



We can't wait to see you at Camp Invention!

Dates: The weeks of July 9 and 16, 2018

Times: 9am-3:30pm

Extended Day Hours: 8:30-9am and 3:30-5:30pm (by advance registration, and available by the week only; no afternoon program on Fridays)

Location: Newton South High School
140 Brandeis Rd.
Newton, MA 02460

Emergency Phone: 617-559-6605

Brought to you by Newton Community Education

457 Walnut St.
Newton, MA 02460
617-559-6999

Dear Parents/Guardians of Young Inventors:

Your child is going to have a wonderful time creating, inventing and problem-solving at Camp Invention this summer. We need your help in getting him or her off to a great start.

WHAT YOU CAN DO IMMEDIATELY TO HELP PREPARE FOR CAMP

- Complete and sign the following **Participant Information Form**. You will need to bring this with your child on the first day of your program this summer; please **do not return it to NCE!**
- If your child has any special medical needs (such as severe allergies that might require the administration of epinephrine), or any behavioral support needs, please email staff@newtoncommunityed.org as soon as possible so we can make sure we are adequately prepared to address your child's needs.
- Identify and **prepare** your child's **Take-Apart™** item in accordance with the guidelines on the next page of this letter.
- Start collecting materials to upcycle that will be shared by all (see guidelines on the next page).

WHAT YOU CAN DO TO FACILITATE AN EASIER CHECK-IN ON THE FIRST DAY OF CAMP

- Plan to arrive 30 minutes early on the first day of each week, as your child's Take-Apart™ item will be screened by an instructor for acceptance into the program.**
- In order to participate, your child must arrive with a completed **Participant Information Form**, Medical Release form, an eligible and **prepared Take-Apart** item, and any collected materials to upcycle.
- Your child should be dressed in comfortable clothes and shoes – no flip-flops please!
- Be sure to send a packed lunch, beverages, and snack, clearly labeled with your child's name.
- Cell phones should be turned off; usage is only permitted during break or at lunch.
- You, or an authorized individual, are required to sign your child in and out daily.

You are invited to attend the *Inventors' Showcase* program on Friday afternoon to view your child's fantastic inventions and prototypes. Remember that your child's work is more than just boxes and tape; it's a tangible representation of his or her creative thinking skills. Come enjoy this presentation of their journey with us.

The NCE Camp Invention Team

SELECTING AND PREPARING YOUR CHILD'S TAKE-APART™ ITEM

In preparation for camp, please help your child to acquire a discarded household appliance or other mechanical device to take apart during the *I Can Invent*™ module. Please refer to the items below when determining whether the appliance is appropriate.

It is extremely important that you PREPARE your child's Take-Apart™ item prior to the week of the program. With the item unplugged, carefully cut all electrical cords, loosen all screws, pry open any encased devices, etc., and clearly label the item with your child's name. This will allow your child more time to have fun investigating its inner gears and gadgets! Collect all of the pieces and parts in a labeled bag—minus electrical cords and any objects that may cause potential harm, such as glass. (This item will not be returned to you in working condition!)

RECOMMENDED ITEMS:

- VCR's
- Stereos and Radios
- Clocks (not digital)
- Tape Decks or Recorders
- CB radios
- DVD players
- CD players
- Answering Machines
- Computer Keyboards
- Video Game Consoles
- Computer Hard Drives
- Ink Jet Printers

ACCEPTABLE ITEMS:

- Remotes
- Computer Towers
- Cordless Telephones
- Blenders (no blades)
- Hair Dryers
- Controllers
- Mixers
- Remote Control Cars
- Toasters

UNACCEPTABLE ITEMS:

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- Cameras
 - Cell Phones
 - Fast Food Toys
 - Irons
 - Laptop Computers
 - Microwaves
 - Monitors
 - Rotary Phones
 - Televisions
 - Toddler Toys
 - Vacuums

Your child's *Take-Apart*™ item will be carefully screened by an instructor for acceptance prior to the program's start.

IDENTIFYING AND COLLECTING ITEMS TO UPCYCLE

Help us allow your kids' imaginations to run wild throughout the week by collecting materials to upcycle for them to share. Please refer to the list below when determining whether an item is acceptable or unacceptable.


IMPORTANT: Please thoroughly wash out all bottles, containers, foam trays, and/or any other items, as needed.

ACCEPTABLE ITEMS:

- Beads
- Bubble Wrap
- Building Blocks
- Buttons
- Cardboard Boxes and Tubes
- Cereal Boxes
- Cups
- Fabric
- Film Canisters
- Foam Trays
- Golf Balls
- Magazines (child-friendly)
- Newspapers

- Oatmeal Canisters
- Origami Paper
- Pinwheels
- Plastic Bottle Caps
- Containers/Lids
- Pulleys
- Rubber Bands
- Rubber Bouncy Balls
- Shoe Boxes
- Springs
- String
- Table Tennis Balls
- Washers
- Wrapping Paper

UNACCEPTABLE ITEMS:

- 
- Batteries
 - Coils
 - Cords
 - Glitter
 - Liquids
 - Medicine Containers
 - Milk/OJ Cartons/Jugs
 - Paint
 - Prescription Bottles
 - Soda Pop Cans
 - Tree Bark
 - Packing Peanuts
 - Wire Hangers

If you have questions as to whether something is acceptable as a *Take-Apart* item or an item to upcycle, call NCE at 617-559-6999.



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2018 Participant Information Form

Please turn in this completed form on the first day at check-in

Child's Name (Last)

Parent/Guardian Name

Child's Name (First)

Street Address

Date of Birth

City, State, and Zip Code

Grade Level **Fall 2017**

Parent/Guardian **Home** Phone Number

Parent/Guardian **Work** Phone Number

Parent/Guardian **Cell** Phone Number

Camp Invention Rules

1. I will only leave the program with an adult that I know.
2. I will respect fellow children and instructors.
3. I will participate in all of the activities to the best of my ability.
4. I will act in a safe and responsible manner.
5. I will have fun!

I have read the Club Invention rules, and I will abide by them. I understand that the Club Invention staff has the right to remove any person from the program who does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Alternate Contacts/Transportation Arrangements

The following individual(s) may pick up my child from the program:

Name/Relationship _____

Phone Number _____

Name/Relationship _____

Phone Number _____

My child may also: Walk and/or Ride his or her bicycle home

Parent/Guardian Signature _____ Date _____

Photography Release

I authorize NCE to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for marketing purposes.

Parent/Guardian Signature _____ Date _____

Liability Waiver (Must be signed in order for your child to participate in the program)

I am the parent/legal guardian of _____ (Child). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my child's participation in the Camp Invention program through Newton Community Education. I hereby release and discharge Newton Community Education, its affiliated organizations, employees, and associated personnel against any and all claims, liabilities, and/or damages as a result of my child's participation in this program, including but not limited to, any claim that Newton Community Education was negligent. I further agree to defend and indemnify Newton Community Education, its affiliated organizations, employees, and associated personnel if any claim is made against them by or on behalf of my child. **I understand that my child will not be permitted to participate in the Camp Invention program without my signing this Agreement.**

Parent/Guardian Signature _____ Date _____



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Emergency Medical Consent

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist, and/or hospital, as applicable, listed below:

Preferred Physician

Phone Number

Preferred Dentist

Phone Number

Preferred Hospital

Phone Number

In the event that the designated preferred physician, dentist, and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature Date

Participant Medical Information

Allergies (food, medication, etc.):

Activity restrictions or precautions:

List any medication child is currently taking:

My child is attending with an epinephrine syringe to be self-administered in the event of a severe allergic reaction.

IMPORTANT: Child must self-administer all medications including epi-pens. Epi-pens must be carried by the child at all times. The Camp Invention staff can not administer medication. Please call NCE at 617-559-6999 with any questions about this policy.

My child is carrying an inhaler and is authorized to self-administer as needed. (Physician's order has been completed at the bottom of this form.)

List any special needs, important medical history/behavior, and/or accommodations that can be made to make your child's experience more successful:

Physician's Order for Prescribed Oral Medication

All medication must be delivered in the original container in which it was dispensed and must be self-administered by the child, or administered by a pre-authorized individual designated by the parent/guardian. No member of the Camp Invention program is permitted to administer medication. I have arranged, and hereby authorize, the administration of prescribed medication for my child to be handled as follows:

Name of Medication

Dosage

Name of Authorized Individual to Administer Medication

Date(s) and Time(s) of Administration (by aforementioned individual)

Name of Issuing Physician

Issuing Physician Emergency Phone Number

Significant side effects (adverse reactions) that should be reported to the physician:

Special instructions for use of drug, including storage:

Issuing Physician Signature Date

Parent/Guardian Signature Date