



"Inspiring Bright Futures"



August 10th - August 14th, 2026

DC Dream Center

2826 Q Street, SE

9:00 a.m. to 3:30 p.m.

Parent Orientation Packet

Partnering Organizations:



Dear Parent(s)/ Guardian(s):

Thank you for your interest in The Career Exposure Camp, inc ("the Camp").

This packet contains pertinent information necessary for your child to become a participant of the Camp.

We are committed to the high achievement of our students and overall success of the Camp. **Upon registration and acceptance, we ask for the students to make a commitment to attend the full weeks long camp session.** You will have an opportunity to contact the camp coordinators and volunteers, review the schedule, and ask any questions prior to the commencement of camp via phone, email, or arranged meeting. Please note this camp program entails **academic work and enrichment activities.**

If you have any further questions, please feel free to contact the Camp at **eotrcareercamp@gmail.com.**

Again, we thank you for you and your child's interest in participating in the Camp. We hope to welcome you and your child to the Camp!

Sincerely,

Kellie Armstead Didigu
Chairperson of the Board/ Co-Founder
The Career Exposure Camp, inc.

Bernard Suber
Executive Director / Co-Founder
The Career Exposure Camp, inc.

Mission Statement

Empowering youth through the exposure of professional careers while promoting leadership, service and academic excellence

Vision Statement

Committed to assisting youth to excel in school and pursue an undergraduate and graduate education

About the Camp

The Career Exposure Camp, inc. ("the Camp") is a weeklong, summer youth enrichment program for 10 students, who will be enrolled in the 6th, 7th, 8th and 9th grade in Fall 2026. The youth primarily reside in Ward 7 and Ward 8 of Washington, DC, and will be exposed to STEAM professional careers with an emphasis in science, math, reading, creativity and critical thinking.

The goals of the summer youth enrichment program are:

- (1) to develop and strengthen skills in science, math, reading, creativity and critical thinking;
- (2) to provide an interactive curriculum and environment;
- (3) to expose youth to professional career fields and successful minority professionals; and
- (4) to encourage youth to pursue an undergraduate and graduate school education.

Program activities will include hands-on activities about media, entrepreneurship, and architecture through math and science, group projects and group presentations. Students will learn to value the above mentioned goals along with leadership, service and respect for themselves and others. The program will also include career exploration and academic skills development. Students will be served breakfast and snacks throughout the week. Students are to bring their own lunch. There will have group outings throughout the week to career related sites. Youth must attend an orientation session along with their parent/guardian and submit a completed registration form.

The Camp is able to serve our youth through a partnership between the Career Exposure Camp, inc., the DC Dream Center, and the Southeast White House.

Contact List

Camp Venue:

DC Dream Center
2826 Q Street SE
Washington, D.C. 20020
Phone: 202-575-3337

Camp Coordinators:

Mrs. Kellie Armstead Didigu, Co-Founder, Chairperson of the Board

eotrcareercamp@gmail.com

Cell: 202-509-2659

Mr. Bernard Suber, Co-Founder, Executive Director

eotrcareercamp@gmail.com

Cell: 215-868-4554

Code of Conduct

The mission of The Career Exposure Camp, inc. ("the Camp") is to develop responsible, honest, respectful, and caring youth. In keeping with this mission, the Camp strives to provide a safe, healthy, and productive environment for its students, staff, parents, and other members of the community. Attitudes and behavior that interfere with the Camp's ability to provide this type of environment will not be tolerated. Negative attitudes or disruptive behavior by one individual will not be allowed to interfere with another individual's participation in activities. The Camp discipline policy outlines the consequences for participants who interfere with the positive and productive environment fostered by The Career Exposure Camp and the DC Dream Center. Parents and campers each must review the principles and rules below and then sign to acknowledge their acceptance of their responsibility to abide by this Code of Conduct.

Principles & Rules:

1. I will strive to participate at the highest level of my abilities throughout the Camp.
2. I will arrive for all classes and activities before the announced time; however, I will NOT arrive at the designated location before 9:00am and I will be picked up by 4:00pm each day. The official camp time is 9:00am to 3:30pm.
3. I will wear closed-toed shoes at all times and observe proper personal hygiene and dress throughout the Camp.
4. I will demonstrate respect in my speech and actions for all staff, volunteer leaders, and other participants, and for all Camp rules.
5. I will demonstrate respect for all of the environments in which I might be and will assume financial responsibility for any damage to property caused by my actions.
6. I will not enter or operate motor vehicles during the Camp except those operated or arranged by The Career Exposure Camp, inc., DC Dream Center, and the Southeast White House for authorized field trips. The DC Dream Center & Southeast White House will provide transportation for all such events.
7. I will not use my mobile phone unless specifically given permission between 9:00am and 3:30pm.
8. I understand that while under the care of the Camp staff, and volunteer leaders, especially while off the physical property, I am a representative of the Camp and will conduct myself accordingly.
9. I will not engage in any illegal or immoral behaviour, including vandalism of property and tampering with fire or safety equipment. I will not possess or use alcohol, tobacco products, illegal drugs, weapons, or misuse prescription or non-prescription drugs, or steal property of others at any time. I understand that if I violate this policy, I will be immediately sent home. If an incident occurs while on a field trip, my participation will be severely curtailed and I will be sent home immediately upon returning to the Camp location.
10. I will be responsible for the contents of my backpack, bag, or other receptacle of personal belongings and I agree to allow a search of my possessions, in my presence, in case the possession or use of drugs, tobacco products, alcohol, weapons, or stolen property is suspected.
11. I will be responsible for my actions at all times and I will keep my hands to myself. I understand that physical violence, play fighting, inappropriate touching, and harassment, will not be tolerated and that any harassment should be reported to any faculty or staff person as soon as possible.
12. I understand that if I violate this Code of Conduct or any of the above principles or rules, my parent(s)/guardian(s) will be notified; I will be sent home at my own or my parent(s)/guardian(s) expenses with no refund and may further be suspended from future Camp activities.

SIGN BELOW TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THIS CODE:

PRINT/ SIGNATURE
Participant

PRINT/ SIGNATURE
Parent / Legal Guardian

Date

Parent Agreement Form

Please read this carefully before signing.

We appreciate your interest in placing your child in The Career Exposure Camp, inc. (August 10 - August 14 2026). We are stepping forward to assist the youth within our communities. If approved, we assure a meaningful experience!

Please initial each of the following:

_____ I have read the information given to me regarding The Career Exposure Camp, inc. ("the Camp") and understand the mission, vision and the Camp.

_____ I give my consent and agree for my child to participate in the Camp and its related activities.

_____ I agree to all principles and rules and understand that any violation on my child's part may result in suspension and/or termination of their participation in the Camp.

_____ I agree that my child will attend the week long Camp session, and I agree to notify the Camp Coordinators (Mrs. Kellie Armstead Didigu or Mr. Bernard Suber) if my child must be absent from the Camp.

_____ I agree that my child is responsible for their actions. If my child causes any damages at the DC Dream Center, I understand that I am completely responsible, financially or otherwise.

_____ I hereby consent to treatment for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

_____ (Optional) I agree to allow The Career Exposure Camp, inc., volunteering organizations, DC Dream Center, and the Southeast White House to use any photographic image of my child taken while participating in the Camp's activities. These images may be used in news articles, promotions or other marketing-related materials.

The Camp appreciates your interest in placing your child in the Camp. By signing below, you attest to the truthfulness of all information listed on the application and agree to all the above terms and conditions. You agree to let the Camp confirm all information listed. If any information is found to be untrue, this Camp shall have the right to terminate the child's participation.

In signing this Agreement, I acknowledge that I have read this entire Agreement, that I understand its terms, that I have had the time and opportunity to read and ask questions regarding the Agreement, and that I have signed it knowingly and voluntarily.

My child will follow the rules of the Camp and be a dedicated participant.

Signature and Date _____

Emergency Contact

In Case of Emergency:

Name of Child: _____

Name of
Parent(s)/Guardian(s): _____

Address: _____

Primary Phone: _____ Work Phone: _____

If we cannot reach the parent or guardian, whom should we notify?

First Contact

Name: _____

Relationship to Applicant: _____

Primary Phone: _____ Work Phone: _____

Second Contact

Name: _____

Relationship to Applicant: _____

Primary Phone: _____ Work Phone: _____

Medical Information

Physician's Name and Phone: _____

Insurance Provider and Phone Number: _____

Policy # and Card Number: _____

Do you have any medical history that we should be aware of in the event of an emergency?
(Allergies, medications, etc.)

Camp Drop-Off & Pick-Up Information

The Camp is requesting the parent(s) or guardian(s) to sign-in and sign-out the child each day. The Camp will have the discretion to request photo identification of the adult.

Name(s) of person(s) who have my/our permission to drop off and pick up my/our child at the end of each Camp day.

Name: _____ Days: _____

Name: _____ Days: _____

Name: _____ Days: _____

Child's Name: _____

Parent/Legal Guardian (SIGNATURE): _____, _____

Date

Waiver & Release of Liability

I give my child permission to arrive and leave The Career Exposure Camp, inc. from August 10th - August 14th 2026 without the parent(s) or guardian(s) to sign-in and sign-out the child each day. I release the Camp and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any liability. Parents should impress upon their children the need for good behavior and observance of safety precautions while arriving and departing the Camp.

Parent/Legal Guardian (SIGNATURE & DATE):

Assumption of Risk, Waiver & Release of Liability, & Indemnification

My child and I have agreed to participate in the The Career Exposure Camp, inc. ("the Camp") in and around the Washington, D.C. area from August 10, 2026 (starting date) through August 14, 2026 (ending date). I understand and hereby acknowledge that his/her participation in the Camp is wholly voluntary. The Camp has agreed to allow him/her to participate in the Camp and we, in turn, agree to the following:

- 1. Assumption of Risk and Release of Claims.** Knowing the risks, dangers, and hazards described to me by the Camp leadership, and in particular those described in the "Parent Agreement Form", I agree, individually, and on behalf of my heirs, successors, assigns and personal representatives, to **ASSUME AND ACCEPT ALL THE RISKS, DANGERS, HAZARDS, AND RESPONSIBILITIES** resulting in or arising from his/her participation in the Camp. To the maximum extent permitted by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, **HEREBY RELEASE AND FOREVER DISCHARGE the Camp** and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses, harms, or injuries (including suffering and death) that he/she may sustain to his/her person or property or both, weather caused by the negligence or carelessness on the part of the Camp, it's employees, agents, officers, trustees or representatives, including but not limited to any claims, demands, actions, causes of action, judgments, damages, costs, and expenses of any nature whatsoever, including attorneys fees, which arise out of, result from, occur during or are connected in any manner to my participation in the Camp (including periods in transit to and from any location where the Camp is being conducted), any related or independent travel, or any activities or field trips (including any inherently dangerous activities such as visiting construction sites).
- 2. Indemnification and Hold Harmless.** I, Individually, and on behalf of my heirs, successors, assigns and personal representatives, **HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** the Camp and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, losses, damages or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with my participation in the Camp, any related or independent travel, or any activities or field trips.
- 3.** I agree that this **WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT** is to be construed and governed under the laws of the District of Columbia, U.S.A.; and that if any portion is held invalid, the balance hereof shall continue in full legal force and effect. In signing this Agreement, I acknowledge that I have read this entire Agreement, that I understand its terms, that I have had the time and opportunity to read and ask questions regarding the Agreement, and that I have signed it knowingly and voluntarily.

SIGN BELOW TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE:

Parent/Legal Guardian Name (PRINT)

Parent/Legal Guardian Name (SIGNATURE)

Date