

## Welcome to the 2026 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 8/17 – Friday 8/21/2025 (5 days)

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

**Camp Fee:** \$430 \* \$410 for each additional sibling \* Includes lunch  
The Late Dismissal Option (4:00 PM) is available for an additional \$10 per day.

### 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.

### Available Discounts:

\* \$380 for KCul Korean School Family Discount

\* \$380 for Early Bird Discount By 5/25 (discount code: 26SMCE)

\*Please contact us via email [kculkoreanschool@gmail.com](mailto:kculkoreanschool@gmail.com)

### 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		
12:40-1:40pm	Understanding Korean history				
	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 Candle 양초만들기))
2:50-3:00am	Wrap-up and dismissal				

\* Program and schedule can be changed without notice.

\*Cheomseongdae, the oldest existing astronomical observatory in the world.

### **\*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.

## 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 \_\_\_\_\_

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### Office use Only (Do Not Write Below)

Start Date	End Date	Total days	Group No

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

## 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 schedule and program contents may be changed without any advance notice.
- I grant permission for photographs and videos to be taken of my child for publicity purposes.
- I grant permission for my name, my child's name, address, email, and phone to be kept track of for contact purposes.
- I understand that my child will participate in all activities within the KCul Summer Camp unless specified otherwise.
- I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in KCul Summer Camp. This release is intended to discharge in advance KCul, its officials, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.
- If a child suffers a severe injury, the child may be transferred to the nearby Lansdale Hospital or 911 emergencies. In this case, students will be responsible for ALL the expenses incurred by the treatment.
- I have filled out the **(Part A) Registration Form, (Part B) Health Information, (Part C) Permission to Administer Medication** to the best of my knowledge. I understand that if I had not filled out the forms listed above my child may not have attended the KCul Korean Culture and History Summer Camp.
- I have fully read and agreed to the Terms and Conditions listed above.

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Parent/Guardian Name

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Parent/Guardian Signature

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Date