

Viewpoint School Science Camp

Monday, June 11 through

Thursday, June 14, 2012

9:00 a.m. to 2:00 p.m.



Campers will take part in four fun-filled days of Science exploration and experimentation. Each grade level will experience their own unique variety of hands-on activities and projects in Physical Science, Life Science, Earth Science and Astronomy. Campers will love designing their own unique chromatography T-shirts. We will have a pizza party on Thursday; campers will especially enjoy making their own “experimental” dessert.



Important Information

- Students are grouped according to their grade level in the fall. Groups will have a maximum of 21 students each enrollment is on a first-come, first-served basis.
- The cost is \$440.00 per child. Please send the enrollment form and your payment to Camp Director Marian Williams via the Primary or Lower School Offices. Please make checks payable to Viewpoint School.
- Morning extended day is available from 7:45 until 8:45 a.m. for \$10.00 per day and afternoon extended day is from 2:20 until 4:00 p.m. for \$20.00 per day. Extended day is billed on an as-needed basis.

For additional information, please contact Camp Director Marian Williams at 818-591-6507 or mwilliams@viewpoint.org.



Viewpoint Summer Programs Application and Medical Information Form

23620 Mulholland Highway, Calabasas, CA 91302 * 818-340-2901

Student's Last Name _____ First Name _____ Preferred Name _____
Address _____
Telephone () _____ Date of Birth _____ Gender _____
Entering Grade Level in 2012-13 _____ School of Attendance in 2012-13 _____

Primary E-mail Address: _____ T-shirt size: Youth Small Youth Medium Youth Large
(circle one) Adult Small Adult Medium Adult Large

****You will receive a confirmation e-mail once we have received your application and payment. An information sheet will be e-mailed to you prior to the start of camp. Please note there are no refunds or credits after May 20, 2012. If you cancel between May 2, 2012 and May 20, 2012 the School will keep a \$50.00 processing fee.***

Medical Information

Allergies _____ Requires Epi-pen? _____
Date of last Tetanus Booster _____ Child wears glasses _____ Contacts _____
Asthma _____ Orthodontics _____
List any medication he/she takes regularly _____

Any medication to be administered by the School must be in the original container and marked clearly with the child's name and dosing instructions.

Restrictions on Physical Activity _____

Emergency Contacts:

Parent _____ Telephone () _____
Name _____ Telephone () _____
Family Physician _____ Telephone () _____

Individuals authorized to transport my child at any time _____

PRIVACY POLICY: The School collects and maintains information on students and their families for various necessary purposes including admission, enrollment, transcript maintenance, billing, fundraising, emergency preparedness, athletics, summer camp and for other uses. The School will never sell personal information and will not release confidential information without your permission unless required to do so by law. The School highlights student participation and achievement in academic, athletic, artistic, community service, and other areas. As part of this Agreement, the undersigned permits the School to use, in whole or in part, photographs, videos, written extractions, and voice/performance recordings of the above named student for educational, promotional, and/or athletic purposes in Viewpoint publications, press releases, videos, and Web site without identifying the student by name. Highlighting student participation and achievement is often best accomplished when a student is named. Unless Parent(s) specifically requests otherwise by checking the box below, this Agreement permits the School to selectively identify the above named student (first name only in Grades K-5, full name in Grade 6) and/or the student's city of residence when highlighting participation and achievement in Viewpoint publications, press releases, videos and Web site.

I (we) DECLINE permission for the School to identify my child by name or city of residence for educational and/or promotional purposes

I give permission for my child to participate in this program, and I hereby authorize and consent to any medical diagnosis or procedure rendered under the provisions of the Medical and Dental Practice Acts and by the staff of any licensed medical facility or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I understand that effort shall be made to contact me prior to rendering treatment to my child, but that treatment will not be withheld if I cannot be reached.

I give Viewpoint School permission to administer as needed, to the child named above, any one of the following medications:
(please initial) _____ Tylenol _____ Ibuprofen (Advil/Motrin) _____ Benadryl _____

Date _____ Parent's Signature _____