# Welcome to the 2025 Korean Culture 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\*

Camper: 1st ~ 8th grade

Date: Monday 8/18 - Friday 8/22/2025 (5 days)

**Hours:** 9:00 - 3:00pm

Camp Fee: \$450 (includes lunch)

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.

#### **Eligibility Discounts**

Kcul Korean Culture Camp offers discounts on camp rates for our Korean school families. See below for details.

#### Available Discounts:

\$380 KCul Korean School Family Discount \$380 Early Bird Discount (By 7/15)

#### 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 the child.
- Late Dismissal Option (4:00 PM): For families who need to pick up their child at 4:00 PM instead of 3:00 PM, a late dismissal option is available. An additional fee of \$10 per hour will be charged.

Please note: We do not provide snacks during this extended hour.

Parents are kindly asked to send a snack with their 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 attend camp before registering.
- Early Bird fees are non-refundable once registered.

#### What to Bring / Preparation

- For children with food allergies, please pack lunch and snacks from home. KCul does not provide lunch or snacks for any campers with food allergies.
- All campers are required to bring their own snacks. KCul will not provide any snacks during the camp.

### **Summer Camp Schedule**

Time	Mon	Tue	Wed	Thurs	Fri
09:00- 09:10am	Greetings!				
09:10- 09:40am	Reading Korean Traditional Fairy Tale				
09:40- 09:50am	Break				
09:50- 10:50am	Korean Traditional Dance	Korean Traditional Dance	K-pop dance	Samulnori	Samulnori
10:50- 11:00am	Break				
11:00- 12:00pm	Modumbuk	Modumbuk	Making your own a Fairy Tale Story/book	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: Making Goguryeo murals screens.	Painting Korean Minhwa	Understanding Baegje: Traditional Knot Bracelet
1:40- 1:50pm	Break				
1:50- 2:50pm	Activity Fun Game				
	[Team Mission Exploration] Find	Math Skill Game	Folk Game	Exchanging puzzle	Yay, It's Friday!

	the stolen national treasure!			pieces game (Ten longevity)	(Making Korean traditional kite-가오리연)
2:50- 3:00am	Wrap-up and dismissal				

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

Day	Team Mission Exploration	Yay, It's Friday
	1) Students receive a letter from a mysterious person.  2) The letter contains information about the treasure and clues to the next destination.  1) Students must complete different missions such as sentence completion missions, 무궁화 꽃이 피었습니다 (The Rose of Sharon flower has bloomed) missions, memory missions, K-pop missions, and sound recognition word matching missions, among others, to locate the lost national treasures.  2) Students must work with their team members.	Let's make our own Gaoli Yeon!  Traditional 'Gaoli Yeon' is a type of traditional Korean kite characterized by its unique shape and is often made with materials like Hanji (Korean hand-made paper) and bamboo.

<sup>\*</sup> Program and schedule can be changed without notice.
\*Cheomseongdae, the oldest existing astronomical observatory in the world.

### **Registration Form (Part A)**

## Child Information Child's Name \_\_\_\_\_(M) (F) Korean Name\_\_\_\_\_ Date of Birth Grade in Fall 2025 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 days **Group No**

## Health Information (Part B)

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 C)

## (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		
Date	Cell Phone	

### **Medication Information**

Name of Medication	Time of Administration	Dose

## Permissions and Waiver (Part D)

Child's Name:	
*Place check mark ☑ in the box to	indicate your permission and waiver. *
☐ I understand KCul Summer Camp without any advance notice.	o schedule and program contents may be changed
☐ I grant permission for photograph purposes.	s and videos to be taken of my child for publicity
☐ I grant permission for my name, r kept track of for contact purposes.	my child's name, address, email, and phone to be
☐ I understand that my child will par Summer Camp unless specified other	ticipate in all activities within the KCul erwise.
injury, property damages or which m participation in KCul Summer Camp. KCul, its officials, employees, volunt liability may arise out of perceived no It is understood that some recreation accidents, and knowing those risks,	harge any and all claims for damages for personal ay hereafter occur to me as a result of. This release is intended to discharge in advance eers, and agents from liability, even though that egligence on the part of persons mentioned above. In activities involve an element of risk or danger of thereby assume those risks. It is further over, release, and assumption of risk is to be
☐ If a child suffers a severe injury, t Lansdale Hospital or 911 emergenci- responsible for ALL the expenses in	
☐ I have filled out the (Part A) Reg (Part C) Permission to Administer	istration Form, (Part B) Health Information,  Medication to the best of my knowledge. I the forms listed above my child may not have
☐ I have fully read and agreed to the	e Terms and Conditions listed above.
Parent/Guardian Name	Parent/Guardian Signature
Nate.	