



## **Beverly Vista School ASTROCAMP 2019**

Dear Parents,

We would like to thank you for your support of the AstroCamp program which will take place Friday, September 20th through Sunday, September 22nd, 2019. The extra time and effort you will spend to help your child prepare for this trip will ensure that they have a rewarding experience.

This packet contains important information to prepare for the trip. Please read all the information carefully, complete the paperwork thoroughly, and return the required forms on time. **All paperwork is due to the office by Friday, September 6th 2019.**

### **Cost**

The total cost of the trip is \$310 per student. This includes transportation, lodging, and all meals. **A deposit of \$100 is due ASAP to reserve your child's spot. Your total balance is due with your paperwork on or before Friday, September 6th and no later than September 13th.** Payment can be in cash or by check payable to Beverly Vista Middle School PTA. Please contact jreitzenstein@bhUSD.org if you have any concerns. Please be aware that no refunds will be issued after Friday, September 13th.

Your child may also bring a reasonable amount of spending money to buy a small snack or souvenir at the AstroCamp store. T-shirts are \$15-17 and sweatshirts \$30.

### **Eligibility**

To be eligible to participate, students may not earn a "U" or more than one "N" in citizenship on their report card. However, since our trip is occurring so early in the school year, a student's eligibility can be disqualified by suspension or repeated disciplinary action. Administration reserves the right to make the final decision regarding exclusion from this trip.

### **Study Groups**

Students will be assigned to a study group by the Beverly Vista faculty. Students will not be selecting their own study groups. The maximum group size is approximately 15 students. Each study group will be led by a Beverly Vista chaperone and an AstroCamp instructor.

### **Roommates**

Each student may complete the roommate assignment form. There is **no guarantee** that your child will be assigned to room with all of the students he or she requests but each student will be allowed to identify at least one friend for their bunkmate. Be sure to read and follow the directions on the form carefully.

## **Packing**

***LABEL EVERYTHING!*** Avoid using hard-sided luggage, duffel bags work best. A regular school-sized backpack is handy for carrying an extra jacket and water bottle to class. Before departing Beverly Vista, your child will be given a piece of colored ribbon to tie onto each piece of luggage. This is necessary to help identify our group's luggage.

Read the packing list carefully. Do not bring any item that is not allowed at school. This includes, but is not limited to: drugs/alcohol, weapons, gum, candy, make-up, and inappropriate clothing, electronic games, radios/CD players/iPods, or any other electronic devices. **Cell phones are also strictly prohibited.** You do not need your regular school supplies other than a pen and pencil. A journal will be provided for all written work.

There will be activities during the day and evening so be prepared for both sun and cold. AstroCamp is located high in the mountains, at an elevation of 6000 feet. Therefore, you should be prepared for the possibility of rain. Evenings may be cool as well. If you have any questions, please see Mr. Reitzenstein.

Remember, your child will be carrying all of his or her own luggage, and we are only going to be away for **three days. Please pack accordingly.**

## **Medical Information/Medications**

Fill out the student health form completely. Provide Mr. Reitzenstein with any additional information that may be necessary. Please send any medications in their original package that your child takes, even if they are over-the-counter, used only at home, or on an as-needed basis. Place all necessary medications in a zip-lock bag labeled with your child's name. All medications will be collected before we leave, and must be administered by a Beverly Vista faculty chaperone. **No medication of any kind may be kept by students.** If your child needs motion sickness medicine for the bus ride, please include it for the bus ride home.

## **Food Restrictions**

If your child requires a special diet (for example, Kosher), please indicate this in the appropriate location on the medical form. Students will need to pack a lunch for Friday only. All other meals will be prepared and eaten in the dining hall. Students may not bring any additional food with the exceptions of special dietary needs. Please consult with Mr. Reitzenstein.

## **Logistics**

The busses will depart Beverly Vista on Friday, September 20th at 7:30 a.m. The busses will not wait for any late students. We will return to Beverly Vista at approximately 4:30 p.m. on Sunday, September 22nd. Please pack a healthy sack lunch with a drink for Friday. If your child needs motion sickness medicine for the bus ride, it should be administered before we leave Beverly Vista.

## **Behavior**

All Beverly Vista rules and behavior standards will be strictly enforced. In addition, there will be rules and procedures set forth by the AstroCamp staff. Any student who does not follow these rules, or otherwise fails to behave in a respectful manner towards Beverly Vista staff, AstroCamp staff, or fellow students, will be removed from the program immediately. Parents may be required to pick-up their child from AstroCamp at any time and at their own expense.



## Beverly Vista School ASTROCAMP – 2019

Please fill out all the paperwork completely and return to Mr. Reitzenstein or the office by Friday, September 6th, 2019. Please attach all items together in one packet.

### Paperwork Checklist

- Behavior Agreement (this page)
- BHUSD Field Trip Permission Form
- Roommate Assignment Request Form
- AstroCamp Student Health Form
- Balance Due (cash or check **payable to Beverly Vista Middle School PTA**)

### **BEHAVIOR AGREEMENT**

**(Must be signed and returned by September 6th)**

I, (print name) \_\_\_\_\_ promise that I will follow all Beverly Vista rules and behavior standards and all rules and procedures set forth by AstroCamp. I understand and agree that if I do not follow these rules, or otherwise fail to behave in a respectful manner towards Beverly Vista staff, AstroCamp staff, or my fellow students, I will be removed from the program immediately.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that if my child does not follow these rules, or otherwise fails to behave in a respectful manner towards Beverly Vista staff, AstroCamp staff, or fellow students, he or she will be removed from the program immediately. I understand that I may be required to pick up my child from AstroCamp at any time, and agree to do so immediately and at my own expense.

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

Date: \_\_\_\_\_

**FIELD TRIP PERMISSION FORM FOR K-8 STUDENTS**  
**(PARENT PERMISSION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION)**

Exhibit: 6153 a

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

ASTROCAMP - IDYLLWILD

Destination / Nature of Activity: \_\_\_\_\_  
 (Please be specific, e.g. "Attend concert at UCLA")

Special Instructions: BRING SACK LUNCH FOR FRIDAY - REVIEW DETAILED INFO PACKET  
 (e.g. Bring sack lunch)

Departure Date: FRIDAY - 9/20/19 Time: 7:15 AM Return Date: SUNDAY - 9/22/19 Time: APPROX. 4:30 PM

Person in Charge: JOSHUA REITZENSTEIN Position: TEACHER School: BEVERLY VISTA

Type of Transportation:  Vehicle/School Bus  Walking  Other: \_\_\_\_\_

Health or Special Needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special need, and instructions are attached. Number of attached pages: _____
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Beverly Hills Unified School District and hold the District, its officers, employees, and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

\_\_\_\_\_  
 Signature (Parent/Guardian) (Please print name) Work Phone ( ) \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature Student's Date of Birth

Family Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 (e.g. Blue Cross)

In the event of illness or accident, please notify:

\_\_\_\_\_  
 (Name) (Relationship) Work: ( ) \_\_\_\_\_  
 Home: ( ) \_\_\_\_\_



**Beverly Vista School**  
ASTROCAMP Room Assignments  
2019

Please complete the form below and turn it in to Mr. Reitzenstein or the office with your other paperwork by Friday, September 6th, 2019. We would like to have your input when we make the room assignments, but there is ***no guarantee*** that you will be assigned to room with the students you request. The rooms range in size from 4 to 6 students, so your group may be split up or combined with another group of BV students.

We will all be staying in the same area so you will have plenty of time to spend with friends who are not assigned to your room. Be inclusive! This is a good opportunity to expand your circle of friends. You will not be attending classes with all of your roommates and when you are in your room you will be sleeping!

Fill in the form below. You do not need to fill out all 6 spaces, but if you would like to room with your friends coordinate to match your lists. *Print neatly!*

PRINTED FIRST & LAST NAME





# Student Health Form

School: \_\_\_\_\_

**Student Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

**Health Insurance Co:** \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Last Tetanus: \_\_\_\_\_

**IMPORTANT: A signature at the bottom of this form by a parent or legal guardian is required for participation at Astrocamp.**

**MEDICAL CONSENT:** The student's medical conditions stated on this application are complete and correct. I hereby give permission to ASTROCAMP personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by ASTROCAMP personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine what is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

**PARENTAL AUTHORIZATION:** I have been informed of the nature of the ASTROCAMP program in which the student is enrolled. I understand that there are risks associated with the student's participation in the program activities and transportation to and from the camp, which can pose a threat of injury, illness, or death. The undersigned is familiar with outdoor sports and activities and the student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risks involved in the student's participation in ASTROCAMP activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student, I accept and assume the risk and full responsibility for injury, illness, death, or loss of personal property or other damage, and medical or other expense resulting from the student's presence at ASTROCAMP.

I hereby release and discharge Guided Discoveries, Inc., ASTROCAMP, and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from ASTROCAMP and participation in the program.

I agree to direct the student to comply with all ASTROCAMP rules and policies, and to cooperate with ASTROCAMP personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from ASTROCAMP and sent home at my, the parent or legal guardian's, expense.

I give permission and consent for my child to allow photographs and video to be taken during ASTROCAMP school-year programs. I further give permission and consent that any such photographs and video may be published and used by Guided Discoveries to illustrate and promote its camp and school-year programs in any and all media now or hereafter known, for illustration, promotion, art, and advertising.

**SIGNATURE:** \_\_\_\_\_  
 Parent/Legal Guardian

**Please Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Rules for acceptance and participation in Guided Discoveries, Inc. programs are the same for everyone without regard to race, color, national origin, sex, or handicap.*

Student Age \_\_\_ Height \_\_\_ Weight \_\_\_ Grade \_\_\_

DIETARY NEEDS:  
 Vegetarian \_\_\_ Vegan \_\_\_ Lactose-Intolerant \_\_\_ Gluten-Free \_\_\_ Other \_\_\_

FOOD ALLERGIES: Please Describe:  
 \_\_\_\_\_

CHECK OFF: All applicable health issues:

<input type="checkbox"/> Allergies*	<input type="checkbox"/> Allergy - Bee Sting*
<input type="checkbox"/> Asthma	<input type="checkbox"/> Backaches/Weak Back
<input type="checkbox"/> Car/Sea Sick	<input type="checkbox"/> Bowel/Bladder Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Convulsive Disorder
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Headache
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Poison Oak
<input type="checkbox"/> Sinus Issues	<input type="checkbox"/> Respiratory Problems**
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Vomiting

\* Has your child been prescribed an epipen for allergies? YES \_\_\_ NO \_\_\_ **If YES, the epipen must accompany your child to camp in order to participate in activities.**

\*\*Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? YES \_\_\_ NO \_\_\_ **If YES, the inhaler(s) must accompany your child to camp in order to participate in activities.**

**Please specify with YES or NO for each medication that can be administered to your child.**

\_\_\_\_\_ Pepto Bismol (upset stomach)  
 \_\_\_\_\_ Milk of Magnesia (for constipation)  
 \_\_\_\_\_ Ibuprofen (minor aches pains; fever)  
 \_\_\_\_\_ Throat Lozenge/Cough Drop  
 \_\_\_\_\_ Benadryl  
 \_\_\_\_\_ Caladryl (for skin rash)  
 \_\_\_\_\_ Acetaminophen (headaches/elevated temperatures)

**Is the student required to take regular medication?**

YES \_\_\_\_\_ NO \_\_\_\_\_

☆ All medications are administered by the chaperones from the student's school. Please provide instructions (dose) for administration of medication.

**What important medical needs should ASTROCAMP be aware of? Please explain in detail (Attach additional sheet if necessary).**

## Return to School







## ASTRO CAMP WHAT TO BRING

There are many items that you will want to bring to Astro Camp. Some are necessary and some may just be extra baggage that you will never use. This is a school field trip and students are expected to pack appropriately. **Students should bring no more than they can comfortably carry.** You will have to load your luggage on and off the bus, and carry it up a long field to the dorms where we will be sleeping. You will have to repeat that process on our day of departure. **Be sure to mark all clothing and other belongings with your name before packing.**

### Essential items:

Old t-shirts  
Jeans / long pants  
Long sleeved shirt  
Light Raincoat or poncho  
Underwear  
Bath towel  
Toothbrush and toothpaste  
Warm Evening Layers  
Flashlight  
Warm sleeping bag (or extra blanket)  
Tennis shoes  
Socks  
Sunscreen  
Soap, shampoo, deodorant, other toiletries  
Warm sweater or sweatshirt  
Pajamas

### **Water bottle**

### **Sack lunch for Friday !**

### Non-essential:

Hat  
Sunglasses  
Shorts  
Pillow  
Day Pack  
Contact lenses\*  
Book  
Playing cards  
Waterproof boots

### Do Not Bring:

Knives/multi tools (Leatherman)  
Weapons  
Firecrackers  
Curling irons  
Valuables  
Alcohol or drugs  
CD players, radios, iPods, etc.  
Video games  
Food, gum, candy, seeds  
**Cell phones**  
Make-up  
Tobacco, vape or vape products  
Any other items not allowed at school

Please pack personal gear in a suitable container. Soft luggage or duffel bag is best. Tying the bag to the rest of the luggage will make it harder to load on and off the boat. Keep your pieces separate and well marked with your name, address, school name. You will be given a piece of flagging tape on Friday morning to attach to each piece of luggage. This will quickly identify all of our luggage as Beverly Vista luggage.

**INCLEMENT WEATHER** The weather in the mountains can be very unpredictable. Many of the activities are held outdoors. Remember that all students who **choose** to attend AstroCamp will be **required** to participate in **all** activities. Programs will occur as planned or will be altered to meet the conditions. All students **must** have warm clothes and rain gear. **Be prepared for all types of weather!** It is prudent to pack a plastic bag for articles that become wet from rain or snow.



## **Beverly Vista School ASTROCAMP 2019**

### **Frequently Asked Questions**

#### ***What is the typical weather like?***

The weather at AstroCamp is extremely variable. Because of the elevation, temperatures here are typically cooler than in the rest of Southern California. It is generally clear and sunny during the day, but temperatures drop at night.

Please check the Idyllwild weather conditions or at [www.noaa.gov](http://www.noaa.gov) before packing.

#### ***What do you do if it rains?***

During rainy days, we try to continue with program as planned. We are able to run almost all of our programs in the rain. If the rain is too heavy (or includes lightning) and does not permit the scheduled program, we always have fun and exciting indoor alternatives.

#### ***What if my child has dietary restrictions (kosher, vegetarian, allergies, etc.)?***

Vegetarian options are available at each meal, including a salad bar at both lunch and dinner. AstroCamp accommodates food allergies and restrictions routinely and is well prepared to accommodate as long as details are provided in the health form. In the case of extreme allergy or restriction students can bring food and store it in chaperone accessible refrigerators.

#### ***Will there be a nurse or doctor on site?***

AstroCamp does not have a nurse or doctor on the premises. Their staff holds certifications in first aid, CPR for the Professional Rescuer, and Lifeguarding. For more serious issues, they can contact the local paramedics who will arrange transport to the local clinic or hospital. The typical EMS response time to our facility is 6-10 minutes.

In addition, the school nurse from Beverly Vista is scheduled to attend and monitor special health needs as required.

#### ***Can my child bring a cell phone to communicate with me or take pictures?***

NO. Take the lack of cell reception as an opportunity to disconnect! Should you need to reach your child in an emergency, you may call the camp office at (951) 659-6062. A BVMS Administrator will also be available.

#### ***When is everything due?***

All paperwork is due by Friday, September 6th. \$310 is due by September 13th or sooner!

#### ***Is there financial aid or scholarship available?***

No one will be denied attendance due to lack of funds. Please make arrangements with Principal Allen.