

Haggerty Neighborhood Council & Community School

Strawberry Hill Camp



Summer Camp 2014

REGISTRATION BEGINS
MARCH 1 THROUGH JUNE 13, 2014

*This camp must comply with regulations of the Massachusetts
Department of Public Health and be licensed by the Cambridge
Board of Health*

****PLEASE COMPLETE THE SHC REGISTRATION PACKET & MAIL IT TO:***

**HAGGERTY COMMUNITY SCHOOL
ATTENTION OF AMANDA KIERCE
110 CUSHING STREET
CAMBRIDGE, MA 02138**

110 Cushing Street * Cambridge, MA 02138 * (617) 349-6264 * TTY/TDD (617) 876-6315
Director: Amanda Kierce * www.cambridgema.gov/DHSP/haggertycs * akierce@cambridgema.gov

Haggerty Community School/Strawberry Hill Camp* Registration Form * Summer 2014
 110 Cushing Street * Cambridge, MA 02138 * Office Phone: 617.349.6264 Fax: 617.349.6034

Camper Information: (Please use a separate form for each child)

Child's Name	Female	Male
Address:		
City:		Zip Code:
Home Phone:	Birthday:	Age:
Grade entering in September 2013:		School Attending:

Ethnicity Please identify my child as:

African American	Caucasian	Asian	Haitian	Hispanic	Other
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Parent/Guardian Information

Parent/Guardian's Name:	
Home Number:	Office/Cell Number:
Email address:	
Parent/Guardian's Name	
Home Number:	Office/Cell Number:
Email address:	

Emergency Contacts

Name 1:	Relationship:
Address:	
Home Phone:	Cell Phone:
Name 2:	Relationship:
Home Phone:	Cell Phone:

Release & Signatures

I hereby give permission for my child to participate in all Strawberry Hill Camp activities and trips.	
Parent/Guardian Signature:	Date:
I give my permission to the City of Cambridge/Community Schools to use photographic and video images of my child and family for publicity purposes. I acknowledge that publicity could include the use of our names and images in any slide shows, websites, social media, or articles submitted for publication or distribution.	
Parent/Guardian Signature:	Date:
As far as I am aware my child is NOT allergic to any types of sunscreens and I give permission for the staff to reapply.	
Parent/Guardian Signature:	Date:
I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. If a parent or guardian cannot be reached, hospital personal may proceed with emergency treatment for my child.	
Parent/Guardian Signature:	Date:

The individuals listed below may pick up my child from camp. If someone other than the people listed below, I will notify camp staff in advance.

Name: _____ Relationship: _____ Phone: _____ Address: _____
 Name: _____ Relationship: _____ Phone: _____ Address: _____
 Name: _____ Relationship: _____ Phone: _____ Address: _____

I am registering my child for the following weeks

- | | |
|--|---|
| <input type="checkbox"/> Session 1: June 30-July 3 \$160 *No Camp on July 4 th | <input type="checkbox"/> Session 2B: July 14-July 18 \$160 |
| <input type="checkbox"/> Session 2A: July 7-July 11 \$160 | <input type="checkbox"/> Session 3B: July 28-August 1 \$160 |
| <input type="checkbox"/> Session 3A: July 21-July 25 \$160 | <input type="checkbox"/> Session 4B: August 11-August 15 \$160 |
| <input type="checkbox"/> Session 4 A: August 4-August 8 \$160 | |

Please register my child for the extended day program from 3:30-5:30pm \$30/week Yes No
 Please register my child for the early drop off program from 7:30-8:00am \$20/week Yes No

Office Use Only:	
Registration Fee	\$25.00
Tuition Amount	_____
DEPOSIT(\$25/wk)	_____
Scholarship/Voucher	_____(% granted)
Amount Due	_____
Forms Received:	
Health Form	<input type="checkbox"/>
Information Release	<input type="checkbox"/>
Application for Enrollment	<input type="checkbox"/>
Financial Assistance Form	<input type="checkbox"/>
Emergency Cards (2 pink)	<input type="checkbox"/>
Medical Release Form	<input type="checkbox"/>

**Department of Human Service Programs
Community School**

Health Form

**This form must be completed and signed by a physician and returned before the first day of camp.
Information is confidential.**

Name of child: _____ Date of Birth: _____

Parent/Guardian 1: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Parent/Guardian 2: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Health care coverage:

Harvard Vanguard _____ ID number: _____

Blue Cross Blue Shield _____ ID number: _____

Medicaid _____ ID number: _____

Other plan (name) _____ ID number: _____

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

Does your child have an Epi-Pen for anaphylactic shock? Yes ___ No ___

Does your child have any special dietary restrictions? If yes, please describe

Is your child presently being seen by a physician, staff at a guidance facility or any other health care professional? If yes, by whom and for what reason?

Does your child have any unusual fears or special needs we should be aware of?

Immunization Record To be completed by physician

***Please Note:** Camps are not staffed with licensed nurses.

Please indicate dates for the following immunizations for _____(Name)____(DOB)

DTaP/DTP/DT/Td #1_____ #2_____ #3_____ #4_____ #5_____

Td/Tdap Boosters #1_____

Polio IPV/OPV #1_____ #2_____ #3_____ #4_____

Hepatitis B #1_____ #2_____ #3_____

MMR #1_____ #2_____

Varicella # 1_____

Other: #1_____

Describe any physical conditions or impairments requiring restrictions in camp activities and indicate specific treatments if needed..

Please provide the name of any medication that is **required** to be taken during camp time.

I hereby certify that _____ (name of child) has been examined on _____ (date), and that he/she is in good physical condition and is capable of participating in all camp activities.

Physician's signature date Physicians' name (Printed)

Facility name

Address Phone #

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment.

Parent/Guardian's signature date

This form must be completed & returned to the
Haggerty Neighborhood Council & Community School
At 110 Cushing Street*Cambridge, MA 02138 before your child may attend camp.

~ Financial Assistance Form (OPTIONAL)

Department of Human Services ~ Neighborhood Council & Community Schools Division

We ask everyone who possibly can, to pay the full amount so that we can continue to offer financial aid to those who need it most.
All information is kept strictly confidential.

Child's Name: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian #2: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Please list **everyone** living in the home (primary residence), including parent(s):

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____
5. _____ Age: _____
6. _____ Age: _____

You may be asked for documentation of the answers below. Please be sure to include all sources of income to your household.

	Weekly	OR	Monthly
Child Support			
Alimony			
Gross Pay, Wage Earner #1			
Gross Pay, Wage Earner #2			
Gross Pay, Wage Earner #3			
Unemployment Benefits			
AFDC			
Rental Income			
Other Income			
Total Income			

Are there any special financial issues you would like us to take into consideration?

To the best of my knowledge, the above information is correct.

Parent/Guardian Signature Date

For Office Use Only:
Award Determined \$ _____ Denied _____ Date Determined: _____

We require official documentation along with our financial aid form, in order to be able to process your scholarship award. You must include your most recent tax return for 2013. Please have this information to the director, Amanda Kierce, no later than Friday May 17, 2013 in order to receive your potential scholarship award. We want to ensure that we are being fair to all children so thank you for your cooperation.

Sincerely,
The Haggerty Community School

DHSP Application for Enrollment
Haggerty Community School/Strawberry Hill Camp

The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

Child's Last Name	First Name	Nickname
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School Attending	Grade	Date of Birth
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Parent/Guardian Name (1)

Home Address

Home Phone Number

Cell Phone Number

Work Place

Work Phone Number

Email Address

Parent/Guardian Name (2)

Home Address

Home Phone Number

Cell Phone Number

Work Place

Work Phone Number

What language do you speak at home? _____

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

How does your child usually respond to a new experience? Shy? Assertive? Please Describe.

What do you find most effective in calming your child when he/she is upset?

What activities do your child like best? Favorite toys/games/songs/activities

Does your child need individual attention for certain activities? Yes ____ No ____
If yes, in what activities does your child need special attention or assistance?

What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional Comments:

Parent's Signature

Date

**City of Cambridge
Department of Human Service Programs**

Information Release Form

(PRINT Child's Name)

(Name of School)

Please circle one: **NEW STUDENT** **RETURNING STUDENT**

I am applying for: (Please circle your program choice.)

Youth Centers

- Area IV Pre-teen
- Area IV Teen
- Frisoli Pre-teen
- Frisoli Teen
- Gately Pre-teen
- Gately Teen
- Moore Teen
- West Cambridge Pre-teen
- West Cambridge Teen
- MSP @ Frisoli
- MSP @ Gately

(MSP=Middle School Partnership)

Community Schools (CS)

- Cambridgeport CS
- Fitzgerald CS
- Fletcher Maynard CS
- Haggerty CS**
- Harrington CS
- Kennedy CS
- King CS
- Linnaean CS
- Morse CS
- Tobin CS

Afterschool Childcare

- Fletcher Maynard K-3
- King K-2 Room 1
- King K-2 Room 2
- Morse K-2
- Morse 3-5
- Peabody K-2
- Peabody 2-5

King Open Extended Day (KOED)

Preschool Childcare

- East Cambridge
- Haggerty
- King Open
- M. L. King
- Morse
- Peabody

Recreation

- Camp Rainbow
- Saturday Program
- Evening Program

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____