

## CHALLENGER LEARNING CENTER COSMIC SPACE QUEST 2009 REGISTRATION INFORMATION

Enclosed you will find information about the **Challenger Learning Center Cosmic Space Quest 2009**. We appreciate your inquiry and hope to be a part of your child's summer activities.

Each year our camps continue to evolve and improve. This year we are offering many new programs. The enclosed Cosmic Space Quest flyer has specific camp dates. Sample menus will be available on our website in the Spring. Our web address is [www.utc.edu/Outreach/ChallengerCenter](http://www.utc.edu/Outreach/ChallengerCenter).

### **REGISTRATION**

Enclosed is a registration form. Return the **completed form as soon as possible**. Camps are limited in size; therefore, registration applications will be processed on a **first come, first served basis**. We will begin accepting registration applications on **February 2, 2009**.

### **COST**

The cost of the camp is detailed on our website and on our Cosmic Space Quest flyer. **Send full payment with a completed application for each participant to secure registration**. This payment must include any necessary extended care payment. **Lunch will be provided for 1-Day, 2-Day, and 4-Day Quest astronauts**. 4-Day Quest astronauts will also receive a Challenger Center T-shirt at no additional cost. Other campers can purchase a T-shirt for \$8.00.

### **CANCELLATIONS/ REFUNDS**

Request for cancellation must be received in writing at the Challenger Learning Center prior to the camp session start date. **No refunds will be granted after the camp session start date**. Please allow approximately 90 days for refunds to be processed.

### **CAMP VIABILITY**

Just as each camp has a maximum number of campers that may be admitted in a particular camp session, there also exists a minimum number to justify having a camp. **If we do not have enough registrants two weeks prior to the session start date, we will cancel that session**. Should this occur, we would contact each registrant and offer a session that most closely meets your needs. If we are forced to cancel a session and you are unable to reschedule for a later camp session, your money will be refunded.

### **CAMP ADMINISTRATION**

Camps will be conducted at the **Challenger Learning Center on the campus of The University of Tennessee at Chattanooga**. We are located at 855 East Fifth Street, on the corner of Palmetto Street and Fifth Street. See website for directions.

**Check-in for all camps begins no earlier than 9 a.m. Half-day campers must be picked up promptly at 12 p.m.! All other campers must be picked up promptly at 4 p.m.!**

### **EXTENDED CARE FOR FULL DAY CAMPS ONLY**

**Full Day campers arriving earlier or staying later than the scheduled beginning or ending time MUST be enrolled in the Challenger Learning Center Extended Care.** This is not to be confused with the UTC Youth University Extended Care. The Challenger Learning Center Extended Care hours and cost are as follows:

<b>8:00 a.m. – 9:00 a.m.</b>	<b>\$15.00 daily</b>
<b>4:00 p.m. – 5:00 p.m.</b>	<b>\$15.00 daily</b>

**You must indicate on the registration form that you plan to participate in the Challenger Learning Center Extended Care. Please include payment for Extended Care along with your camp payment. Pending extenuating circumstances, Extended Care will not be available unless campers are pre-registered. All Extended Care participants must be picked up no later than 5 p.m.** Extended Care campers will not be participating in extra activities during extended hours.

### **CAMP STAFF**

The staff at the Challenger Learning Center Cosmic Space Quest 2009 includes 3 full time employees of the Challenger Learning Center with 15 years combined experience teaching and facilitating camps. Any assistant staff members may be a certified teacher, college graduate or college student.

### **ADDITIONAL INFORMATION**

Should you need additional information, please call (423) 425 – 4126 or 425-2189. Our business hours are from 8:00 a.m. until 5:00 p.m. weekdays. Our web address is [www.utc.edu/Outreach/ChallengerCenter](http://www.utc.edu/Outreach/ChallengerCenter).

Please send your registration and remittance to:

UTC Challenger Center, Dept. 6406  
Ellie Wallis  
615 McCallie Avenue  
Chattanooga, TN 37403

\*Make checks payable to **University of Tennessee Chattanooga Challenger Learning Center**

FAX: (423) 425 – 2190 Attn: Ellie Wallis

For Business Office Use ONLY:

A: \_\_\_\_\_

T: \_\_\_\_\_

Ck: \_\_\_\_\_

Rec: \_\_\_\_\_

**CHALLENGER LEARNING CENTER  
COSMIC SPACE QUEST 2009  
REGISTRATION FORM**

Today's Date \_\_\_\_\_

**CAMPER INFORMATION**

Name: \_\_\_\_\_  
Last Name First Name / Nickname

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ (Fall '09) Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

School Attending: \_\_\_\_\_

How did you find out about our Aerospace Camp? \_\_\_\_\_

**ATTENTION 4-DAY CAMPERS: 4-Day campers will receive a Challenger Center T-shirt. Please circle the appropriate size:**

**Youth Extra Small Youth Small Youth Medium Youth Large  
Adult Small Adult Medium Adult Large**

**Other campers may purchase a shirt for \$8.00.**

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_  
Last Name First Name

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **CAMP INFORMATION**

Camp Date and Time: \_\_\_\_\_

**See flyer or website for date and time of camp. Remember lunch is included in cost of full day camps. A sample menu is available on the website.**

**Please circle Extended Care needs:**

**NONE**

**8 A.M.- 9 A.M.**

**4 P.M.- 5 P.M.**

**Include entire payment for Extended Care in registration payment.**

I grant permission to the University of Tennessee at Chattanooga Challenger Learning Center to use photographs of my child on publications, such as brochures and web pages.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **METHOD OF PAYMENT**

Check #: \_\_\_\_\_

Make check payable to University of Tennessee at Chattanooga.

Credit Card: VISA \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

# Challenger Learning Center CAMPER CODE OF CONDUCT

Camps are designed for the enjoyment and benefit of **all** campers enrolled. With that as the objective, we anticipate that no camper is here who does not want to be here. Should any disciplinary problems occur, we will contact the parent/guardian to pick up their camper. Please read and sign the Challenger Learning Center Camper Code of Conduct.

1. Please keep hands and feet to yourself.
2. RESPECT other campers, Camp Commanders, and all property.
3. Please do not bring the following items to camp:
  - cell phones
  - toys
  - electronics (i.e., iPods, hand-held video games, etc.)
  - chewing gum

**Physical aggression, continued disrespect, or continued disruption of camp activities will result in the following:**

1. being removed from an activity
  2. being unable to participate in an activity
  3. being sent home
- \* if a camper is sent home, no refund will be given and the camper will not be eligible for any other 2009 camps**

I have read and understand the Challenger Learning Center Code of Conduct.

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Signature of Parent/Guardian

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Date

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Signature of Camper

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Date

**CHALLENGER CENTER  
COSMIC SPACE QUEST 2009  
MEDICAL HISTORY AND CONSENT FORM**

Camper's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Emergency Contact Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. If reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. \_\_\_\_\_, preferred physician at \_\_\_\_\_ (telephone #)  
or

Dr. \_\_\_\_\_, preferred dentist at \_\_\_\_\_ (telephone #) or  
in the event preferred practitioner is not available, by another licensed physician or  
dentist.

2. I desire my child to be transferred to: \_\_\_\_\_  
(preferred hospital or any hospital reasonably accessible). This authorization does not  
cover major surgery unless the medical opinions of two other licensed physicians or  
dentists have concurred in the necessity for surgery.

3. Please list any facts concerning the child's medical history, any physical impairments  
or conditions, and medications currently taken to which a physician and the Camp should  
be informed.

A. History (include allergies) \_\_\_\_\_

B. Physical impairments or conditions \_\_\_\_\_

C. Medications currently taken. If your child will need medication during the  
camp session, please complete the Medical Consent Form below.

\_\_\_\_\_  
\_\_\_\_\_

**Attach any additional documentation to this form if necessary.**

\_\_\_\_\_  
**(Parent / Guardian Signature)**

\_\_\_\_\_  
**(Date)**

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I give permission, to the Challenger Center Cosmic Space Quest Staff, to administer  
the following medication(s) to my child \_\_\_\_\_:

Name of Medication: \_\_\_\_\_ @ \_\_\_\_\_ (time).

Name of Medication: \_\_\_\_\_ @ \_\_\_\_\_ (time).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Challenger Staff Initials: \_\_\_\_\_ Time administered: \_\_\_\_\_