

Come be great at Children's House of the Windsors!

SUMMER CAMP



A Nobel Learning
Community

Children's House Summer Camp

270 Village Road East
West Windsor, NJ 08550
609-443-8900



A summer of innovation and fun for curious minds.

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WEEK 1

Budding Builders

6/20-6/24

Students become architects and designers by making models of bridges, building towers and constructing roller coasters. The possibilities are endless!



WEEK 2

Crazy Kitchen Chemistry

6/27-7/1

Campers can find out what happens when they put baking soda in vinegar as we spend a week experimenting with items they can find in their own kitchen. We will create some delicious edibles and some interesting reactions.



WEEK 3

Imagination Station

7/5- 7/8 (Closed 7/4)

Campers really tap into their brain power by participating in group storytelling sessions as well as dabbling in predictions and engineering projects. Inventions start as wild ideas!



WEEK 4

Messy Mixtures & Experiments

7/11-7/15

Messy science experiments are the best kind. Our campers will be surprised to find out what goes into homemade play dough, "oobleck", 3D sand painting and more. There will be lots to hypothesizing this week.

WEEK 5

World Travelers

7/18-7/22

Get your passport ready! Travel by boat, plane and train to see amazing sites all over the world. Explore multicultural customs and taste special foods from far-away places. Make colorful crafts, play global games and dress-up in traditional clothing from across the continents.



WEEK 6

Fantastic Tales & Super Stories

7/25-7/29

Our awesome super hero campers will strengthen their super powers through group projects and peer interactions that encourage positive relationships.



WEEK 7

It's Hip to be Healthy

8/1-8/5

This week focuses on health by practicing fun exercise activities and learning how to fuel the body with proper nutrition. A healthy life is a happy life!



WEEK 8

Crafty Campers

8/8-8/12

It's time for crazy camp crafts. We let campers express themselves through new experiences such as painting on a real canvas, making beads and jewelry, and so much more.



WEEK 9

Water, Water Everywhere

8/15-8/19

Campers will dive into seaside adventures and learn about ocean creatures of the deep. They will also get hands-on learning with liquid science experiments. To cool off from the summer heat, a friendly water relay will be held outside.



WEEK 10

Wacky World of Sports

8/22-8/26

Campers won't want to miss our spin on sports week. Not only will teach many new games and sports, but we will also teach new and inventive ways to play the games we already know.



Camp Registration Form

Camper Information

Camper's Name _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Camper's Birth Date _____ Age on June 1st _____ Grade in the Fall _____
 Parent/Guardian 1 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Parent/Guardian 2 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Child in custody of (Please check one) Both parents Mother Father Other (Specify) _____
 Child lives with (Please check one) Both parents Mother Father Other (Specify) _____
 Does your child know how to swim? Yes No Do you give permission for your child to swim in camp programs? Yes No
 Do you give permission for your child to attend and participate in all activities on camp field trips? Yes No

Medical Information

Family Physician _____ Address _____ Phone# _____
 Dentist/Orthodontist _____ Address _____ Phone# _____
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) _____
Health History – (Mark all that apply & provide copies of all immunizations) Ear Infection Convulsions Asthma Bleeding/Clotting Disorder
 Allergies Pollen Poison Oak/Ivy/Sumac Penicillin Insect Stings (List Type) _____ Foods (List Type) _____ Other (List Type) _____
 Operations, serious injuries, diseases, or restrictions on physical activity: _____
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)

 Behavioral conditions or problems of which camp staff should be aware _____

Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: _____ Phone#: _____ Relation _____ DL# _____
 Name : _____ Phone#: _____ Relation _____ DL# _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____