



UTC Challenger STEM Learning Center Cosmic Space Quest 2011

**REGISTRATION BEGINS
FEBRUARY 1, 2011**

**Please complete the attached registration forms as soon as possible.
Camps are limited in size, and registration applications are processed on a
first come, first served basis.**

Please send your registration and remittance to:

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

*Make checks payable to **UTC Challenger Center**
FAX: (423) 425 – 2190 Attn: Ellie Wallis

Should you need additional information, please call (423) 425 – 4126. Our business hours are from 8:00 am until 5:00 pm on weekdays. Our web address is www.utc.edu/ChallengerCenter

Camp Location and Check-in/Check-out:

- **Challenger Learning Center on the campus of the University of Tennessee at Chattanooga.**
855 East Fifth Street
Chattanooga, TN 37403
- **Check-in for all camps begins no earlier than 9 am and lasts from 9 to 9:15 am.**
- **Half-day campers must be picked up promptly at 12 pm!**
- **All other campers not attending Extended Care must be picked up promptly at 4 pm!**

▪ **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 5-Day Quest astronauts.** 5-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 STAFF**

The staff at the Challenger Learning Center Cosmic Space Quest 2011 includes 2 full time employees of the Challenger Learning Center with experience teaching and facilitating camps. Any assistant staff member may be a certified teacher, college graduate, college student, or high school volunteer.

▪ **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.

▪ **EXTENDED CARE - FOR FULL DAY CAMPS ONLY**

Full Day campers who are 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:

8:00 a.m. – 9:00 a.m.	\$15.00 each day
4:00 p.m. – 5:00 p.m.	\$15.00 each day

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.

▪ **SAMPLE CAMP MENU**

Our camp lunch menu and daily snack are designed to be as sensitive to dietary needs as possible. If your child has specific dietary needs, feel free to send a lunch and snack with your child. Please **do not** send caffeinated drinks or candy with your child.

A sample camp menu can be found on our website. www.utc.edu/ChallengerCenter .

****Lunch is *not* provided for ½ Day Campers.**



UTC Challenger STEM Learning Center Cosmic Space Quest 2011 Summer Camp Registration Form

For Business Office Use ONLY:

A: _____

T: _____

Ck: _____

Rec: _____

Today's Date _____

Camper's Name: _____

Age: _____ D.O.B _____ / _____ / _____ Gender: M _____ F _____ Grade: _____ (Fall '11)

School Attending: _____

Parent/Guardian: _____

(Please indicate if your address is different from your camper's address.)

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell: _____ Work: _____

E-mail: _____

Camp Session

Please circle the camp date you would like your camper to attend.

See the flyer or website for the date and time of each camp.

<u>½ – Day</u> 4 and 5 year olds	<u>1 – Day</u> Rising 1 st -3 rd grade	<u>2 – Day</u> Rising 4 th -5 th grade	<u>5 – Day</u> Rising 5 th -8 th grade
June 9	June 2	June 6-7	June 13-17
June 21	June 8	June 22-23	June 27- July 1
July 8	June 20	July 5-6	July 11-15
July 21	July 7	July 18-19	July 25-29
August 3	July 20	August 1-2	August 8-12
	August 4		

Extended Care

Each camper **must** be signed up for extended care **prior** to the first day of camp. Please include **entire** payment for Extended Care in registration payment. Please circle the extended care session(s) you will need, and indicate which day(s) you will need extended care.

NONE

8 A.M – 9 A.M.

4 P.M. – 5 P.M.

T-Shirts

Campers are invited to purchase a Challenger Center t-shirt for \$8.00. T-shirts will be given out at check-in for each camp. Please indicate the size of t-shirt that your camper will need and include the payment with your registration fee. **Each 5-Day camper will receive a t-shirt, which is included in the price of the camp.**

Youth: Extra Small _____ Small _____ Medium _____ Large _____

Adult: Small _____ Medium _____ Large _____ X-Large _____

Payment: Once your registration is processed, you will receive confirmation and a receipt by U.S. mail.

Check # _____ (Make checks payable to the UTC Challenger Center.)

Credit Card: VISA _____ MasterCard _____ Credit Card #: _____

Expiration Date: _____

Amount to be charged: _____

Signature: _____



Health Form

At the UTC Challenger STEM Learning Center the health and safety of our campers is our most important concern. For this reason we require that you complete the form below and carefully read all information that follows. This procedure helps ensure the well being of all campers and is required for camp participation. We request that all forms be returned prior to the camp start date of the camp that your camper will be attending in order to complete your reservation.

▪ CAMPER INFORMATION AND EMERGENCY CONTACT (PLEASE PRINT)

Camper's Name: _____ Gender: M _____ F _____

D.O.B _____ / _____ / _____ Age at Time of Camp: _____ Grade: _____ (Fall '11)

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Emergency Contact (Other than Parent/Guardian): _____

Relationship to Camper: _____

Telephone Number: _____

▪ MEDICAL INFORMATION

I desire my child to be transferred to: _____ Hospital in the event of an emergency.
(If no preference is indicated, your child will be transferred to the nearest hospital.)

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

A. History: _____

B. Current Physical Impairments or Conditions: _____

C. Medications currently taken: _____

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 #)

Dr. _____, preferred dentist at _____ (telephone #)

If your child will need medication during the camp session, please complete the Medicinal Consent Form below.

Please label any medication with your child's name and instructions for how to administer it.

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: _____



Release Form

Please provide us with the following release information. We request that this form, as well as all other forms, be returned prior to your child's camp session in order to complete your reservation.

Camper's Name: _____ Date of Camp: _____

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. Campers are expected to demonstrate respect for every person and all property at all times when at the Challenger Learning Center. Campers **MUST** follow the rules and directions of the camp staff, whether on campus or off-site.
2. Please do not bring the following items: cellular phones, music players, handheld computer games, gum, or toys.
3. Physical aggression, continued disrespect, or continued disruption of camp activities will result in being removed from an activity or activities and/or being sent home.

*** If a camper is sent home, no refund will be given and the camper will not be eligible for any other 2011 camps.**

Parent/Guardian Signature

Date

Camper Signature

Date

CAMPER RELEASE AUTHORIZATION

Please provide the name(s) and telephone number(s) of individuals (other than parents or emergency contacts) who are authorized to pick up your camper from camp:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parents/Guardians, emergency contacts, and the authorized individuals listed above are the **ONLY** individuals allowed to pick up your camper from camp. **If you would like someone other than those listed to pick up your child, please notify the UTC Challenger Center as soon as possible.**

PHOTOGRAPH RELEASE

I grant permission to the University of Tennessee Chattanooga Challenger STEM Learning Center to use photographs of my child, _____, on publications, such as brochures and web pages.
(Camper's name)

X _____
Parent/Guardian Signature

Date

I DO NOT give my consent for the release of photographs of my child.

X _____
Parent/Guardian Signature

Date

PERMISSION FOR JONES OBSERVATORY VISIT (5 Day Campers ONLY)

Our 5 Day Campers will be visiting the Jones Observatory during their week of camp. Please sign and date the permission below.

I give permission for my child to participate in an off-campus field trip to the Jones Observatory. I realize that there may be some risk inherent to this or any off-site trip and I will be responsible for any accident or injury arising from my child's participation.

Parent's Signature: _____

Date: _____