

DISCOVER

summer youth programs



CAMP GECKO

AGES: 6–12

WHEN: Monday–Friday | 7 AM TO 5 PM

WHERE: Main Building | MA1100 N/S

PRICE: \$175 per week (includes breakfast, lunch & snacks)

\$10 T-shirt fee

\$10 Registration fee

GateWay Community College now offers a dynamic summer camp experience for children ages 6 to 12 years old. Your child will have the opportunity to experience nine weeks of excitement through crafts, field trips and themed activities. Each week children will have the opportunity to choose from a variety of activities that will help them create memories to last a lifetime. Call (602) 286-8130 or email clc@gatewaycc.edu for more information. Breakfast, lunch, two snacks and field trips included in cost.

GATEWAYCC.EDU/DISCOVER

GateWay Community College | Washington Campus
108 N. 40th Street, Phoenix, AZ 85034

WEEK 1 | CAMP GECKO'S GOT TALENT | MAY 31—JUNE 3

Find your inner superstar at Camp Gecko's Got Talent week! Campers will learn about music, dancing, singing, and dramatic techniques. Children will have the opportunity to showcase their unique talents during a campus wide "Show-Off" performance at the end of the week and take a field trip to the Phoenix Art Museum.

WEEK 2 | AMAZING ANIMALS | JUNE 6—10

Throughout the week, campers will learn about desert animals, bio-mimicry, weird and unusual creatures, and prehistoric life! Children will explore animal habitats, the types of foods they eat, and learn how we can help take care of them. We will take a field trip to the Phoenix Zoo where children will have the opportunity to see real animals and learn how zoos help animals stay healthy and safe.

WEEK 3 | MYSTERY WEEK | JUNE 13—17

Calling all amateur sleuths! This week we'll put you in the detectives' chair and show you how to develop critical thinking and problem-solving skills by using the scientific method. Children will have the opportunity to participate in an "Escape the Room" mystery.

WEEK 4 | THE POWER OF STEAM | JUNE 20—24

Join us for a week dedicated to the exploration of Science, Technology, Engineering, Art and Math! Campers will conduct experiments, create art pieces, engineer their own modern marvels and more! To enhance their experiences, children will take a field trip to the Arizona Science Center.

WEEK 5 | WHEN I GROW UP | JUNE 27—JULY 1

Community Helpers are all around us. This week, children will have the opportunity to learn about and meet community helpers. Through their experiences, children will have the opportunity to learn about different types of work that people do. Children will engage in pretend play and create a "Mock City" based on what they learned. This week we will take a field trip to the Hall of Flames Museum.

WEEK 6 | GO GREEN | JULY 5—8

Planet Earth is the most valuable resource to children. Throughout the week, children will learn what it means to be a good steward of their community by creating projects with recycled materials, learning about zero waste, building an earthworm-composting garden and participating in a community service project. This week we will take a field trip to the Rio Salado Audubon or the Botanical Gardens.

WEEK 7 | COMMUNITY SERVICE | JULY 11—15

Community, equity and equality are current conversations happening around our country. Campers will have the opportunity to collect information about services they care about, learn how other children created their own community service initiatives and find ways to participate in those projects. We will go on a field trip to Feed My Starving Children to learn about children around the world who are suffering from food insecurity and pack them nutritious meals.

WEEK 8 | KIDS BAKING CHALLENGE | JULY 18—22

This week will be an awesome week of baking exploration. Campers will learn about kitchen and food safety, baking techniques, cupcake decorating and food presentation, and engage in a cupcake baking challenge judged by special guest judges. During the week, we will take a field trip to tour a local bakery and learn some baking skills from a professional.

WEEK 9 | SUMMER OLYMPICS | JULY 25—29

Phoenix is the perfect place to engage in an assortment of athletic and sporting activities. Throughout the week, children will have an opportunity to explore an assortment of physical activities indoors and out. We will take a field trip to the swimming pool and to a local sporting event so that children can relate their own sports ideas to real life events.

MORE INFORMATION

Please contact us at (602) 286—8130 or clc@gatewaycc.edu

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, <http://www.maricopa.edu/non-discrimination>.



GateWay Children's Learning Center

108 N 40th Street Phoenix, AZ 85034

Parent Name: _____ Fall 20____ Spring 20____ Summer 20____

(complete these steps online and/or in person)

STEP 1

GET ADMITTED

Create MEID Account using **PARENT NAME**
Apply for Admission
maricopa.edu/admissions

To complete STEP 1, submit proof of identification to the college at which you applied.

MEID : _____

- You will use it to log on to all Maricopa student tools.

Student ID Number: _____

- You will use it to register and to pay your tuition costs.

Maricopa Email: _____

- Activate your email at: google.maricopa.edu
- Make a note of your password in a secure place.

- For Academic Career, select *Non Credit Class*
- For Primary College of Interest, select *GateWay Community College*
- To complete the application, select *Generate Your Username*

STEP 2

PAY TUITION AND FEES

Explore Payment Options
maricopa.edu/paying-for-college

- Navigate to My.Maricopa.edu
- Select the *Make a Payment* icon
- Log-in using your MEID and current password
- Select the type of payment you would like to make, including enrolling in payment plans
- Enroll in Payment Plan if you are behind in payments
- Monitor your Student Center for current balance

My Current Balance is:
\$ _____
Pay on or Before Due
Date: _____

Parent _____
 Address _____ Apt _____
 City _____ Zip _____
 Phone # _____
 Email Address _____

Child _____
 Child's Birthday _____
 Student ID# _____
 Pin Number _____ For _____
 Pin Number _____ For _____

Start Date:

Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off:	Drop Off:	Drop Off:	Drop Off:	Drop Off:
Pick Up:	Pick Up:	Pick Up:	Pick Up:	Pick Up:

ACKNOWLEDGEMENT:

By signing below I acknowledge that I have read and understand the tuition guidelines for all summer camp programs at GateWay Community College. I understand that my child will not be permitted to attend camp if guidelines are not adhered to:

1. It is my responsibility to keep current on CLC scheduled activities and due dates by reading all correspondence placed on my sign-in/out sheets or in my child's cubby/mailbox, reviewing the CLC calendar, and monitoring parent whiteboards, email messages, and Procure messages, and Class Dojo communications.
2. GateWay Children's Learning Centers will apply a \$10 registration fee upon enrollment for all of our summer camp programs. The registration fee is a one-time fee. Registration fees are non-refundable. The 2021 Camp Gecko tuition is \$175 per week. The camp is open Monday-Friday from 7:00am-5:00pm. Children can be dropped off and picked up any time during the hours of the summer camp on any day Monday-Friday, except when the camp is on a field trip. Camp Gecko is a flat tuition rate and cannot be pro-rated.
3. Throughout the summer, Camp Gecko will take field trips. A field trip t-shirt is required for all children who will participate. A one-time, \$10 t-shirt fee is applied upon enrollment for Camp Gecko. The t-shirt will stay at camp and be laundered by camp staff after each field trip. Each child will be allowed to keep their shirt and take it home after their last date of attendance at Camp Gecko.
4. The cost of the camps will include all of the field trips, meals/snacks and supplies. Camp tuition is non-refundable unless the camp is canceled due to low enrollment. All summer camp tuition fees, must be paid in full no later than the Wednesday before the camp starts.
5. Once your complete application is received, your child will be registered for the chosen summer camp(s) and you will be notified via e-mail (at the e-mail address you provide). Payment must be received by Wednesday prior to the start of each registered camp. If payment has not been received in full, your child will not be admitted. Payment may be made online through your Maricopa Student Center, in person at the GateWay Community College Cashier's Office located in the IE building on the Washington campus, or by phone at the Cashier's office at (602) 286-8277. Summer camp fees are non-refundable unless the camp is canceled due to low enrollment.

Signature _____

Date _____

<u>SUMMER CAMP ENROLLMENT LIST (SELECT ALL THAT APPLY)</u>	<u>PAYMENT PLAN</u>	<u>COMPLETED ENROLLMENT FORMS</u>	<u>COMPLETED ORIENTATION FORMS</u>
Week 1: May 31-June 4 Camp Gecko's Got Talent	CCAMPIS Private Pay DES Other	Student ID EIIR Card Immunizations Registration Form Health Insurance	Behavior Contract DES Best of Care CACFP Income Eligibility Travel Assumption Photo Release
Week 2: June 7-11 Amazing Animals			
Week 3: June 14-18 Mystery Week			
Week 4: June 21-25 The Power of STEAM			
Week 5: June 28-July 2 When I Grow Up			
Week 6: July 5-9 Go Green			
Week 7: July 12-16 Community Service			
Week 8: July 19-23 Kids Baking Challenge			
Week 9: July 26-30 Summer Olympics			



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional):

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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GateWay Community College Summer Camp Behavior Contract

I, _____ agree to participate in this program in a cooperative, positive
(Child's Name)
manner. I understand that the teachers and staff will help me make appropriate choices in my
behavior. Should I choose not to cooperate or make appropriate choices I understand and accept
that I will:

- Receive a warning
- I will be removed from the classroom and given a moment to regain my composure

If the above does not help my behavior choices then my parent(s) will be notified. If the behavior
continues, my parents will be required to pick me up and I will not be able to return for the rest of the
day.

I have read and understand the above consequences of my behavior. My parent(s) and I have
discussed this information, and they agree to the above.

Child's Signature: _____

Parent's Signature: _____ Date: _____

Summer Camp T-Shirt Order Form

Throughout the summer, children may participate in field trips off campus. Children are required to
wear a summer camp t-shirt in order to participate in the field trip. This helps our summer camp staff
identify the children that belong to our program. In addition to the t-shirt, each child will wear a
name badge and information to identify that they are a participant in our program. Please use the
form below to identify what size t-shirt your child will wear.

Youth Size:

Small Medium Large Extra Large

T-shirts will be kept at the summer camp and washed after each field trip. At the end of the child's
enrollment, they will be able to take their t-shirt home.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Child Care Administration

BEST OF CARE

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

Instructions: This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME		DATE OF BIRTH
PARENT/GUARDIAN COMPLETING THIS FORM		WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
PROVIDER/CENTER NAME		

Has your child attended child care in the past? Yes No
 If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)

What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

What is important to you about your child's care?

Who is important to your child?

Does your child prefer to play alone or with other children? Alone Other children

Does your child have a favorite toy or comfort object? Yes No

If yes, what?

What is your child's current sleep schedule?

Does your child fall asleep easily? Yes No

What is his/her mood upon waking?

What does your child like?

What does your child dislike?

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

Happy?

Sad?

Mad?

Tired?

Other?

How does your child react when:

Something unexpected happens?

Something happens he/she doesn't like?

He/She is scared?

Other?

Does your child have any health issues? Yes No

If yes, please explain:

Does your child have any other special needs? Yes No

If yes, please explain:

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her? Yes No

If yes, please explain:

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (Specific dangers endemic in this Program's area of travel.)

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date



Date: _____ Location: _____

Department: _____ Photographer*: _____

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph or video me and to use the photographs or videos for educational or promotional purposes in any type of media. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

1. _____
Name (please print) _____ Signature _____

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Quote

2. _____
Name (please print) _____ Sign _____

Description of clothes* (color, type: t-shirt, dress shirt, etc.)

Quote

PARENT / GUARDIAN PERMISSION (if under 18 years old)

1. _____
Name (please print) _____ Signature _____

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Parent / Guardian (if under 18 years old) _____ Witness _____

2. _____
Name (please print) _____ Signature _____

Description of clothes* (color, type: t-shirt, dress shirt, skirt, etc.)

Parent / Guardian (if under 18 years old) _____ Witness _____

*Optional

MC-PUPQ (04/27/16)

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa | Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

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