

Outdoor Environmental Education Program School Information Form-2 Nights, 3 Days

Please fill out the following two pages of this form and return to Scott Gjertson at least 3 weeks prior to your scheduled visit. Please send to: email: sqjertson@ymcapkc.org or rgjertson@ymcapkc.org

School Name:					Grade(s):				Dates at can (including		-				
									year)	_					
Person(s)					II.		Other								
in charge o	of						teache	ers/	staff						
your group								g: É							
Work phor	1e					Cell / Home phon									
& Best tim	e					only if ne	eded):	:ded):							
to call:															
e-mail:															
Arrival Day Information															
Arrival			How will your group						First meal						
time at				be tra						served by					
camp:				camp (if by buses, how many?)?						car	np:				
Departure Day Information															
Departure	<u> </u>				How will your group								Last meal		
time from				be departing camp			:			ser	ved	by			
camp:				by bus	ses, ho	w				car	np:				
				many?)?											
Participant		matio		_							T				
# Students	# Students: # Teachers:						# of Cabin Leaders								
								e specify-Parents, Schoolers, or Other							
							:15, (or Othe	•						
TOTAL # of Full-Time participants (specify):															
Total # Pa	rt-time	e part	icipan	ts (any	partic	cipants no	ot stavii	ng t	he who	ole					
time). Plea															
teachers, v	which (days,	numb	er of n	ights,	and whic	n meals	.:							
Cabin and	Housir	ng In	format	tion											
The OEE Dir							nave and	d hov	w many	by t	he fol	llowi	ng infor	ma	tion.
Please note		abins	reque			<u>ıarantee.</u>	<u> </u>								
# Students				# Boy				# Cabins		s requested		d			
boy cabins				chape				# Cabina							
# Students				# Girl cab				# (abins	requested		1			
					chaperones:										
Other cabin requests or needs? Please describe:															
Total # of				Male			I	Female		N		No	onbinary:		
Teachers/				Identi	fying:		Identi		fying:						
not staying															
cabins nee	ding														
housing:		<u> </u>						ı							
We try to give teachers single rooms when possible. Are															
there any teachers unable to have a roommate? If yes, please describe:															
niease des	cripe:														

Accessibility Needs												
# of participants needing a wheelchair-accessible												
cabin and/or spaces (please include gender (if												
staying overnight) and whether the participant is a												
camper, cabin leader, or teacher):												
Do you have any participants who will/might need cart transport while at camp?												
If you check yes, camp staff will contact you to make a plan for needs and												
availability. Cart transport is only available to those participants with mobility												
Are you bringing any Will they be full-time												
							Will they be full-tin					
students from a self-			☐ yes ☐ no			or part-time?						
	tained clas											
If bringing students from a self-contained												
classroom, please list the name and contact												
information for that teacher.												
Activities at Camp												
You	r group's g	oals:	<u> </u>								·	
Clas	ses											
Pleas	se pick your to	op 9 choid	es for class	es in	order of prefe	erence. (Se	e Curri	iculum Gu	ide). \	We will do our l	est to give	you
Please pick your top 9 choices for classes in order of preference. (See Curriculum Guide). We will do our best to give you 6 of the classes you request, but many things go into making a schedule. We will use your top 9 choices to help us												
create a suitable schedule for your school. Please let us know if you would like our help in aligning class choices with												
	qoals.		, ,			,				. 3 3		
1				4				7				
2				5				8				
3				6				9				
Learning groups are the small groups your students will travel into all the different closes you take. The Com-											Camp	
Learning groups are the small groups your students will travel into all the different classes you take. The Camp Seymour OEE Director will choose the number of learning groups for you.												
Seyii	ioui OEE Dii e	ector will	thoose the	Hullit	Jei Oi leariill	g groups i	oi yot	J.				
Even	ing Activities	;										
It is	expected you	ır school	will lead at l	east	one activity	each eveni	ng and	the Can	ıp Se	ymour staff wi	I lead the	other.
					•		_			icate which act		
	nd who is resp	_				_					, , , , ,	
	vening					1st Evening						
	Activity:					Late Activ						
	•											
	vening					2 nd Evenir	_					
Early	Activity:					Late Activ	ity:					
ls yo	ur group pla	nning on	bringing you	ır ow	n S'mores fo	r one of th	e eve	nings?		□ yes	□ no	
			J J ,									
	Morning Act	•										
Many schools choose to have an activity the last morning												
after the campers clean-up and move out of their cabins.												
See the Teacher's Planning Manual for ideas. Please												
indicate what activity you want to do and who is												
responsible for running it.												
FYI: The Camp Store is no longer available for at-camp purchases. Pre-orders with enough notice are an option. Please contact Diane												
Jackson at djackson@ymcapkc.org for more information about camp store pre-orders.												
ΔΝΥ	OTHER REQU	IESTS										
	OTHER REQU IOTES:											
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1			I									