# Welcome to the 2024 KCul Korean Culture and History Summer Camp!

We are so excited to meet those happy campers and have a wonderful summer together!

\*This instructional manual contains important information. Please read it thoroughly\*

Campers: 1st ~ 8th grade, as of September 2024

- Students will be split into two different age groups: 1st - 4th grade / 5th - 8th grade

- Each group will be assigned to teachers during the sessions and participate in activities with the peers.

**Date:** Monday, August 5, 2024 – Friday, August 23, 2024 (3weeks)

**Time:** 9:00am - 3:00pm

**Camp Location** 

Parkhouse Hall classroom, PH 112 (See the map)

Montgomery County Community College

340 Dekalb Pike, Blue Bell, PA19422

\* Montgomery County Community College is not affiliated with any programs offered by KCul, including Korean language classes and cultural camps, and the College should not be contacted regarding the program.

#### Camp Weekly Rates: \$330/

- Please inquire via email for Korean School students. We will send you a discount code.

#### Early Bird Discount (by April 30th, 2024)

Week	1 weeks	2 weeks	1 weeks
After April 30 <sup>th</sup>	<del>\$330</del>	<del>\$660</del>	<del>\$990</del>
Early Bird (by April 30 <sup>th</sup> )	\$300	\$600	\$900
KCul Korean School student	\$280	\$560	\$840

#### Important notes:

<sup>\*</sup> Program and schedule can be changed without notice.

<sup>\*</sup> Please send lunch and snacks with your children. During summer camp, we DO NOT provide lunch and snacks, but we always have water available throughout the camp.

#### **Summer Camp Schedule**

Time	Mon	Tue	Wed	Thurs	Fri
09:00- 09:10am	Greetings!				
09:10- 09:40am	Reading & Workbook				
09:40- 09:50am	Break				
09:50- 10:50am	Korean Dance	Korean Dance	K-pop dance	Samulnori	Samulnori
10:50- 11:00am	Break				
11:00- 12:00pm	Modumbuk	Modumbuk	Making your own a Fairy Tale Story	Taekwondo	Taekwondo
12:00- 12:40pm	Lunch Time				
•	Understanding Korean history				
12:40- 1:40pm	Understanding Silla: Building a Cheomseongdae* Model.	Hangul Calligraphy	Understanding Koguryeo Life: Making Goguryeo murals - mother-of- pearl magnets	Painting Korean Minhwa	Understanding Baekje: Making Baekje-style Earrings
1:40-	Break				
1:50pm	Activity Fun Game				
1:50- 2:50pm	Mission Team Exploration*	Math Skill Game	Folk Game	Exchanging puzzle pieces game (Ten longevity)	Yay, It's Friday! *
2:50- 3:00am	Wrap-up and dismissal				

<sup>\*</sup> Program and schedule can be changed without notice.

#### "Mission Team Exploration" and "Yay, It's Friday!" Weekly Plan\*

Week	Mission Team Exploration	Yay, It's Friday
1st week	Find the stolen national treasure!	Let's make our own soap
2nd week	Find the lost city!	Let's make our own candle
3rd week	Find the missing king's seal!	Let's make our own Gimbob Dosilag for Sopung (Picnic)

#### \*Mission Team Exploration

- 1) Students receive a letter from a mysterious person.
- 2) The letter contains information about the treasure and clues to the next destination.
- 3) Students, armed with clues from the letter, must work with their team members to find the lost treasure.

<sup>\*</sup>Cheomseongdae, the oldest existing astronomical observatory in the world.

#### Drop off & pick up Policy.

- 1) Drops off and pick up location: Parkhouse Hall classroom, PH 112
  - \*Detailed pick-up guide will be sent before summer camp starts.
  - \*Please take your child to the designated classroom for your child's safety.
  - 2) Pick up hours are from 2:50 to 3:00 pm.
  - \*From 3:15 pm, you will be charged \$10 for aftercare service. If you are more than 20 minutes late, we will reach out to a child's Emergency contact based on the Emergency contact information we have.
  - \*If a person who is going to pick up a child is not the child's parent/guardian, please notify staff in advance and leave the name and phone number of the person who is going to pick up a child.

#### **Refund Policy**

- If you are unable to attend camp, a refund request must be submitted at least 30 days prior to the start of camp and will be subject to a \$50 processing fee.
- Refunds requested after camp has begun or ended, will not be granted. The camp is staffed based on the number of registered campers and staff changes cannot be made at the last minute. Please ensure you can attend camp before registering.
- Early Bird fees are non-refundable once registered.

#### What to Bring:

- Children will need to bring their own lunch and Snacks.
- Please write your child's name on their every personal belonging.

# Rates Schedule (Part A)

Child's Name:

. Camp Fee: \$330/week Place check mark □ the weeks you would like to register.				
Early Bird Discount (by April 30th, 2024)				
	1 weeks	2 weeks	3 weeks	
	<del>\$330</del>	<del>\$660</del>	<del>\$990</del>	
	\$300	\$600	\$900	
	n School students re	an School Student ceive 15% off of the for a discount code.		ease email Inso

8/12-8/16

8/19-8/23

2. Place check mark  $\hdots$  the weeks you would like to register.

8/5-8/09

#### **Registration Form (Part B)**

# Child Information Child's Name \_\_\_\_\_(M) (F) Korean Name\_\_\_\_\_ Date of Birth Grade in Fall 2024 Full Address Name of School Parent/Legal Guardian Information Father's Name \_\_\_\_\_Cell Phone \_\_\_\_ Mather's Name \_\_\_\_\_Cell Phone \_\_\_\_ Full Address \_\_\_\_\_ Same as Child E-mail Address \_\_\_\_\_ **Emergency Contacts \*You MUST submit the reachable Emergency Contact** Information other than the child's parents. \* Name \_\_\_\_\_\_Relationship to child \_\_\_\_\_ Cell Phone E-mail Address **Permission to pick up your child** □ Same Parent/Legal Guardian Information Name \_\_\_\_\_\_Relationship to child \_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_E-mail Address \_\_\_\_\_ Name \_\_\_\_\_\_Relationship to child \_\_\_\_\_\_ Cell Phone \_\_\_\_\_E-mail Address \_\_\_\_ Office use Only (Do Not Write Below) Start Date End Date **Total Weeks Group No**

Tuition Total: \_\_\_\_\_\_.00

### Health Information (Part C)

Child's Name:
This form must be completed by the parent/legal guardian of the child registering for the KCul summer camp.
Does your child have any allergies or medical issues?
No Yes, describe:
What is the severity of the allergy? Mild Moderate Severe
Does your child have any limitations caused by allergies or learning/behavioral issues?
No Yes, describe:
Has the child been prescribed an Epi-Pen? Yes No

\*If your child needs to take medication due to the Allergy or any other health problems, you need to fill out the (Part D) Permission to Administer Medications that is included in this registration form\*

# Permission to Administer Medications (Part D)

#### (Please submit this form if ONLY applicable)

I hereby give consent for KCUL staff to administer this medicine to my child according to the physician's following directions. The KCUL staff has my permission to contact the physician should there be any questions or concerns regarding the medication. I understand that medicine will be delivered to the KCUL personnel by a parent/guardian and that students are not to transport medications.
I understand that this prescribed medicine will be in the original pharmacy labeled container with identifying information (e.g., name of child, medication name, dosage prescribed, and time of administration) If this is an over-the-counter medication, the medication must be in the original, labeled container.
I hereby release the KCUL Board and their agents and employees from all liability that may result from my child taking this prescribed medication and from any and all liability that may result from my child's self-medication.
Student's Full Name
Parent/Guardian's Full Name
Signature

#### **Medication Information**

Name of Medication	Time of Administration	Dose

Date \_\_\_\_\_Cell Phone\_\_\_\_

# Permissions and Waiver (Part E)

Child's Name:	
*Place check mark ☑ in the box to in	dicate your permission and waiver. *
☐ I understand KCul Summer Camp s without any advance notice.	schedule and program contents may be changed
☐ I grant permission for photographs purposes.	and videos to be taken of my child for publicity
$\ \square$ I grant permission for my name, my kept track of for contact purposes.	child's name, address, email, and phone to be
☐ I understand that my child will partic Summer Camp unless specified otherw	
injury, property damages or which may participation in KCul Summer Camp. T KCul, its officials, employees, voluntee liability may arise out of perceived neg It is understood that some recreational accidents, and knowing those risks, I h	This release is intended to discharge in advance ers, and agents from liability, even though that ligence on the part of persons mentioned above I activities involve an element of risk or danger o
☐ If a child suffers a severe injury, the Lansdale Hospital or 911 emergencies responsible for ALL the expenses incu	
(Part C) Health Information, (Part D)	Schedule (Part B) Registration Form, Permission to Administer Medication to d that if I had not filled out the forms listed I the KCul Korean Culture and History
☐ I have fully read and agreed to the	Terms and Conditions listed above.
Parent/Guardian Name	Parent/Guardian Signature
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