

BEULAH PAYNE ELEMENTARY SCHOOL 2016 EDUCATIONAL LEARNING EXPEDITION



Astro Camp 26800 Saunders Meadow Rd. Idyllwild, CA 92549
www.idyllwild.com

Guided Discoveries, Inc. P.O. Box 1360 Claremont, CA 91711

Inglewood Unified School District
401 So. Inglewood Avenue
Inglewood, CA 90301
310.419.2700

State Administrator Agenda FORM:

DIVISION: (22) ACADEMIC SERVICES DIVISION (300-399)

Prepared by: Karen Horowitz, Principal – Beulah Payne Elementary
Carolyn Johnson, Educational Excursion Coordinator

Chief Academic Officer: Tiffany Rudek

Superintendent: Dr. Vincent Matthews, State Administrator

SUBJECT Approval of Learning Expeditions to Astro Camp Learning Expedition for Thirty (30) 5 th Grade Students, Three (3) Staff Members of Beulah Payne Elementary, and Two (2) Parent Volunteers.	<input type="checkbox"/> Action <input type="checkbox"/> Consent Calendar <input type="checkbox"/> First Reading <input type="checkbox"/> Information <input type="checkbox"/> Presentation <input type="checkbox"/> Public Hearing <input type="checkbox"/> Roll Call Vote Required
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RECOMMENDATIONS:

The Administration and Staff of Beulah Payne Elementary recommends that the State Administrator approve the Learning Expedition for Thirty (30) 5th Grade Students, Three (3) Staff Members of Beulah Payne Elementary, and Two (2) Parent Volunteers to Astro Camp, May 23 – 25, 2016.

See Backup
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In Backup
Book

BACKGROUND:

The State Administration must approve all overnight fieldtrips. The Learning Expedition to Astro Camp is not on the approved list of fieldtrips. Therefore, Beulah Payne Elementary is requesting that the State Administration approve a three-day, two-night learning expedition to Astro Camp, May 23 – 25, 2016.

IMPLICATIONS:

Approval of this learning expedition will provide students with hands-on experiential science experience. Utilizing state of the art labs and equipment, expert instructors strive to increase science literacy, by stimulating minds and creating excitement about science. This learning expedition meets the state standards in the areas of Common Core California State Standard.

FISCAL IMPACT:

Parent contributions, community and business donations, and school fund-raisers will pay the estimated total cost of \$250 per student. It includes transportation, lodging, meals, and science laboratory fees. There is no fiscal impact to the District.

PREPARED BY:

Carolyn Johnson, Teacher and Learning Expedition Coordinator, Beulah Payne Elementary School and Karen Horowitz, Principal.

Back-up Information for The Learning Expedition
Astro Camp
Beulah Payne Elementary School

Below is further information regarding the 2016 Learning Expedition to Astro Camp.

Learning Expeditions are regarded as an extension of the school day. Through travel, students get to experience classroom instruction at work, and interact with the environment by doing hands-on learning instead of just reading about it in their textbooks.

Learning Expeditions can yield important educational benefits that cannot generally result from classroom experiences. They provide students the opportunity to enrich their social skills, by providing those opportunities for active involvement in following directions, maintaining a schedule, cooperating with group members and leaders, demonstrating good citizenship, travel etiquette, and self-responsibility.

Learning Expeditions can expand the educational horizons of today's scholars and prepare them for tomorrow's challenges. They provide quality educational experiences outside the classroom.

Learning Expeditions are all about those special things we discover that make our lives better, easier or more enjoyable.

Objectives: Astro Camp is a hands-on physical science program with an emphasis on astronomy and space exploration. Classes are designed to inspire students towards future success in their college and career pursuits. With a focus on Science, Technology, Engineering, and Math (STEM), Astro Camp meets the Next Generation Science Standards for California.

Qualifications:

- 5th Grade Student
- Signed Behavioral Contract
- Teacher's Recommendation
- Principal's Approval
- Photo of student
- Parent's Consent

Student/Chaperone ratio: 8:1

Dates: Monday, May 23, 2016 – Wednesday, May 25, 2016

Transportation: Charter Bus to Astro Camp

Lodging: Astro Camp

Activities: Labs and field activities include Space Rocks, Astronaut Training, Day Hike, Telescope Viewing Astro Jeopardy Zipline, Planets, Vinewalk, and Building & Launching Rockets.

Total Cost: \$250.00 per person (Transportation, Lodging, Meals, and Astro Camp Fees)
All arrangements will be made by Carolyn Johnson, Teacher and Learning Expeditions Coordinator to help keep student cost down.

Fundraisers: Calendar of fundraiser provided upon request

Collateral Information

Beulah Payne Elementary
 215 West 94th Street, Inglewood, California 90301
 (310) 680-5410 ~ FAX (310) 680-5419
 Karen Horowitz, Principal

Tentative Itinerary
Monday, May 23 – Wednesday, May 25, 2016

Monday, May 23		
Tuesday	8:00am	Arrive at Beulah Payne Elementary School
	8:30	Depart for Astro Camp
	11:30	Arrive at Astro Camp
	1:00pm	Orientation and Tour / Lunch
	2:00	1 st Session
	3:30	2 nd Session
	5:00	Dinner
	7:00	Evening Session
	9:00PM	Quiet Hours
	9:30PM	Lights Out
Tuesday, May 24		
Wednesday	7:00AM	Rise And Shine
	7:30 AM	Breakfast
	8:00AM	Free Time
	9:00AM	1 st Session
	12:30PM	2 nd Session
	1:00 PM	Lunch
	1:30	3 rd Session
	3:30	4 th Session
	5:30 PM	Dinner
	7:00	Evening Session
	9:00PM	Quiet Hours
	9:30PM	Lights Out
Wednesday, May 25		
Wednesday	7:00AM	Rise And Shine
	7:30 AM	Breakfast
	8:00AM	Free Time
	9:00AM	1 st Session
		2 nd Session
	12:30PM	Lunch
	1:30PM	Depart Astro Camp
	3:30PM	Arrive Beulah Payne Elementary School

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***Qualifications for Educational Excursions 2016
Astro Camp (5th Grade)***

Student & Parent:

It's that time of year when Beulah Payne Elementary School must finalize plans for the 2016 Educational Excursion Program. This year 5th grade students will be participating in Astro Camp, Idyllwild, CA.

To participate a student must:

- 5th Grade Student
 - Sign Behavioral Contract
 - 2 Recommendations (*one from a current teacher, one from a former teacher*)
 - School Photo of student
 - Participate in ALL fund-raisers
- or*
- Agree to pay the full amount of \$250.00

This year we will be using ***Go Fund Me*** to help raise funds for the educational excursion program. Parents and students will be able to invite family and friends to Payne School's Go Fund Me page to make a donation on behalf of any student participating in Astro Camps. In order to have access to our fundraising page parents will need to provide Payne School with a working email/gmail account. Information pertaining to the Go Fund me page will be sent via email. Please complete the information below and return it to your child classroom teacher.

_____ I have read the above information and would like my child to participate in the 2016 Educational Excursion Program.

Student Information

Student: _____

Teacher: _____

Grade: _____

Email/Gmail: _____

Parent Information

Parent: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email/Gmail: _____

This form must be returned to have access to the Go Fund Me fundraising page.

Karen Horowitz, Principal

Carolyn Johnson, Educational Excursion, Coordinator

Beulah Payne Elementary School
215 West 94th Street * Inglewood, CA 90301
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Karen Horowitz, Principal

Beulah Payne Elementary Educational Excursion Consent Form

By signing this form, I am giving my consent for my child to go to **Astro Camp**, Idyllwild, CA with personnel and parents from Beulah Payne Elementary School. Departure date and time: **Monday, May 23, 2016 @ 8:00am** - Returning date and time: **Wednesday, May 25, 2016 @ 4:00pm**.

(PLEASE PRINT)

STUDENT INFORMATION

PARENT INFORMATION

Student's Name _____

Father's Name _____

Teacher _____ Grade _____ Room _____

Mother's Name _____

Does your child have any medical problems?

Address _____

_____ Yes _____ No if yes, explain.

City _____ State _____ Zip _____

Is your child allergic to any medication?

Contact Number _____

_____ Yes _____ No if yes, list all medications.

Father's Employer _____

Is your child on any medication? _____ Yes _____ No
if yes, list all medications.

Work phone _____

Mother's Employer _____

Work phone _____

In case of emergency, please provide us with the names of **two** people not living with you.

Emergency Contact 1

Emergency Contact 2

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Contact Number _____

Contact Number _____

I am fully aware that if my child is not covered by any medical plan, Inglewood School District, Beulah Payne Elementary School or its staff, is not held responsible for any cost that may result if my child becomes ill and/or in need of medical or dental services.

_____ My son/daughter is fully covered by the following medical plan.

_____ My son/daughter is not covered by any medical plan. I understand that if medical services are needed during the excursion, I am fully responsible for all medical cost incurred.

I, _____, (**father/mother**) of _____

(Parent's Name)

(Child's Name)

authorize the staff of Beulah Payne Elementary School to seek medical treatment for my child in case of emergency.

Parent's Signature _____

Date _____

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VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - MINOR

Dear Parent/Guardian:

Kindly complete and return signed copy to **Beulah Payne Elementary School** _____ has my permission to participate in the following voluntary activity: **2016 Educational Excursion.**

Destination: *Astro Camp, Idyllwild, CA*

Departure Date: **Monday, May 23, 2016**

Return Date: **Wednesday, May 25, 2016**

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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and/or parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____ Policy No: _____

Address: _____

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) (___) Check here if there are no special problems that the staff should be aware of and no drugs are required on the trip; (4) If any medication or drug are to be taken by student, list them here: (Name of drug and reason)

_____. If your son or daughter has a special problem, kindly attach a description of that problem to this sheet.

VI [K-12] 7-93

(Place a current legible copy of child's medical card here)

Beulah Payne Elementary School
215 West 94th Street * Inglewood, CA 90301
(310)-680-5410
Karen Horowitz, Principal

Beulah Payne Elementary Educational Excursion Volunteer Consent Form

By signing this form, I agree to be an adult volunteer chaperone for *Astro Camp*, Idyllwild, CA with personnel and parents from Beulah Payne Elementary School. Departure date and time: **Monday, May 23, 2016 @ 8:00am** - Returning date and time: **Wednesday, May 25, 2016 @ 4:00pm.**

Adult Chaperone _____ Address _____ City _____ State _____ Zip _____ Home Phone _____	Employer _____ Work phone _____ Spouse's Employer _____ Work phone _____
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In case of emergency, please provide us with the names of ***two*** people.

Do you have any medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ Are you allergic to any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all medications. _____ Are you on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all medications. _____	Name _____ Address _____ City _____ State _____ Zip _____ Contact Number _____ Name _____ Address _____ City _____ State _____ Zip _____ Contact Number _____
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I am fully aware that if I am not covered by any medical plan, Inglewood School District, Beulah Payne Elementary School or its staff, is not held responsible for any cost that may result if I becomes ill and/or in need of medical or dental services.

I am fully covered by the following medical plan.

I am not covered by any medical plan. I understand that if medical services are needed during the excursion, I am fully responsible for all medical cost incurred.

I, _____, (**Chaperone**) authorize the staff of Beulah Payne Elementary School to seek medical treatment for my child in case of emergency.

Chaperone Signature _____ Date _____

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Karen Horowitz, Principal*

VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION - ADULT

Dear Volunteer Chaperone:

Kindly complete and return two signed copies of this form to **Payne Elementary School**.

I, _____ consent to be a volunteer chaperone and to participate in the following voluntary activity: **2016 Educational Excursion**.

Destination: *Astro Camp, Idyllwild, CA*

Departure Date: **Monday, May 23, 2016**

Return Date: **Wednesday, May 25, 2016**

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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and/or parent/guardian.

Adult Signature: _____ Date: _____

Address: _____ Phone: _____

Medical Insurance Carrier: _____ Policy No: _____

Address: _____

A special note to Chaperone: (1) All drugs must be registered on this form; (2) (___) Check here if there are no special problems that the staff should be aware of and no drugs are required on the trip; (3) If any medication or drug are to be taken by adult, list them here: (Name of drug and reason) _____.

If you have a special problem, kindly attach a description of that problem to this sheet.

VI [K-12] 7-93

(Place a current legible copy of YOUR medical card here)

PACKING LIST

TOILETRIES

- _____Deodorant
- _____Lotion
- _____Toothbrush
- _____Toothpaste
- _____Mouthwash
- _____Soap
- _____Shampoo
- _____Comb
- _____Brush
- _____Hair Products
- _____Hair Accessories
- _____Sunscreen
- _____Small Umbrella
- _____Insect Repellant

_____ Glasses

- _____Plastic bag for wet clothes

CLOTHING

- _____4- Sets of Clothes (old jeans, shirts, shorts)
- _____5- Sets of underwear
- _____5- Pairs of Socks
- _____2 Pair of Tennis Shoes
- _____Beach Towel
- _____Sleepwear
- _____Hat or Cap
- _____One-piece Swimming suit
- _____Bedding/Sleeping Bag
- _____Pillow
- _____Flashlight/Lantern
- _____2-Sets Bath Towel/Wash Cloth
- _____Jacket & Knit Gloves
- _____Rain Gear

MISCELLANEOUS

- 1 piece rolling Luggage & Bedding/Sleeping Bag
- Camera with Film
- Medication with instructions (if needed)
- Spending Money (**No More than \$20.00**)
- Health Card

*All clothes should be labeled properly with child's name.
Luggage must also be labeled with name and Address*

Group Attending

Beulah Payne Elementary
215 West 94th St.
Inglewood, CA 90301
Main Phone: 310-680-5410
Fax: 310-680-5418

Primary Contact: Carolyn Johnson
Mobile Phone: 323-806-7748
Email: festy@att.net

Trip Logistics

Arrival Date: 5/23/2016
Departure Date: 5/25/2016
FULL DEPOSIT PAYMENT OF \$1,320.00 IS DUE 10/21/2015
Please plan on arriving at AstroCamp at 12:00 Noon for check-in.
Please bring a sack lunch for each participant on arrival day.
Departure time on the last day of camp is 1:00 PM
At AstroCamp, for every 10 students, one chaperone will be charged half-price.

Tuition Fee Structure

	Amount	Tuition	Total
Total Reserved Students	30	\$215.00	\$6,450.00
Total Reserved 1/2 Tuition Adults	3	\$107.50	\$322.50
Total Reserved Full Tuition Adults		\$215.00	\$.00
	33		\$6,772.50

The deposit fee for each participant is \$40.00 per person which is non-refundable.

Total deposit due: \$1,320.00

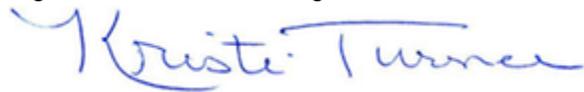
Total due at camp: \$5,452.50

Acceptance

I have read both pages of this contract and understand and agree to all the terms and conditions set forth herein. I certify that I am authorized to enter into this contract on behalf of the group. Please return the signed contract, along with the full deposit, to Guided Discoveries, at the address and by the date at the top of this page. A copy of this contract is as valid as the original.

Signature of Authorized Agent

Date



8/4/2015

Guided Discoveries

Date

Beulah Payne Elementary at AstroCamp

Monday, May 23, 2016 to Wednesday, May 25, 2016

Terms and Conditions

1. Guided Discoveries' Executive Director or designee shall have final authority in all matters concerning the safety and well-being of participants, the facility and the programs of Guided Discoveries, Inc.
2. The group agrees to follow directions of Guided Discoveries staff, to maintain a clean facility and to pay for any damage to property or equipment owned or operated by Guided Discoveries, beyond normal wear and tear.
3. Students are prohibited from smoking while on Guided Discoveries property. Smoking by chaperones is permitted only in designated areas. Alcoholic beverages, illegal drugs, firearms, knives, explosives and weapons of any kind are strictly prohibited. Anyone found with any of these items will be dismissed from the program without refund with transportation the responsibility of the offender, the offender's parent or the group. Pets and animals may not be brought to the facility.
4. Transportation between the mainland and Toyon Bay, Fox Landing and Two Harbors is provided by Catalina Classic Cruises, a third party. If the transportation carrier increases rates, the group will be responsible for the increased cost. Special transportation arrangements may result in additional charges.
5. In the event of cancellation due to fire, rain, flood, riot or other condition or act beyond our control, Guided Discoveries will attempt to reschedule the group. If Guided Discoveries is unable to reschedule the group, half the deposit will be refunded.
6. Groups are generally given the opportunity to rebook equivalent dates the following year, but the rebooking option cannot be guaranteed.
7. If the group is co-ed, adults of each gender must accompany the group.
8. Minimum group size for land based programs is 15 students.
9. This contract may not be assigned or transferred.

Cancellations

More than ninety (90) days in advance of arrival, the group size may be adjusted downward by any amount without penalty. Within ninety (90) days of arrival, the group size may be adjusted downward by up to 5% without penalty. **Downward adjustment in group size of more than 5% within 90 days of arrival will result in the loss of a portion of your deposit.** We will do our utmost to accommodate increased numbers, but group size may not be adjusted upward without approval from Guided Discoveries. Guided Discoveries cannot guarantee availability beyond your contracted number of participants. All cancellations or requests for adjustments in the number of participants, upward or downward, must be made in writing (fax to 909.625.9977 or email to schools@gdi.org). You may also call 909.625.6194, but phone changes must be followed up in writing. Changes are not effective until confirmed. **Your deposit must be paid in full by the date indicated, or your contract will be subject to cancellation.** Any cancellation fees imposed by transportation carriers contracted directly by the group, such as bus and airline, will be the responsibility of the group.