

2023 DATES

**PLEASE CHECK THE WEEK(S)
YOU WOULD LIKE TO ATTEND:**

- June 19 - 23
- June 26 - 30
- July 5 - 7 (no camp July 3-4)
- July 10 - 14
- July 17 - 21
- July 24 - 28
- July 31 - August 4

IMPORTANT INFORMATION

- Child must be 5 years old by June 13, 2023, or already enrolled in the Kaleidoscope program.
- Camp ends at 5:30 PM. each day. Site Coordinators have the right to assess late pick-up fees. \$1.00 per minute per child after 5:30 PM.
- We have a zero tolerance policy for violence and other such infractions. All rules and regulations of the Charleston County School District will apply to this camp.
- All students must be potty trained and not require a nap during the day.
- No students may be dropped off before 7:30 AM.

Note: Camp registration will be subject to limited availability. If minimum registration for operations isn't met one or more camps may be combined.

FEES

Weekly Cost Per Child

There is no charge to parents for this camp.

REGISTRATION INFORMATION

Please make sure that you complete the registration form along with the forms attached. All forms must be completed before your child can be enrolled in the program.

To register your child(ren) for camp you may email your forms to Nekeila Manigault at nekeila_manigault@charleston.k12.sc.us or hand deliver them between the hours of 4 PM to 5:30 PM to the summer camp location.

Kaleidoscope/EPIC Camp at Chicora (D4)

JUNE 19 – AUGUST 4

**Monday - Friday
7:30 a.m. to 5:30 p.m.**



What you will experience at camp!

Students will participate in fun academic activities each day in reading, writing, math, and science skills through practical exercises, focused assignments, hands-on learning and much individual attention. Afternoon sessions will be packed with a wide variety of activities. Breakfast and lunch will be provided for students daily.

FEES

Weekly Cost Per Child: There is no charge to parents for this camp.

For more information, please contact:

Nekeila Manigault
843-937-8389
nekeila_manigault@charleston.k12.sc.us

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(Please circle for your records.)

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REGISTRATION: Kaleidoscope/EPIC Camp at Chicora (D4)

Name of School Currently Attending _____

Child's First Name _____ Last Name _____

Date of Birth _____ Age _____ Child must be 5 years old by June 13, 2023 or already enrolled in the Kaleidoscope Program. The maximum age is a rising 6th grader (max grade completed is 5th grade).

Sex: M _____ F _____ Grade completed as of June 13, 2023 _____

Billing Address _____

City _____ State _____ Zip _____

On swimming field trips or visits to water parks, my child Requires a life jacket Does not require a life jacket.
Any changes must be made in writing to the camp director.

Email _____

Individualized Education Plan, check yes or no (IEP) Yes No Individualized Health Plan, check yes or no (IHP) Yes No

Parent 1 _____

Home Phone _____ Work Phone _____ Cell # _____

Parent 2 _____

Home Phone _____ Work Phone _____ Cell # _____

Emergency Contact _____ Phone # _____

Persons authorized to pick up your child(ren):

1. Name _____ Phone # _____

2. Name _____ Phone # _____

I give permission for my child to be photographed or videotaped for promotional purposes only. Yes No

I give permission for my child to watch PG movies. Yes No

Are there conditions or specific needs that require special attention? Yes No

If so, please list: _____

All campers must complete a Health Information/Emergency Card. Your registration is not complete until this form has been completed and submitted. Please be aware that there will not be a nurse on site. There will be a nurse available by phone should the staff need medical guidance. If you have any medical questions or concerns, please contact Melissa Johnson, RN, Kaleidoscope Nurse Liaison at 843-209-6944.

Signature _____

PLEASE DETACH HERE