremities __________ Heart __________
Ears __________ Hearing __________
Neurological Findings
Describe Abnormal Findings and/or Handicapping Conditions ______________________________________________________

Allergy: (Please specify) ______________________________________

Recommendations and restrictions while in camp:

Special Diet __________________________________________________
Special Medicine (dose, route of administration, when should it be administered) _______________________________________
Is parent/guardian sending special medicine? ________________________________
Activity Restrictions ____________________________________________
Swimming _______________________________________________________
Diving _________________________________________________________

General Appraisal: ____________________________________________

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

                        M.D.
                        ______________________
                        EXAMINING PHYSICIAN (SIGNATURE)

                        ______________________
                        PHYSICIAN'S NAME (PLEASE PRINT)

Telephone __________________________ Address __________________________

Date of Examination __________________________ ZIP CODE ________