

## Welcome to the KCul Summer Koran Culture 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\*

**Grade:** Kindergarten to 8th grade, Finished as of September 2023

**Date:** Monday, August 7th, 2023 – Friday, August 25, 2023 (3weeks)

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

**Camp location: Montgomery County Community College**

**Parkhouse Hall classroom, PH 112**

340 Dekalb Pike, Blue Bell, PA19422

\* Montgomery County Community College is not affiliated with the event and the College should not be contacted regarding the program.

### 2023 Summer Camp Schedule

Time	Mon	Tue	Wed	Thurs	Fri
09:00-09:15am	Greetings!				
09:15-09:50am	Reading & Workbook				
09:50-10:00am	Bathroom Break				
10:00-10:50am	Samul Nori	Dance	Samul Nori	Dance	Folk Song
11:00-11:50am	Janggu	Drum	Janggu	Drum	Taekwondo
11:50-12:00pm	Bathroom Break				
12:00-13:00pm	Lunch Time				
13:00-13:50pm	Art	Korean w/Manner	Hangul Calligraphy	Hangul Calligraphy	Korean w/Manner
14:00-14:50pm	Folk Game	Math Skill Game	Craft & Art	Math Skill Game	Yay, It's Friday! *
14:50-15:00pm	Wrap up and dismissal				

\*Summer Camp program can be changed without notice\*

### “Yay, It’s Friday!” Weekly Plan\*

Week 1	Paint My Face!	Face painting class
Week 2	Today I am the chef!	Cooking class
Week 3	Let’s make my own candle	Candle making day

**Drop off & pick up Policy.**

1) Full day program drops off and Pick up location: TBA

\*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**

• KCul will refund the 90% of the regular payment when you notify KCul 5 days before the camp begins.

• Payment will not be refunded after the KCul summer camp begins.

• Early Bird fees are non-refundable once registered.

**Other polices.**

• Children will need to bring their own lunch/ Snack and Water bottle. Kcul does not provide lunch and snacks.

• Please write your child’s name on their every personal belonging.

**Child’s Name:** \_\_\_\_\_

**Summer Camp Fee Schedule (NOT Including lunch/snacks)**

\*Place check mark  in the box

**1. Full Day Program Fee: \$250/week**

**Place check mark  the weeks you would like to register.**

1 weeks	2 weeks	3 weeks
\$250	\$500	\$750
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Registration Form (Part B)

### Child Information

Child's Name \_\_\_\_\_ (M) (F) Korean Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_  
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 Weeks	Full/Half Day	Early Care (Y/N)	After Care (Y/N)

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 \_\_\_\_\_

Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medication Information

Name of Medication	Time of Administration	Dose

Child's Name: \_\_\_\_\_

### Permissions and Waiver (Part E)

**\*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) Fee Schedule (Part B) Registration Form, (Part C) Health Information, (Part D) Permission to Administer Medication** to the best of my knowledge. I understand that if I have not filled out the forms listed above my child may not attend the KCul Summer Camp.
- I have fully read and agreed to the Terms and Conditions listed above.

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date