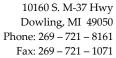
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### **SCHOOL PLANNING FORM**

## (1 form per school. Fax or mail at least 3 weeks before camp.)

| School Name                                |              | Camp Dates             |       |  |  |  |
|--------------------------------------------|--------------|------------------------|-------|--|--|--|
| School Address                             |              | Phone                  |       |  |  |  |
|                                            |              | Principal              |       |  |  |  |
| Contact persons (names, phone, em          |              |                        |       |  |  |  |
| Grade Total Number of                      |              |                        | Girls |  |  |  |
| Teacher                                    | _ Students _ | Boys                   | Girls |  |  |  |
| Teacher                                    | _ Students _ | Boys                   | Girls |  |  |  |
| Teacher                                    | _ Students _ | Boys                   | Girls |  |  |  |
| Teacher                                    | _ Students _ | Boys                   | Girls |  |  |  |
| Departure time from school                 |              | Arrival time at OEC    |       |  |  |  |
| Departure time from camp                   | A            | Arrival time at school |       |  |  |  |
| Transportation methods for: Students       |              | Luggage                |       |  |  |  |
| Teachers staying overnight (incl. gender): |              |                        |       |  |  |  |
|                                            |              |                        |       |  |  |  |
| Expected guests/visitors:                  |              |                        |       |  |  |  |
| Student late arrivals/early departures:    |              |                        |       |  |  |  |
| Medical or behavioral consideration        | s:           |                        |       |  |  |  |
|                                            |              |                        |       |  |  |  |
| Vegetarian or other special diets:         |              |                        |       |  |  |  |





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## ACTIVITIES SELECTION FORM (1 form per class. Fax or mail at least 3 weeks before camp.)

| School                                                                                                                                       |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| e, 2 <sup>nd</sup> choice, etc. We will do our best to include as Descriptions for more information.                                         |  |  |
| ks & 3 evenings 5 Days = 8 full blocks & 4 evenings                                                                                          |  |  |
| daytime or evening) e = evening only                                                                                                         |  |  |
| History Olson's Mercantile (hb) Pioneer Cabin (hb)                                                                                           |  |  |
| Science Animals (indicate preference below) Amphibians (hb) Birds (hb) Mammals (hb) Snakes (hb)                                              |  |  |
| Adaptations (fb with an animal choice) Animals in the Woods (hb) Carson's Corner (hb)                                                        |  |  |
| Community Meeting (fb) Earthwalk/Senses Hike (hb or fb) Ecosystems (hb) Pond (fb or hb) Pond Exploration Pond Lab                            |  |  |
| Recycling (hb) ROV Remotely Operated Vehicles ( Water Water, Everywhere                                                                      |  |  |
| All Camp Activities  Battle of the Game Shows (e)  Campfire w/ songs & stories (e)  Rapid Foot Movement (e)  Six Socks (e, as sunset allows) |  |  |
| ŀ                                                                                                                                            |  |  |



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# **CLASSROOM INFORMATION FORM** (1 form per class. Fax or mail at least 3 weeks before camp.)

| School             |      |       | Teacher |             |
|--------------------|------|-------|---------|-------------|
| Number of Students | Boys | Girls | Total   | Grade Level |

#### **CLASS COMMENTS**

All classes have special characteristics and needs. Please comment on these and how we may assist you and the class while at the Center. For example, LD or EI students, hearing impaired or other physical impairments? Does the class as a whole have particular strengths or weaknesses? Are there certain pairs or groups of students who work or don't work well together?

#### **CURRICULUM COMMENTS**

One of our goals is to relate the activities at the OEC to your school curriculum. What academic preparation have you done in the activity areas you have selected? What do you feel is important for your students to gain from their camp experience? Do you have any special program needs, such as time for devotionals, log books, etc.? What are your goals for your class this week?



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# OUTDOOR EDUCATION CENTER Battle Creek Public Schools 269-721-8161 fax 269-721-1071

## ENROLLMENT FORM (CAMP CLASS ROSTER)

**Please send this form with the student registration forms prior to camp.** This list must be kept posted while your students are at the OEC. As we copy parts of this form, please *use this form* rather than create alternatives. Each gender should be listed **alphabetically** by last names.

| SCHOOL: |           | TEACHER: |           |  |
|---------|-----------|----------|-----------|--|
| BOYS    | TELEPHONE | GIRLS    | TELEPHONE |  |
|         | Π         |          |           |  |
|         |           |          |           |  |
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# **CAMP LICENSING RULES**

Part 1. R 400.11125 Staff Requirements

Rule 125. A camp shall maintain a health history statement for each staff member. The statement shall include any physical limitations, current infectious diseases, and any current prescription drugs or medications. A camp shall maintain and safeguard any health information received in accordance with Act No. 368 of the Public Acts of 1978, as amended being 333.1101 et seq. of the Michigan Compiled Laws.

# TEACHER HEALTH HISTORY RECORD

| NAME                                                                     |                      |          |  |  |
|--------------------------------------------------------------------------|----------------------|----------|--|--|
| SCHOOL                                                                   |                      |          |  |  |
| DATE OF BIRTH                                                            | SEX_                 | <u> </u> |  |  |
| PERSONAL PHYSICIAN                                                       |                      |          |  |  |
| PHONE                                                                    |                      |          |  |  |
| CURRENT HEALTH ISSUES AND HIST                                           | ORY:                 |          |  |  |
| List any allergies you have:                                             |                      |          |  |  |
|                                                                          |                      |          |  |  |
| List any health problems you have including current infectious diseases: |                      |          |  |  |
|                                                                          |                      |          |  |  |
| List any medications you take regularly:                                 |                      |          |  |  |
| Name                                                                     | Frequency            | Dosage   |  |  |
|                                                                          |                      |          |  |  |
|                                                                          |                      |          |  |  |
| NAME OF EMERGENCY CONTACT PERSON:                                        |                      |          |  |  |
| TAINE OF EMERGERA CONTINUE FE                                            | PHONE:               |          |  |  |
| I contife that this information is two to the h                          |                      |          |  |  |
| I certify that this information is true to the b                         | est of my knowledge: |          |  |  |
| SIGNATURE:                                                               |                      | DATE     |  |  |
|                                                                          |                      |          |  |  |