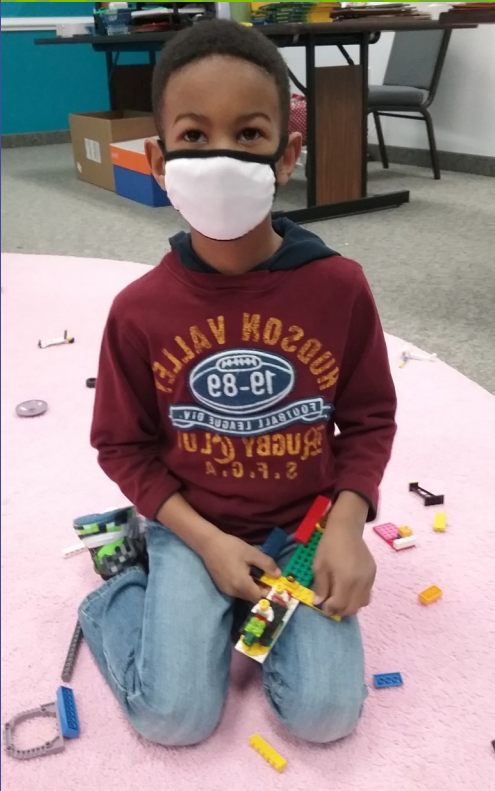


Fall Break Camp 2021



For school-aged children in grades K-6



Spooktacular Science (Monday, October 25)

Campers will have a ghoulishly good time as we create ectoplasmic slime! We'll learn about bats and other creepy crawly creatures, and perform some haunting science experiments.

Code & Create (Monday, November 22)

Presented by L. David Mounts Foundation

Join us at the intersection of technology, art, and innovation! Make brick creations come to life with LEGO WeDo and experiment with coding and paint to make a one-of-a-kind piece of art created by you ... and a ROBOT!

Fall Frenzy (Tuesday, November 23)

Enjoy the outdoors as we explore the science of fall colors. Go on a fun fall scavenger hunt, make your own leaf creatures and experiment with chromatography.

Mix it Up (Wednesday, November 24)

Explore mixtures, solutions and chemical reactions as we prepare concoctions using a pinch of art and a dash of chemistry. Create slimy, fizzy, colorful creations with everyday materials.

\$40/day for members
\$45/day for non-members

Kaleideum North
400 W Hanes Mill Rd
Winston-Salem, NC 27105

Fall Break Camp Registration Form

Please use a separate form for each child.

Members: \$40/day

Non-members: \$45/day

Camp Times: 9 am-4 pm

- Spooktacular Science (Oct 25)
- Code and Create (Nov 22)
- Fall Frenzy (Nov 23)
- Mix it Up (Nov 24)

Early drop-off (8-9 am): \$5/day

Check date(s) needed:

- Monday, October 25
- Monday, November 22
- Tuesday, November 23
- Wednesday, November 24

Late pick-up (4-5:30 pm): \$5/day

Check date(s) needed:

- Monday, October 25
- Monday, November 22
- Tuesday, November 23
- Wednesday, November 24

Mail completed registration form and HEALTH ASSESSMENT FORM with payment to:

Kaleideum North
Attn: Lindsay Douglas
400 West Hanes Mill Rd
Winston-Salem NC 27105

Or save a stamp and register online at kaleideum.org! Online registration closes 24 hours before the start of camp or when full. To be fully registered, a HEALTH ASSEMENT FORM must be emailed to Lindsay Douglas.

For questions contact:
ldouglas@kaleideum.org
(336) 714-7114

Child's Name: _____ Grade: _____

Caregiver's Name: _____

Phone: () - Email: _____

Are you a Kaleideum Member? No Yes, Expiration: ___/___/___

Camp Fee: Kaleideum Member:

\$40 x _____ (# of days) = \$ _____

Non-member:

\$45 x _____ (# of days) = \$ _____

Early drop-off: \$5 x _____ (# of days) = \$ _____

Late pick-up: \$5 x _____ (# of days) = \$ _____

\$ _____ TOTAL

Payment Information

Cash Check (to Kaleideum) Visa MasterCard AmEx Discover

Name on card: _____ Expiration: ___/___

Card number: _____ CVC: _____

Billing Address _____

Emergency Contact and Medical Information

Name (if caregiver can't be reached): _____

Relationship to child: _____ Phone: () -

Name (if caregiver can't be reached): _____

Relationship to child: _____ Phone: () -

Medical Conditions or Allergies: _____

These people are authorized to pick my child up from camp:

Name _____ Phone: () -

Name _____ Phone: () -

Name _____ Phone: () -

Medical and Photography Authorization

I authorize a Kaleideum representative to seek appropriate medical attention for my child, including the right to authorize medical care in my absence. I understand that I am financially responsible for all medical treatment. I also understand that my child may be photographed during camp and that these photos may be used by Kaleideum for promotional purposes. If I don't want my child to be photographed, I will include a written request with this form.

Caregiver's Signature: _____