

Camp Nova

NSU University School

Summer 2021 Registration Checklist

	Forms	Reminder
<input type="checkbox"/>	Camp Registration 2021	Complete registration form
<input type="checkbox"/>	Payment Form	Checks should be made payable to Camp Nova. We also accept Cash, Visa, Master Card, and American Express. No Refunds.
<input type="checkbox"/>	Authorization for Medication /Treatment	Must be signed by both parents and physician. For ALL campers.
<input type="checkbox"/>	<u>Non University School Students: Extra Medical Forms</u>	Non University School Students must submit the following two forms: DH/HRS 3040 form and a DH/HRS 680 form (shots/physical records) which can be requested from your child's physician.
<input type="checkbox"/>	Camp Nova Orientation	Date: TBA Time: TBA Location: TBA

3375 SW 75 Avenue • University Lower School Building • Fort Lauderdale, Florida 33314-1400
(954) 262-4528 • (954) 262-4521 • Fax: (954) 262-3224 • <http://uschool.nova.edu/summer/campnova.html>

Nova Southeastern University admits students of any race, color, and national or ethnic origin. University School of Nova Southeastern University is accredited by the Southern Association of Colleges and Schools by the Florida Council of Independent Schools, by the Florida Kindergarten Council, and by the Association of Independent Schools of Florida. University School is a member of the National Association of Independent Schools.

Camper 1 Name: _____ M ___ F ___
D.O.B: _____ Grade Entering in the fall: _____
School: _____

Camper 2 Name: _____ M ___ F ___
D.O.B: _____ Grade Entering in the fall: _____
School: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____
Cell #: _____
Email Address: _____

Parent/Guardian
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____
Cell #: _____
Email Address: _____

AUTHORIZATION TO RELEASE:

Other than parent(s), please list additional people who are authorized to pick up the camper(s).

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

RELEASE OF LIABILITY: As a parent or legal guardian of the above camper(s), I/we agree for the noted camper(s) to attend Camp Nova: Summer Camp and all off-campus activities. I/we give permission for camper(s) to engage in all prescribed activities as noted. I/we authorize and give consent to any licensed health professional to perform upon or administer to camper(s) any reasonable, necessary medical treatment. **Initial:** _____

I/we authorize the use of my camper(s) photograph(s) in camp publications, web sites, and or/or advertisements. I/we hereby release Nova Southeastern University, Inc., its trustees, officers, agents, and employees, the NSU University School, its officers, employees, agents and instructors from any and all liability for any injury, damage, claim, demand, action, loss, liability, cost and expense (including, without limitation, reasonable attorney's fees) of any nature that I/we may at any time have or incur, while taking part in a NSU University School/Camp Nova program.

NO-REFUND POLICY: A NON-REFUNDABLE DEPOSIT OF \$100 PER CHILD/PER SESSION IS REQUIRED FOR YOUR CAMPER TO BE REGISTERED. THIS WILL BE DEDUCTED FROM THE TUITION FOR EACH SESSION.

Initial: _____

I understand the deposit enclosed will be applied toward one session of each camper's basic fee. I agree to pay the balance on or before **June 7, 2020**. I am aware this deposit is non-refundable and will be forfeited if my child does not attend Camp Nova. There is no refund for late arrival or early departure for a camper dismissed for disciplinary action or for emergency weather situations. If payment procedures are not followed, the person responsible for payment will be sent to collections. Refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. Only in the case of an extreme medical emergency will this policy be reviewed by NSU University School. Refunds will also not be issued in the event that the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area. In such a case, Camp Nova will cancel its program for the duration of the inclement weather. We reserve the right to cancel programs if there is insufficient enrollment.

****Due to COVID-19, those who travel, participate in high-risk activities, use mass transportation including airplanes, or do not adhere to the CDC's socialization guidelines are required to remain home and quarantine for 10 calendar days after their return.****

Initial: _____

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted. **Initial:** _____

MEDICAL INFORMATION

Your camper's health and safety is very important to all of us at Camp Nova. Please be assured that we will share any and all medical/allergy information with your campers' counselors, including all camp vendors who interact with your children. Please let us know if there are any additional concerns that the Camp Nova staff should be aware of?

Guppy Camp: 18 Months – 4 Years Old

Camper Name _____

Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Guppy Camp
3-4 Year Olds

Session 1: 6/7/21-6/18/21 AM PM

Session 2: 6/21/21-7/2/21 AM PM

Session 3: 7/5/21-7/16/21 AM PM

Session 4: 7/19/21-7/30/21 AM PM

Post Camp: 8/2/21-8/6/21 AM PM

Guppy Camp
18mts.-2 Year Olds-FULL DAY:8:30am-4:30pm

Session 1: 6/7/21-6/18/21 AM PM

Session 2: 6/21/21-7/2/21 AM PM

Session 3: 7/5/21-7/16/21 AM PM

Session 4: 7/19/21-7/30/21 AM PM

Post Camp: 8/2/21-8/6/21 AM PM

<u>Guppy Camp:</u>	2 Weeks	4 Weeks	6 Weeks	8 Weeks
Tuition	\$650.00	\$1,250.00	\$1,785.00	\$2,225.00
Post Camp (1 week)	\$325.00			
Before Care	\$62.50	\$125.00	\$187.50	\$250.00
After Care	\$60.00	\$120.00	\$180.00	\$240.00
Before & After Care	\$122.00	\$245.00	\$367.00	\$490.00

Camper Name _____

Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Guppy Camp
(18mts-2 Years Old Only) HALF DAY ONLY
8:30am-12:45pm (Price will be prorated)

Session 1: 6/7/21-6/18/21 AM PM

Session 2: 6/21/21-7/2/21 AM PM

Session 3: 7/5/21-7/16/21 AM PM

Session 4: 7/19/21-7/30/21 AM PM

Post Camp: 8/2/21-8/6/21 AM PM

<u>Guppy Camp</u>	2 Weeks	4 Weeks	6 Weeks	8 Weeks
½ Day:				
Tuition	\$325.00	\$625.00	\$950.00	\$1,225.00
Post Camp (1 week)	\$175.00			

Minnow Camp: Grades K - 1

Camper Name _____
 Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Minnow Camp
(K-1st Grade Only)

Session 1: 6/7/21-6/18/21

Session 2: 6/21/21-7/2/21

Session 3: 7/5/21-7/16/21

Session 4: 7/19/21-7/30/21

Post Camp: 8/2/21-8/6/21

Camper Name _____
 Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Minnow Camp
(K-1st Grade Only)

Session 1: 6/7/21-6/18/21

Session 2: 6/21/21-7/2/21

Session 3: 7/5/21-7/16/21

Session 4: 7/19/21-7/30/21

Post Camp: 8/2/21-8/6/21

<u>Minnow Camp:</u>	2 Weeks	4 Weeks	6 Weeks	8 Weeks
Tuition	\$650.00	\$1,250.00	\$1,785.00	\$2,225.00
Post Camp (1 week):	\$325.00			

Shark Camp

Grades 2 - 8

Camper 1 Name _____

Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Shark Camp (2nd-8th Grade Only)

- Session 1: 6/7/21-6/18/21
- Session 2: 6/21/21-7/2/21
- Session 3: 7/5/21-7/16/21
- Session 4: 7/19/21-7/30/21
- Post Camp: 8/2/21-8/6/21

<u>Shark Camp:</u>	2 Weeks	4 Weeks	6 Weeks	8 Weeks
Tuition	\$650.00	\$1,250.00	\$1,785.00	\$2,225.00
Post Camp (1 week):	\$325.00			

Camper 2 Name _____

Date of Birth _____ Age _____ Female ___ Male ___ Grade in fall _____

Shark Camp (2nd-8th Grade Only)

- Session 1: 6/7/21-6/18/21
- Session 2: 6/21/21-7/2/21
- Session 3: 7/5/21-7/16/21
- Session 4: 7/19/21-7/30/21
- Post Camp: 8/2/21-8/6/21

<u>Shark Camp:</u>	2 Weeks	4 Weeks	6 Weeks	8 Weeks
Tuition	\$650.00	\$1,250.00	\$1,785.00	\$2,225.00
Post Camp (1 week):	\$325.00			

Specialty Camp Grades 2 - 8

Camper Name _____

Date of Birth _____ Age _____ Female _____ Male _____ Grade in fall _____

Baseball Camp (2 nd -8 th Grade Only)	Basketball Camp (2 nd -8 th Grade Only)	Volleyball Camp (2 nd -8 th Grade Only)	Soccer Camp (2 nd -8 th Grade Only)
<input type="checkbox"/> Session 1: 6/7/21-6/18/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21	Session 4: 7/19/21-7/30/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21
<input type="checkbox"/> Session 3: 7/5/21-7/16/21			<input type="checkbox"/> Session 3: 7/5/21-7/16/21
Rock n' Roll Club Grades: K-1st	Speech & Debate (2 nd -8 th Grade Only)	Among Us Grades 4 th -5 th	Roblox Grades: 2 nd -3 rd
Session 4: 7/19/21-7/30/21	<input type="checkbox"/> Session 2: 6/21/21-7/2/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21
Among Us Grades 2 nd -3 rd	Roblox Grades: 4 th -5 th	Minecraft Grades: 2 nd -5 th	Web Design Grades: 6 th -8 th
<input type="checkbox"/> Session 2: 6/21/21-7/2/21	<input type="checkbox"/> Session 2: 6/21/21-7/2/21	<input type="checkbox"/> Session 3: 7/5/21-7/16/21	<input type="checkbox"/> Session 3: 7/5/21-7/16/21
MakeCode Arcade Grades: 2 nd -5 th	MakeCode Arcade Grades: 6 th -8 th	Science Palooza Grades: 2 nd -5 th	Hablo Espanol Grades: K-1 st
<input type="checkbox"/> Session 4: 7/19/21-7/30/21	<input type="checkbox"/> Session 4: 7/19/21-7/30/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21	<input type="checkbox"/> Session 1: 6/7/21-6/18/21
Mini Meds Grades: K-1 st	World of Wizards Grades: 2 nd -5 th	Builders Club Grades: 2 nd -5 th	Scientist in Training Grades: K-1 st
<input type="checkbox"/> Session 2: 6/21/21-7/2/21	Session 4: 7/19/21-7/30/21	<input type="checkbox"/> Session 3: 7/5/21-7/16/21	<input type="checkbox"/> Session 3: 7/5/21-7/16/21
Animation Camp (4 th -8 th Grade Only)			
<input type="checkbox"/> Session 1: 6/7/21-6/18/21			
<input type="checkbox"/> Session 3: 7/5/21-7/16/21			
<input type="checkbox"/> Session 4: 7/19/21-7/30/21			

FEES

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FEES

DEPOSITS AND PAYMENT

A non-refundable deposit of \$100.00 per camper, per session must accompany the application for registration to be complete. This deposit will be applied to the camp fees. The person responsible for payment must sign the application form. Camp Nova has a no-refund policy.

All accounts must be paid in full by June 7, 2021

Upon receipt of the application, a confirmation will be sent that includes the balance due and the dates by which payment must be received. If you do not receive a confirmation within two weeks of sending in the application, please call the camp office at (954) 262-4528.

Payment Form

Child's Name: _____ Date: _____

Cash: \$ _____

Check – Payable to NSU University School (There is a \$25 fee for returned checks.)

Check #: _____ Amount: \$ _____

Credit Card

____ MasterCard

____ Visa

____ American Express

Cardholder Information:

Cardholder's Name: _____ Signature: _____

Credit Card #: _____ Expiration Date: ____/____/____

Amount: \$ _____

COVID-19 ATTESTATION FOR CAMPUS VISITORS (NON-USCHOOL STUDENTS ONLY)

I understand that COVID-19 is a highly infectious, potentially life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine available to children 18 and under for COVID-19. COVID-19's highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with the COVID-19 virus may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

I understand that NSU cannot guarantee a COVID-19 free environment and that NSU has created policies and protocols for responding to the COVID-19 pandemic in an effort to mitigate the spread of the virus. I understand that taking steps to minimize the risk of COVID-19 infections is a shared responsibility and I agree to adhere to the NSU Health and Safety policies and protocols related to COVID-19, as well as national, state, and local guidelines for my own wellbeing and the wellbeing of those around us. I understand that the failure to comply with NSU Health and Safety policies and protocols will result in my immediate removal from campus.

I agree to adhere to the following policies and protocols related to COVID-19 while on NSU's campus.

Health Checks

- Before arrival on campus, individuals will conduct a self-check for any COVID-19 medical symptoms, including an at home temperature check.¹ If this self-check reveals any COVID-19 symptoms, please do not attend clinic.
- Upon arrival to campus, individuals may be required to submit to a temperature check. Anyone displaying a temperature of 100.4 degrees or higher, or other symptoms of COVID-19, will be asked leave.
- Individuals may also be asked to answer a few short questions related to the health and safety when arriving to campus.
- If you have been in close contact with someone who has tested positive for COVID-19 in the past 14 days or are exhibiting flu, cold, or COVID-19-like symptoms, we ask that you refrain from coming to campus for the time being.

General Safety Practices

- Guests will be required to wear face masks/coverings throughout their campus visit.
- We have placed numerous hand sanitizing stations around campus. There will be times we ask our guests to sanitize their hands.
- Coughs or sneezes must be covered with a tissue and the used tissue must be discarded in the trash.
- Individuals shall practice physical distancing when possible and maintain a six-foot distance between themselves and other individuals except those individuals within the same household.

Disinfectant Procedures

- NSU has implemented best-practice measures to clean, sanitize, and disinfect all NSU facilities and spaces. Special attention will be taken to clean high-contact areas.
- Hand sanitizer and hygiene stations have been installed in various locations to promote washing and disinfecting hands regularly.

¹ Medical Symptoms include: cough, fever, chills, muscle pain, sore throat, GI symptoms, shortness of breath or difficulty breathing, repeated shaking with chills, new sinus congestion, runny nose, headache, loss of taste or smell, fatigue or any other symptoms noted by the CDC. Please see the CDC website for the most up to date list of symptoms, available at:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

I understand that I must comply with the above policies and protocols in order to come to NSU's campus. I also acknowledge and agree that if I fail to comply with NSU's health and safety protocols and procedures, I may be removed from campus.

I attest that:

- Neither myself nor individuals who reside with me are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea or new loss of taste of smell.
- Neither myself nor individuals who reside with me have traveled internationally within the last 14 days.
- Neither myself nor individuals who reside with me have traveled to a highly impacted area within the United States of America in the last 14 days.
- Neither myself nor individuals who reside with me have been exposed to someone with a suspected and/or confirmed case of COVID-19 within the last 14 days.
- Neither myself nor individuals who reside with me have been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.
- Myself and individuals who reside with me are following the CDC recommended guidelines as much as possible and limiting exposure to COVID-19.

I agree that should the answers to any of the above attestations change, then I will not come to NSU's campus.

Childs Printed Name

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Authorization for Medication/Treatment

Student's Name: _____ Grade: _____ Date of Birth: _____

OTC (Over-the-counter) STANDING ORDERS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	PER BOTTLE INSTRUCTIONS		
Ibuprofen	PER BOTTLE INSTRUCTIONS		
Benadryl	PER BOTTLE INSTRUCTIONS		
Tums	PER BOTTLE INSTRUCTIONS		
Caladryl Lotion	PER BOTTLE INSTRUCTIONS		
Neosporin/Polysporin	PER BOTTLE INSTRUCTIONS		
Chloraseptic Throat Spray	PER BOTTLE INSTRUCTIONS		
Cough Drops	PER PACKAGE INSTRUCTIONS		

OTHER MEDICATIONS

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

TREATMENTS DURING CAMP HOURS (i.e.; nebulizer, blood glucose checks, etc.)

Physician's Name (Please print) **Physician's Signature** **Date**

Physician's Telephone #: _____ Fax #: _____

I grant the nurse, principal or his /her designee the permission to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events.

NOTE:

- Medication will only be administered if a completed Authorization for Treatment form has been submitted.
- Prescription or other than common OTC medications supplied by the school supply must be in the original container.
- Only medications/treatments authorized by a physician may be administered by school personnel.
- It is your responsibility to notify the school when there is a change in medication/treatment regimen.

RELEASE: THIS STATEMENT MUST BE SIGNED FOR ATTENDANCE. The person herein described has permission to engage in all prescribed activities as noted. Initial: _____

MEDICAL INFORMATION

Your camper's health and safety is very important to all of us at Camp Nova. Please be assured that we will share any and all medical/allergy information with your campers' counselors, including all camp vendors who interact with your children. Please let us know if there are any additional concerns that the Camp Nova staff should be aware of?

 Parent/Guardian Name (Please print) Signature of Parent/Guardian Date

 Home Phone Number Work Phone Number (Include Ext. if any) Cell Number