Department of Human Service Programs/Community School Division

Elm Street & Harrington Community School

APRIL VACATION 2015

Camp will be housed at the Cambridgeport School

Tuesday through Friday 8:00 a.m. – 5:30 p.m.

$40 a day or $160 for the week

For Grades K – 5

TUESDAY, APRIL 21st **Roger Williams Zoo**

8:00 Meeting and Arrival
8:45 a.m. Bus will leave for **Roger Williams Zoo**
3:00 Leave Zoo
5:30 p.m. Program ends/Dismissal
Bring a bag lunch to have at the zoo **(must bring, we will not stand in concession line with your child)**

WEDNESDAY, APRIL 22nd **Boston Children's Museum**

8:00 Arrival and Meeting
9:00— 10 a.m. on site activities
10:00 - 2:30 pm Children's Museum
12:00 – 12:30 - **Lunch** - Must bring Lunch
3:00 – 4:30 p.m. **Wacky Science Fun**
4:30 — 5:30 p.m. Outdoor Activities and Dismissal
Bring a bag lunch

Application in take
Wednesday, April 1 &
Thursday, April 2
5:00 – 6:00 p.m.

THURSDAY, APRIL 23rd **5 WITS AND PATRIOTS HALL OF FAME**

8:00 Arrival and Meeting
Bus will leave by 9:00 am
10:00 - 12:00 5 Wits
12:00 – 12:30 LUNCH
12:30 — 2:00 Patriots Hall of Fame
3:00 – 5:00 On site activities
Bring a bag lunch

FRIDAY, APRIL 24th **Harvard Museum of Natural History**

8:00 Arrival and Meeting
9:30 Start walk to HMNH
10:00 Harvard Museum of Natural History
12:00 Lunch at Cambridgeport School
1 - 3 Movie at Cambridgeport School
3- 5:30 Teacher Directed Activities and Dismissal
Bring a bag lunch

For more information please call Cris at 617-349-6305

Harrington Neighborhood Council & Community School
Registration Form 2015

Name _____ Age _____ Teacher _____

School _____ Room # _____

Ethnicity (the following information is voluntary) ____ African-American ____ Latino
____ Portuguese ____ Caucasian ____ Asian ____ Haitian ____ Other

____ I give permission to the City of Cambridge /Elm Street Community School to use photographic and video images of my child/ren and family for publicity purposes. I acknowledge that publicity could include the names and images in any slide show, websites, social media or articles submitted for publication or distribution.

Parent/Guardian Name (1) _____

Address _____

Phone # _____ Work # _____ Cell # _____

Parent/Guardian Name (2) _____

Address _____

Phone # _____ Work # _____ Cell # _____

Emergency Name _____ Relationship to Child _____

Phone # _____ Work # _____ Cell # _____

Does your child have any allergies, i.e. hay fever, insect bites, food reactions? Yes ___ or No _
If yes, please describe _____

Does your child have an Epi-Pen or Inhaler? Please indicate_____

____ I give my child permission to walk home. (Must be 9 years or older)

____ My child will be picked up by (name/relationship) _____

(**My Child will be attending (Check all that apply)**

___	**Tuesday, April 21st**	**(Roger Williams Zoo)**	**$40.00**
____	**Wednesday, April 22nd**	**(Boston Children's Museum)**	**$40.00**
____	**Thursday, April 23rd**	**(5 Wits & Patriots Hall of Fame)**	**$40.00**
____	**Friday, April 24th**	**(Harvard Museum of Natural History)**	**$40.00**

____ My child will attend all trips for $160.00

___ **Total Amount enclosed $ _____** *make check payable to the Harrington Neighborhood Council & Community School*

Parent/Guardian signature _____ Date _____