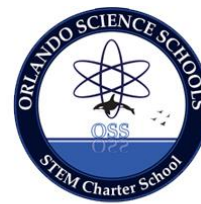


# ORLANDO SCIENCE ELEMENTARY



2611 Technology Drive Orlando FL 32804 Tel: 407.299.6595 Fax: 407.299.6594 <http://www.orlandoscience.org>

Dear OSES Families,

Orlando Science Charter School is excited to offer STEM Camp summer learning opportunities for our students. This camp is for only students who will be attending the upcoming 2018-2019 school year at OSES.

STEM Camps will be held for five weeks this summer, June 11-15, June 18-22, July 9-13, July 16-20, and July 23-27 from 9:00 a.m.-4:00 p.m. Each week of camp will cost \$200 per student. For families with more than one child attending, each additional student will be charged \$150 to attend camp. Students may attend either one, two, three, four, or five weeks (activities will vary each week). Half-day or single-day camp is not offered this year. Space is limited, so camp enrollment will be on a first come, first served basis. A daily snack will be provided for each student; however, they are responsible for bringing their own lunch each day.

Students must be dropped off through the cafeteria no earlier than 8:30am. Pick up will also take place in the cafeteria and students must be picked up no later than 4:30 pm.

While on campus students will be required to abide by the OSES code of conduct. OSES Code of Conduct which can be found on the school website under Student Handbook. Failure to do so may result in dismissal from camp.

Dress Code: OSES uniform is not required; however, the following items will not be permitted: Tight pants, shorts that are shorter than fingertip length, offensive t-shirts, spaghetti strap or halter style tops. This is mandated by administration and will not be permitted while on campus.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Singleton'.

Michael Singleton  
Principal  
Orlando Science Elementary



## Projected 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Grade Camp Daily Schedule

8:30-9:00: Morning Arrival

9:00-10:00: Technology (Coding, Robotics, Computer Skills)

10:00-10:15: Snack

10:15-11:45: Engineering (Building, Design, Creations)

11:45-12:00: Brain Break

12:00-1:00: Lunch

1:00-1:15: Recess

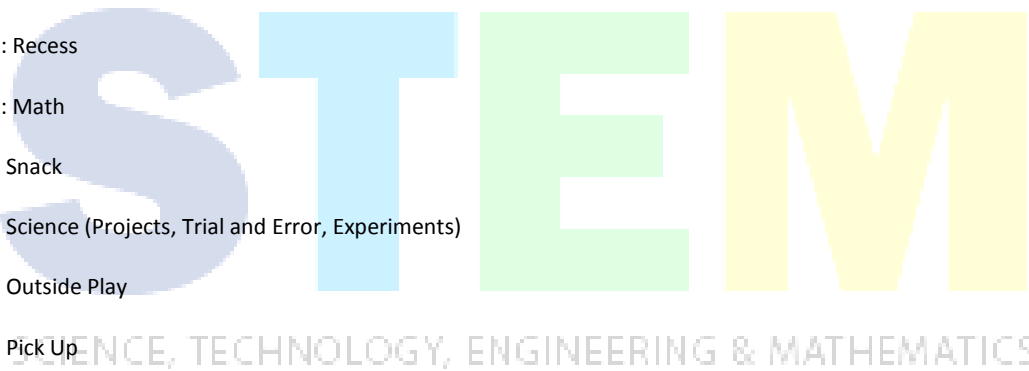
1:15-2:00: Math

2:00-2:15: Snack

2:15-3:15: Science (Projects, Trial and Error, Experiments)

3:15-3:30: Outside Play

3:30-4:00: Pick Up



## Projected 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> Grade Camp Daily Schedule

8:30-9:00: Morning Arrival

9:00-10:00: Engineering (Building, Design, Creations)

10:00-10:15: Snack

10:15-11:45: Technology (Coding, Robotics, Computer Skills)

11:45-12:00: Brain Break

12:00-1:00: Lunch

1:00-1:15: Recess

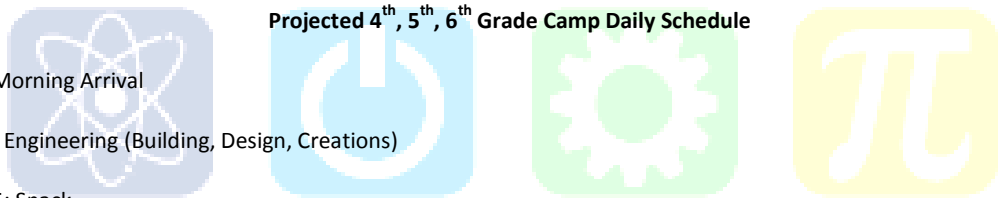
1:15-2:00: Science (Projects, Trial and Error, Experiments)

2:00-2:15: Snack

2:15-3:15: Math

3:15-3:30: Outside Play

3:30-4:00: Pick Up



## STEM Camp Registration Form

Please select the periods you would like your child to attend. Please complete a separate form for each student. Return this form with payment to either Ms. Hedley or Ms. Reagan by Friday, May 25<sup>th</sup>.

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

2018-2019 Grade: \_\_\_\_\_

\_\_\_\_\_ Week 1 June 11-15 (\$200.00)

\_\_\_\_\_ Week 1 June 11-15 (\$150.00-Second Child)

\_\_\_\_\_ Week 2 June 18-22 (\$200.00)

\_\_\_\_\_ Week 2 June 18-22 (\$150.00-Second Child)

\_\_\_\_\_ Week 3 July 9-13 (\$200.00)

\_\_\_\_\_ Week 3 July 9-13 (\$150.00-Second Child)

\_\_\_\_\_ Week 4 July 16-20 (\$200.00)

\_\_\_\_\_ Week 4 July 16-20 (\$150.00-Second Child)

\_\_\_\_\_ Week 4 July 23-27 (\$200.00)

\_\_\_\_\_ Week 4 July 23-27 (\$150.00-Second Child)

\_\_\_\_\_ Check or Cash Total (Please make checks payable to OSES)

\_\_\_\_\_ Online School Pay Total (<http://orlandoscience.org/elementary/index.php/school-pay>)



**OSES 2018 Summer Learning Camp  
Liability Release, Medial, and Content Form**

Student: \_\_\_\_\_ 2018-2019 Grade Level: \_\_\_\_\_

Liability Release: Should my child sustain or incur any accident or illness while attending OSES STEM Camp, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

1. Does your child have any type of illness that needs to be monitored? Yes or No  
If Yes, Explain: \_\_\_\_\_
2. Does your child have any food, drug, or insect allergies? Yes or No  
If Yes, Explain: \_\_\_\_\_

The following (in addition to parents) are authorized to pick up my child after camp:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

