



OURCHIVES SUMMER EXPERIENCE

(Must be Rising 1st Grade through Rising 9th Grade Student)

June 2 – July 19, 2025

Closed Thurs June 19th & Fri June 20th

Closed Fri July 4th & Mon July 7th

Registration: \$75 per student

Summer Camp

\$100/ \$90 (2+ kids) Noon – 4 pm

\$150/ \$140 (2+ kids) Noon – 6 pm

Saturday School

\$65/\$60 (2+ kids) 9am – 4 pm

\$80/ \$75 (2+ kids) 9am – 6 pm

1-on-1 Tutoring

\$50/hour



Pay via the OURCHIVES Online Store:

<https://letsbuildourchives.org/shop>

Select Experience(s) [*Check all that apply*]

Summer Camp

Summer Camp-X

Saturday School

Saturday School-X

1-on-1 Tutoring

Learning Circles

- **Dogon Society** – Hands-on science experiments and engineering challenges that spark curiosity and innovation.
- **Creative Expressions** – We remix Black youthful imaginations using color, texture, image, and sound to create futures the world hasn't yet seen or heard.
- **Think Champs** – Our critical thinking program is paradigm-shifting: it re-centers Black youth, equips them with the right questions, the right reasoning, and the right research.
- **Black Geographies** – Our Black Geographies sessions expand the notion of Black indigeneity beyond Africa, encompassing Black presence and belonging across the Americas, Oceania, Asia, India, and Europe.
- **Real-Time Math** – Engaging in mind-blowing science experiments and challenges that test myths, explore energy, and push the limits of imagination.
- **Flex Mob** – A natural movement system for children and families to regain strength, flexibility, and vitality through ancestral movements.

*Please use email to submit your registration form:

Email form to: info@letsbuildourchives.org

**OURCHIVES Summer Experience
Registration Form Summer 2025**

(Must be Rising 1st Grade through Rising 9th Grade Student)

Child's Full Name _____

Home Address/City/Zip _____

School _____ Grade _____ Age _____

Gender _____ Birth Date _____

Child Lives With _____

Parent/Guardian (1) _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Employer's Address/City/Zip _____

Parent/Guardian (2) _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Employer's Address/City/Zip _____



Payment

I agree to pay all weekly fees for June 2, 2025- July 18, 2025, on Friday of each week preceding the week that my child will be enrolled in OURCHIVES Summer Experience. There is a one-time \$75.00 registration fee due at the time of registration. The registration fee covers a camp t-shirt and camp supplies. I understand that partial payment will not be accepted. A late fee of \$20.00 will be assessed beginning on Tuesday. If payment is not made by 4:00 pm Tuesday, I understand that my child will not be allowed to attend camp until the payment is received. I understand that I must pay online via the OURCHIVES Online Store.

Signature

Emergency Contacts

1) Name _____

Relationship to Youth _____

Phone _____

2) Name _____

Relationship to Youth _____

Phone _____

3) Name _____

Relationship to Youth _____

Phone _____

Medical Information

Medical Issues/Allergies/Conditions

Medications

Physician

Physician’s Phone Number

Insurance Company

Insurance Policy Number

Pick up Authorization

For _____ Grade _____

(Print Camper's First and Last Name)

OURCHIVES staff want to ensure your child's safe and enjoyable experience in our summer day program. Please help us by agreeing to the following procedures:

- I will sign my child(ren) in at drop off and out at pick up.
- I understand that the adults (over 18) that I have listed are authorized to pick up my child.
- I understand that any changes to the authorized pick-up list must be made in writing.
- I understand that identification (Driver's License, State Issued ID) will be requested before the child is released into custody of anyone other than myself.
- I may NOT phone the camp and request to have my child released to a person not listed below.

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

Signature

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of OURCHIVES, allowing the undersigned to participate in these programs and activities for which or in connection with which the program has made available a facilities, equipment, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge OURCHIVES, its member individually, and its staff, guest speakers and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to personal property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue OURCHIVES, its members individually, its staff, guest speakers, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the Acceptance of this release and covenant not to sue OURCHIVES, shall not constitute a wavier in whole or in part, of sovereign or official immunity by said staff, its members, guest speakers and employees. Further, I understand that this release, wavier of liability and covenant not to sue shall be effective during the entire period of my enrollment in the Summer Experience at OURCHIVES or participation in risk-related activity. I have received a copy of this document, and I certify that I am older than 21 years of age and suffering no legal disabilities and that I have read the above carefully before signing.

By signing below, I certify the above information is true to the best of my knowledge. I authorize OURCHIVES to contact me if my child is injured and/or harmed in any way. I also authorize OURCHIVES to seek medical attention for my child if she/he is injured or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the OURCHIVES Summer Experience, I hereby release, indemnify, and hold harmless OURCHIVES from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal name of parent/guardian (print)

Signature of parent/guardian

Date

STUDENT HEALTH & WELLNESS POLICIES

OURCHIVES realizes that there are many times when it is in the best interest of your child to keep him/her home from school due to illness. We must also provide a healthy environment for all students; therefore, the following health policies support the educational process by enhancing the health of all children.

MEDICATION

Students may not bring or take any type of medication at school unless the school has on file a parent authorization form and doctor's instructions.

- ❖ All medication must be brought to the office.
- ❖ All medication must have the child's name (the original prescription) on the label.
- ❖ **A medical authorization form must be filled out by a parent before medicine is distributed.**
- ❖ No over-the-counter medicine will be issued unless a physician's note is attached.
- ❖ **DO NOT** send medicine, cough drops or sore throat lozenges in your child's lunch or book bag.

ILLNESS

The following illness restrictions apply to all students. Parents will be given a written notice about the identification of the illness and parent's must sign. These restrictions are based on Imhotep's requirements and will be strictly enforced:

ILLNESS

Diarrhea
Strep Throat

Fever
Vomiting
Pinkeye/Conjunctivitis
Ringworm

Common Cold

Communicable Disease or
Undiagnosed Rashes

Temperature

RETURN TO CAMP

No fever or vomiting for 24 hours and fewer than 5 stools for day after at least 24 hours of antibiotic treatment and no fever for 24 hours

after 1 full day of no signs of fever

after 1 full day and able to tolerate a normal diet

after 48 hours of antibiotic and no sign of active infection

24 hours after treatments; may return after one full day; all ringworms must be covered.

if child is too uncomfortable to attend school and shows signs of fever – stay home

after seeing a physician and it is deemed not communicable

100 degrees and over – need normal temperature for 24 hours.



***OURCHIVES administration reserves the right to make changes and updates, with notice, to any part of this Summer Experience Registration/Application document, as necessary.*



OURCHIVES MEDIA RELEASE

Your child could be chosen to be photographed or videotaped during the school year for the following reasons:

OURCHIVES brochure; advertisements for OURCHIVES in selected printed material; newspaper articles relating to OURCHIVES; news clips relating to Imhotep; pictures for the OURCHIVES website.

- ☐ **Yes**, I give permission for my child _____, to be photographed and/or videotaped.
- ☐ **No**, I do not give permission for my child _____, to be photographed and/or videotaped.

INTERNET ACCESS

Your child may have the opportunity of accessing limited information via the internet/ website for educational purposes. The OURCHIVES staff is aware that some information obtained via the internet is not suitable for children; therefore, careful supervision will be given to ensure that the information accessed is appropriate. Please keep in mind that it is virtually impossible to guarantee at 100 percent that your child will not encounter inappropriate information at any time. However, the staff will do their very best to screen materials as they are accessed by child. OURCHIVES will not be liable for your child encountering inappropriate information as a result of disobedience to the staff.

- ☐ **Yes**, I give permission for my child _____, to access the internet.
- ☐ **No**, I do not give permission for my child _____, to access the internet.

(Parent Signature)

(Print Name)