

MISSION SPRINGS



OUTDOOR EDUCATION

Parent & Student Manual

Mission Statement

Mission Springs Outdoor Education utilizes hands-on science and team-building activities to foster student's relationship with his or her Creator and to promote good stewardship of God's creation.

Program Location and Experience

Mission Springs Camps & Conference Center, located in a small redwood canyon just north of Santa Cruz, has offered an outdoor education program since 1978. The outdoor classroom at Mission Springs consists of 300 acres of redwoods, mixed evergreen forest, and chaparral. Approximately 4,500 public and private school students attend our program every year, and our school return rate is over 90%. We serve schools from all over Northern California, and we welcome the opportunity to be a part of your students' education.

What have others said about us?

"I grew with Jesus Christ because I could see His work all around me." (Student, Fall 2008)

"You taught us how God is in Heaven but is still with us." (Student, Spring 2009)

"In the words of one student this morning, 'I love being here because we can learn it all here...science, Bible, everything without sitting inside a stuffy classroom!' As a regular classroom teacher, I appreciate learning new games, and new teaching techniques. I love watching the kids in a different environment and listening to them respond. It's wonderful to see how they step up to your naturalists/staff expectations." (Teacher, Spring 2009)

"The students benefited by learning an appreciation for God's creation, learning to value being in the outdoors, developing gratitude to God for His many blessings, deepening relationship with God and others." (Chaperone, Spring 2008)

Spiritual & Academic Growth

Our program is designed to encourage spiritual and academic growth in students, as Naturalists weave biblical truths into outdoor science classes. Integration of faith and learning continues during our campfires, when staff lead students in worship and share from their personal experiences.

Professional Staff

Under the supervision of a full-time Director and Assistant Director, 12 Naturalist Instructors are responsible for your students' learning during the week. MSOE carefully selects Naturalists who have the following qualifications:

- Personal relationship with Jesus
- Bachelors degree (usually in Biology or Elementary Education)
- Excellent references
- Experience working with children
- Fingerprint clearance
- First Aid / CPR certification

Supervision

Along with the leadership of our Naturalists, students are supervised by teachers and parent chaperones from their schools, with a required ratio of 1 chaperone to 10 students, and with gender proportionate supervision. Parent chaperones help us provide a well-supervised program during all classes, activities, meals, and cabin times.

Housing

The beautiful lodges of the Mission Springs Conference Center give our program a higher level of comfort than most other outdoor schools. All rooms are equipped with carpeting, heating, and hot water. Some rooms have bathrooms in them; other rooms are arranged around a central hallway with a shared bathroom. Housing is assigned by Mission Springs

Mission Springs is owned and operated by the Pacific Southwest Conference of the Evangelical Covenant Church

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to best serve the supervisory needs of each school. A typical housing situation has 3-4 students in a room with chaperones either in the same room or right next door. Teachers determine roommates.

Student Health and Safety

Our staff have First Aid / CPR certification and place student safety as the highest priority. If an illness or injury occurs, the teacher will call parents to inform them of the situation. Minor scrapes and bumps will be treated on site. Mission Springs has 911 emergency response service, an Urgent Care in Scotts Valley (10 min), and a 24-hour emergency room at Dominican Hospital in Santa Cruz (20 min).

Parents: Please take time to completely fill out the Student Registration Form found later in this packet. You will need to sign the form. If your child is bringing medication to Mission Springs, there is a second form to be signed by you and the child's physician. Make sure to include dosage information with the medication. Prescription medications are handled by your child's teachers.

If you do not sign and return the appropriate forms before your school's deadline, we will not allow your child to participate in the program.

Writing and Telephones

In order to avoid homesickness, students are asked to not call home during the week. Outgoing mail service is available for students who wish to send out letters. If they do call home, it is likely due to disciplinary problems.

In case of an emergency, parents should call the Outdoor Education Office first at (831) 335-3205 or the Administrative Office at (831) 335-9133.



Classes and Activities

Our classes focus on God's creation, environmental stewardship, and team-building. Classes are taught by Mission Springs Naturalists with supervisory assistance from chaperones that the school provides. All classes involve some hiking. Class size varies from 15 to 20 depending on the number of students attending that week.

Food Service

Our desire is to care for all students with special dietary needs, especially those with severe allergies. If your child has special needs, you must contact the food service department at least one week prior to arrival. We will work with you, providing menus and working out special meals. If we are unable to accommodate your child's needs, we may request that you supply all or part of the food for his/her stay at Mission Springs.

The school must also provide an adult representative for your child, who understands the student's special dietary needs. This person will help facilitate meals with the kitchen during the week. On arrival day, your child must bring any foodstuffs to the kitchen that need to be prepared.

Parents can contact the Food Service Director at luisb@missionsprings.com or (831) 335-9133.

General Student Guidelines

Teachers, chaperones, and Mission Springs staff enforce these guidelines to ensure the safety of all participants.

- Respect each others' personal space and property. Students may only enter their assigned cabin/room. Treat your rooms like you would treat your home.
- Be considerate of others. Quiet hours are from 10:00 pm to 7:00 am. All students should be in bed with lights-out by 10:00 pm.
- Treat others as you would like to be treated. Show respect to each other and encourage one another.
- Respect teachers, chaperones, and natural-ists. When a leader raises a hand or claps, please quietly direct your attention to the leader for information.
- Respect the natural world around you by not littering or disturbing plant or animal life. Do not handle equipment or animals when you have not been given permission to do so.
- Stay with your group. Remain on trails and in designated areas for all activities. Soda, snack and ice machines are off limits.
- Come to classes and activities prepared. You should have a full water bottle, journal, writing utensil, and appropriate clothing for all classes.

Behavior Policy and Procedures

When appropriate, informal warnings and reminders are given to students. When these warnings are ignored or if the problem is major, then "steps" are given. Teachers, chaperones, and Mission Springs staff all use the Step System explained below to deal with behavioral problems.

STEP 1 Warning: A student displaying disruptive or disrespectful behavior will be individually addressed and informed that repeated misbehavior will result in loss of free time and a phone call home. The student's name is written down in the discipline book.

STEP 2 Phone call home: For a second infraction after a Step 1 offense, the student will lose free time or another privilege. A phone call will be made to a parent and/or the principal. The head teacher is informed of the phone call before it occurs. The student's name is written down in the discipline book.



STEP 3 Expulsion: Upon a third offense (or earlier in extreme cases), parents will be called and asked to pick up the student. This will only occur after consultation with the head teacher. The student's name is written down in the discipline book.

Note: There are no refunds for disciplinary dismissals.

Student Packing Checklist

Please be aware that the Santa Cruz Mountains can be wet and cold, even in October and May. We will go hiking even in wet weather. Warm, durable clothing, worn in layers, is best.

Forms that must be signed by a parent or guardian before you can go:

- Student Information Form
- Medication Form (if needed)

You Must Bring:

- | | |
|--|---|
| _____ Waterproof hooded raincoat or poncho | _____ Towel |
| _____ Warm sleeping clothes | _____ Normal backpack |
| _____ Warm jacket and/or sweatshirts | _____ Flashlight |
| _____ 4-5 pairs socks and underwear | _____ Toiletries (<i>including sunscreen</i>) |
| _____ 2-3 pairs shoes or boots (<i>1 waterproof if possible</i>) | _____ Several pencils |
| _____ 4-5 pairs jeans or heavy pants | _____ Water bottle |
| _____ 4-5 shirts for warm and cool weather | _____ Sleeping bag and pillow |
| | _____ Bible |

Optional items:

- | | |
|--|-----------------------------|
| _____ Binoculars | _____ Camera |
| _____ Waterproof hat | _____ Gloves |
| _____ Plastic laundry bag (<i>for dirty or wet clothes</i>) | _____ Bathmat or towel |
| _____ Alarm clock (<i>no clock radios, please</i>) | <i>(for bathroom floor)</i> |
| _____ Money for T-shirt (\$14) - <i>either cash or check made out to Mission Springs</i> | |

Please do not bring:

- Cell phones
- MP3 or CD players
- Food or beverages
- Electronic games or radios
- Scoters, skateboards, or roller blades

**These items will be confiscated and returned (if appropriate) at the end of your stay.*

School Name _____ Teacher's Name _____

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Mr. _____ Cell Phone (____) _____

Circle: Parent / Step Parent / Guardian

Mrs./ Ms. _____ Cell Phone (____) _____

Circle: Parent / Step Parent / Guardian

Home Phone (____) _____ Work Phone (____) _____

Camper's Health Information

Please attach a note with any special concerns. Please notify camp if your child is exposed to any communicable disease during the two weeks prior to camp attendance.

Health Problems / Activity Restrictions _____

Drug/Food Allergies _____

Allergic Reactions _____

Regular Medications _____

Tetanus Booster Date: _____ Polio series completed? Y N

Special Dietary needs? Y N If yes, please contact Luis Barrientos, Food Service Director, luisb@missionsprings.com.

My child is a vegetarian? Y N If yes, what type? ___ Vegan ___ ovo-lacto (can eat eggs & dairy)

Can adult chaperone, teacher, or Mission Springs staff give your child Tylenol, Cough Drops, Pepto-Bismol or their generic equivalents? Y N *These are the only medications we stock. Please attach a note if you answered no or have any concerns.*

Is your child bringing any prescribed medications to be taken at Mission Springs? Y N

If yes, then complete attached medication form. This form must be turned in with the medication. State laws E.C. 49423 and 49480 are specific in stating that your school personnel must be given instruction as to method, amount, frequency, and the condition for which the medicine was prescribed. Medication must be given to the child's teacher on the day the student leaves to go to Mission Springs. For the additional protection of your child and other children, we request that only essential medicine be sent to Mission Springs Outdoor Education.

Medical Insurance Company Name _____ Policy # _____

Emergency Contact (other than parents) _____

Relationship to student _____

Phone (____) _____

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENT ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

PARENT OR GUARDIAN SIGNATURE

DATE

NAME _____ SCHOOL _____

Outdoor Education Medication Form

(Complete only if your child will take medication with him/her to Mission Springs)

If your child is to take medication while at Mission Springs:

I. Education Code 49423 requires:

- A. Signed order from your physician, and parent consent. *(Use forms below)*
- B. Signed parent's permission for teacher, adult chaperone, Mission Springs medic or director to assist in carrying out the physician's instructions.
- C. Medication in a bottle from the pharmacy labeled with child's name, dosage, and generic name of the drug. Ask the pharmacist for two bottles of medication: one for home and the other for Mission Springs.

II. Education Code 49480 gives the school medic *(with parent consent)* permission to communicate with the physician and counsel with the Mission Springs personnel regarding possible effects of the medication.

III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 49423 and 49480.



To Be Completed By Physician:

Date: _____ School: _____

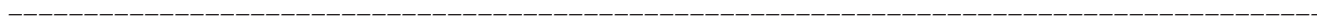
Address: _____

To Attending Physician: _____ has medication to be taken at Mission Springs Outdoor Education.

MEDICATION: _____ **DOSAGE:** _____

FREQUENCY: _____

PRECAUTIONS, SPECIAL INSTRUCTIONS, POSSIBLE ADVERSE EFFECTS, COMMENTS: _____



Physician's Signature _____ Address _____ Phone _____



To Be Completed by Parent:

_____ has my permission to take the above medication to Mission Springs and for the adult chaperones (over 21), the teachers, or Mission Springs staff to assist and/or allow him/her to take the above medication as indicated for:

(Reason for medication)

Signature of Parent or Guardian: X _____

Date: _____