

# Camp K-LO



*We will explore weekly themes and participate in many activities such as science, arts & crafts, library visits, sport activities and swim lessons. Campers can also participate in Arts in the Park activities and local field trips.*

158 Spring Street Cambridge MA  
Phone: (617) 349-6308/ Fax: (617) 349-3242  
Email Address: [Ssantos@cambridgema.gov](mailto:Ssantos@cambridgema.gov)

Visit us at:

[www.cambridge.gov/dhsp/kennedy](http://www.cambridge.gov/dhsp/kennedy)

The City of Cambridge, Community Schools does not discriminate in providing services on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preferences, marital status, or disability. The Department of Human Services will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to persons with disabilities upon request.

*(617) 492-0235 (TTY)*

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This camp must comply with regulations of the Massachusetts Department of Public Health (105CMR 430.00) and be licensed by the Cambridge Board of Health

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*Kennedy Community School  
And Neighborhood Council  
City of Cambridge - Department of Human Service Programs  
Community School Division*

# Camp KLO

*A Licensed Summer Program*

**For Children Entering Junior Kindergarten to Grade 4**  
*(4.5 years of age- must be registered for junior kindergarten Sept 2017 in Cambridge)*



*A 7 week summer camp opportunity to participate in a fun & engaging environment.*

## Camp K-LO

Camp is operated at Kennedy Longfellow School, 158 Spring Street in Cambridge. Summer camp will begin July 3 and end August 18



**Staff:** In an effort to provide the safest atmosphere for your child, all of our adult staff are certified in CPR and First Aid. Many of our staff have been with us for several years and have an extensive background in working with children during the school year as teachers and assistant teachers. Camp ratio for younger children is 1 adult: 5 children. Children will be grouped by age to allow them to participate in developmentally appropriate activities.

**Registration** begins March 20 (on-going as openings remain)  
Payment is due on Friday one week prior to the start of each week.  
All payments must be made by check or money order to Kennedy Community School.

**Lunch and Snack:** Campers should bring lunches and the program will provide snack. Please refrain from sending peanuts, given the number of children facing this type of allergy.

**\*\*Camp K-LO has applied for the Summer Food Program.**

### Camp Fees & Dates 2017

Monday, July 3 – Friday, July 7 (holiday July 4)	Session # 1
Monday, July 10- Friday, July 14	Session # 1
Monday, July 17 - Friday, July 21	Session #2
Monday, July 24 - Friday, July 28	Session #2
Monday, July 31- Friday, Aug. 4	Session #3
Monday, Aug. 7- Friday, Aug. 11	Session #3
Monday, Aug. 14 - Friday, Aug. 18	Session #4

### Camp Times and Costs

Time:	Cost:
8:00 am – 3:30 pm	\$200.00 per week regular day \$400 per session
8:00 am – 5:30 pm	\$240.00 per week extended day \$480 per session

- We are a licensed summer camp and accept vouchers during this time period only (7/3– 8/18).
- Limited aid is available for income eligible families (maximum of 50%). Deadline for financial aid is May 12, 2017. Income documentation and proof of income is required. (2016 W2 forms & last four pay stubs)
- Once camp has begun, refunds will only be issued for documented medical reasons.

### How to Apply:

Once registration begins on March 20<sup>th</sup>, all materials will be available for parents in Room 111. Return it, along with your **\$50 deposit for each session** and include the **\$25 registration fee**. Next, we will send all other registration materials to you via mail. Please remember your application will not be processed until we have your completed package that includes all of the following:

- ✓ **D.H.S.P. Application for Enrollment**
- ✓ **Information Release Form**
- ✓ **Immunization Record/Health Form**
- ✓ **Emergency Card (front & back)**
- ✓ **Parent Release Form**
- ✓ **Late penalty fee agreement**

You may return the packet to the Kennedy Community School Office (Room 111) or mail it to: **Kennedy Community School**  
**158 Spring Street Cambridge MA 02141**

- A \$50.00 deposit is required for **EACH** session at the time of registration. There is a \$25.00 non-refundable registration fee per child required at sign up.

**CAMP K - LO**  
**Kennedy Community School**  
**158 Spring Street – Cambridge, MA 02139**  
**2017 SUMMER REGISTRATION FORM**

Child's Name First: \_\_\_\_\_ Last: \_\_\_\_\_  
 Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Childs Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other  
 Does child have any allergies or health concerns? \_\_\_\_\_  
 Does child have an IEP (Individual Education Plan) Yes \_\_\_\_\_ No \_\_\_\_\_  
 T- Shirt Size: XS \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XLG \_\_\_\_\_

Parent / Guardian 1 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent / Guardian 2 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**I would like to register for the following sessions:**

Session 1: July 3 – July 14	8:00 – 3:30 ( <b>\$400</b> ) _____	8:00 – 5:30 ( <b>\$480</b> ) _____	(No Camp July 4)
Session 2: July 17 – July 28	8:00 – 3:30 ( <b>\$400</b> ) _____	8:00 – 5:30 ( <b>\$480</b> ) _____	
Session 3: July 31 – Aug 11	8:00 – 3:30 ( <b>\$400</b> ) _____	8:00 – 5:30 ( <b>\$480</b> ) _____	
Session 4: Aug 14 – Aug 18	8:00 – 3:30 ( <b>\$200</b> ) _____	8:00 – 5:30 ( <b>\$240</b> ) _____	(One week session)

**OFFICE USE ONLY**

<b>Session 1</b> Amount Owed \$ _____	<b>Session 3</b> Amount Owed \$ _____
<b>Session 2</b> Amount Owed \$ _____	<b>Session 4</b> Amount Owed \$ _____

Registration Fee: **\$25**  
 Total Tuition: \_\_\_\_\_ Deposit Paid: (\$50 per session) \_\_\_\_\_  
 Scholarship \_\_\_\_\_ CCCB Voucher \_\_\_\_\_  
 Balance Due: \$ \_\_\_\_\_