

Northeast Madison County Enrichment Center

STEAM Camp 2021

General Information:

Registration:

The camp will be held June 7th-25th at Hopewell M.B. Church for students completing Kindergarten through 8th grade. Due to COVID-19, the camp will be limited to 10 students per class. Registration can be accessed at www.nemcec.org until **Saturday, May 15, 2021**. An Open House will be **Saturday, May 15th** to cover procedures and to meet the teachers.

Camp Attendance:

Camp will be from 8:30 a.m. - 4:00 p.m. Campers can be dropped off as early as 7:30 a.m. and with a late pick up at 4:30 p.m. Parents or Guardians will be given two car tags to place on the right-hand side of your car dashboard. When dropping off your child(ren), ONLY the child(ren) should exit the vehicle. Please do not park or get out of your car. You may not leave your child(ren) without completing our screening process.

Screening Process:

Before allowing entry into the facility, we will be screening all participants and staff by taking their temperature upon arrival, and denying entry to any person who meets any of the following criteria.

1. Temperature of 100.4 or above
2. Signs of symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low grade fever
3. In the previous 14 days has had contact without someone with a confirmed diagnosis of COVID-19, in under investigation for COVID-19, or is ill with a respiratory illness.
4. In the previous 14 days has traveled internationally to countries with widespread, sustained community transmission.
5. In the previous 14 days has traveled to states and cities with widespread, sustained community transmission.

Dropping Off: When dropping off your child(ren), pull up to the front entrance between 7:30-8:30. Staff will need to take each child's temperature with a touchless thermometer before he/she exits the car. Do not get out of the car. We ask that you have the car tag on the right hand side of the dashboard window and access the link from our website to sign in your child digitally.

Picking Up: When picking up your child(ren), pull up to the side entrance. Staff will greet you and call inside for your child(ren) to be released. If a staff member is not at the side entrance, call 256-379-3250 and request that your child(ren) be released. Do not get out of your car. A staff person will walk out to verify that the person picking up the child is on their list to pick up. Again, please have the car tag in the right-hand side of the dashboard window and the link to access the sign out form to submit it handless.

Meals & Snacks:

Breakfast will be provided each day from 7:30-8:15 a.m. Lunch will be provided each day as well. We will make every effort to accommodate all dietary restrictions and food allergies. Please let the staff know of any allergies. There will be a morning break and afternoon break each to get water and use the restroom. We will provide a peanut free snack (options for vegan, vegetarian, and gluten-free diets) during both breaks.

Camper Attire:

Campers should dress comfortably for the weather. Clothing that is school appropriate is expected. We ask campers not to wear expensive clothing or jewelry.

What to Bring:

A thirst and enthusiasm for knowledge and learning is all campers need to bring! We will provide all materials that campers will need for the week of camp.

What not to Bring:

We would prefer that campers not bring electronic devices (including cell phones) with them to camp. If your camper brings an electronic device to camp, we will collect the device and store it during camp. The device will be returned at the end of the day. No weapons or hazardous materials including pocket knives are allowed. We encourage campers to leave valuable items at home.

Camp Contact:

If you need to reach your camper, speak to the Camp Staff, make changes to the authorized pick up list, you can reach us at 256-379-3250.

Medicine, Illnesses, Behavior Issues, Etc.:

If a camper requires medicine during the day, the camper should provide that medicine at check-in in a clearly marked container with all instructions for administering the medicine. We will be respectful of the student's privacy when it comes time to administer any medication.

***Important Note:** Out of concern for the safety of all of our campers and staff, if your child is showing any signs of illness, he/she will not be permitted to attend the program. If your child becomes sick while at the camp, they will be isolated from others in the building and the parent or guardian will be expected to pick him/her up immediately.

Campers who are disruptive, disrespectful, or choose not to fully participate in activities will be asked to leave the camp and will be asked to be picked up immediately.

Additional Precautions:

1. Comply with general health screenings.
2. We will clean and sanitize the facility daily with ongoing disinfecting of frequently touched surfaces throughout the day.
3. Reduce class size and alternate use of common areas in the facility to limit larger group interactions.
4. Educate and frequently remind campers about appropriate social distancing, hand washing, and other healthy habits.
5. PLEASE DO NOT send your child to camp if they are sick at all with any kind of illness.
6. If your child chooses to wear a face mask, she must be able to manage the mask independently and assure the mask is washed daily (if reusable type) or replaced (if disposable type).

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Medical Release/Emergency Contact Form

Name of Student: _____ DOB: _____

Special needs or limitations including all allergies, special dietary needs, medical issues:

Please list all medicines/reason (prescription and over the counter) the student may be taking during the camp:

Please select one of the following:

1. Has your child had a temperature of 100.4 or higher in the last 14 days.
☐ Yes
☐ No
2. In the previous 14 days, has your child had contact with someone with a confirmed diagnosis of COVID-19, under investigation, or ill with a respiratory illness.
☐ Yes
☐ No
3. In the previous 14 days, travelled internationally to countries with widespread, sustained community transmission.
☐ Yes
☐ No

Name of Parent or Guardian: _____

Home Address: _____

Daytime Phone Number: _____

Email Address: _____

In case of emergency and if I cannot be reached, I the undersigned parent or guardian of _____, do hereby authorize a representative of The Northeast Madison County Enrichment Center to consent to any medical treatment or care deemed advisable for my child.

Parent/Guardian Signature

Date

In an emergency and a parent/guardian cannot be reached, please contact the following:

Name

Relationship to Student

Phone Numbers (Please include at least two)

Name

Relationship to Student

Phone Numbers (Please include at least two)

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Photo Release Form

All photographers taking photographs on Hopewell M.B. Church's property or of the Northeast Madison County Enrichment Center events must obtain a signed release form from any student, faculty member, staff person, or member of the public who is visibly recognizable in the photograph. Crowd scenes where no single person is the dominant feature are exempt.

These rules govern photographs intended for use in any publication related to Northeast Madison County marketing or a public relations nature, such as newsletters, brochures, viewbooks, promotional items, or other such material. Releases also must be obtained for photographs used on the web. These rules are not in effect when photographs are taken of news events, but photographs taken for news purposes require a release for reuse in marketing materials.

I hereby grant the Northeast Madison County Enrichment Center permission to interview me and/or to use my likeness in photograph (s) video in any and all of its publications in any and all other media, whether now known or hereafter existing, controlled by Northeast Madison County Enrichment Center, in perpetuity, and for other use by the Northeast Madison County Enrichment Center. I will make no monetary or other claim against Northeast Madison County Enrichment Center or Hopewell M.B. Church for the use of the interview and/or the photograph (s) video.

Print Student Name

Student Signature/Date

Parent/Guardian Signature/Date

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Liability Release Form

Know all men by these presents:

1. I hereby acknowledge the educational, recreational, and/or personal benefits accruing to my minor child:

Name: _____ DOB: _____

By reason of his/her participation in Northeast Madison County Enrichment Center activities to be conducted on _____ (Dates of Camp). I further understand that for the duration of the Northeast Madison County Enrichment Center Stem Camp, my child will be provided lunch and snacks and will be monitored and taught by Northeast Madison County Enrichment faculty, staff, and students.

2. I do hereby, in consideration of such benefits and other good and valuable consideration, release absolutely, forever discharge, and covenant not to sue The Board of Northeast Madison County Enrichment Center and its officers and agents of the said Board and/or any of its constituent institutions and the County of Madison, State of Alabama, its elected or appointed officials agents, or employees, from and concerning all liability, losses, claims, demands, actions, debts, and expenses of every name and nature for personal or bodily injury (including any resulting in death) or other damages which my minor child may sustain from whatever cause during, arising out of, or as a result of such participation or any activity connected therewith, including without limitation the use of any vehicle, or other conveyance, or means of transportation, accepting only wanton or intentional misconduct by the forgoing parties or any of them. It is my intention to include the negligence of the foregoing parties or any of them within the scope of this release/indemnity agreement and to accept, by express limitation here stated, only wanton or willful misconduct by the same.

3. I do further consent to my minor child's participation in the above described activities and hereby expressly, knowingly, and voluntarily assume for my said minor child all risk of personal or bodily injury to him/her from hazards normally incident to, ordinarily associated with, or reasonably foreseeable from such participation.

4. I do further agree to indemnify the foregoing parties gain any liability or loss sustained by any of them arising out of the said activities.

In witness whereof, I hereby set my hand on this _____ day of _____, 2021.

Witness

Signature of Parent/Guardian

Printed Name of Parent/Guardian