

MUSEUM OF NATURE & SCIENCE discovery camp, jr.

Discovery Camp Jr. is a drop-off, half day program uniquely designed with age appropriate activities for children ages 3-4. Sessions run for one week from 9:30 am-12:00 pm each day. The camps are designed to introduce young children to different cultures through stories, art, music and hands on science activities that complement the subject. In addition, we visit various exhibits in the museum.

The children may work with clay and paint, learn about plants and animals in different parts of the world, discover “artifacts”, learn about the toys and games of different cultures, create a diorama, replicate cave drawings, explore geology with rocks and stones, dress up in cultural costumes and more.

In order to enroll in Discovery Camp Jr., children must be potty trained and at least 3 years old by the first day of the session for which they are enrolled. Class sizes will be no smaller than 10 and no larger than 15 and will be led by two teachers. We will have a snack time every day, and each child is responsible for bringing her/his own snack.

In addition to the regular camp registration form and medical history and participant release form, children ages 3-4 are required to have a health and immunization admission statement. Please read and complete the form on the back side of this page.



Immunization & Medical Release Form

Child's name: _____ Session _____

New state laws will not allow a child to attend any portion of camp without immunization and medical release records on file.

Immunization: Please check the option below that you are using to satisfy the immunization requirement.

1. ____ I have provided the MNS with a copy of my child's most current immunization record or an affidavit about immunizations for religious or medical reasons.
2. ____ My child's immunization record or affidavit is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file (for children 4 yrs and older).

Name of School and Address _____

School Phone Number _____

Medical Release: Please check the option below that you are using to satisfy this requirement and sign and date at the bottom of the page.

1. ____ Doctor's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in Discovery Camp Jr.

Name and address of physician, or address of screening site, or health clinic

Physician's signature _____ Date _____

2. ____ A signed and dated copy of a health care professional's statement (within the past year) is attached stating that your child has been examined and is physically able to take part in Discovery Camp Jr.
3. ____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. ____ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in Discovery Camp Jr. Within the next 12 months, I will obtain a physician's statement, a copy of a medical screening from EPSDT, or a form/statement from a health service/clinic and will submit it to MNS.

Name and address of physician, or address of screening site, or health clinic

I hereby certify and attest that all the information provided herein is accurate and correct.

Printed parent/legal guardian name: _____ **Date** _____

Parent/legal guardian signature: _____ **Date** _____