

**STRAWBERRY HILL CAMP**  
**Haggerty Community School**  
**110 Cushing Street - Cambridge, MA 02138**  
**2019 SUMMER REGISTRATION FORM**

Child's Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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 1 – July 12	8:00 – 3:30 <b>(\$450)</b> _____	8:00 – 5:30 <b>(\$530)</b> _____	(No Camp July 4)
Session 2: July 15 – July 26	8:00 – 3:30 <b>(\$450)</b> _____	8:00 – 5:30 <b>(\$530)</b> _____	
Session 3: July 29 – August 9	8:00 – 3:30 <b>(\$450)</b> _____	8:00 – 5:30 <b>(\$530)</b> _____	
Session 4: August 12 – August 16	8:00 – 3:30 <b>(\$225)</b> _____	8:00 – 5:30 <b>(\$265)</b> _____	(One week session)

**OFFICE USE ONLY**

**Session 1** Amount Owed \$ \_\_\_\_\_

**Session 3** Amount Owed \$ \_\_\_\_\_

**Session 2** Amount Owed \$ \_\_\_\_\_

**Session 4** Amount Owed \$ \_\_\_\_\_

Registration Fee: **\$25**

Total Tuition: \_\_\_\_\_ Deposit Paid: (\$50 per session) \_\_\_\_\_

Scholarship \_\_\_\_\_ CCCB Voucher \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

**Department of Human Service Programs – Community School Division**

**Camper Release Form**

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

1. I hereby give my child permission to participate in all camp sponsored activities & trips, which may include by school bus, walking, or public transportation.

\_\_\_\_\_  
(Parent / Guardian Initial)

2. I hereby give permission for authorized staff to take my child to the nearest hospital\* for emergency treatment. If injury occurs within Cambridge child will be transported to Cambridge City Hospital or Mt. Auburn Hospital. I authorize hospital personal to proceed with emergency treatment for my child if a parent or emergency contact cannot be reached.

\_\_\_\_\_  
(Parent / Guardian Initial)

3. I give 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 images in any slide show, website, social media or articles submitted for publication or distribution.

\_\_\_\_\_  
(Parent / Guardian Initial)

4. I am not aware of any allergies to sunscreens and I give permission for staff to help child apply if needed.

\_\_\_\_\_  
(Parent / Guardian Initial)

5. If someone other than myself or these individuals is to pick up my child, I will inform director in writing in advance. I understand that staff will ask anyone not on this list to show proper identification before child is released.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (DATE)

**Strawberry Hill Camp**  
**110 Cushing Street**  
**Cambridge, MA 02138**

**Health Form**

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

This page is to be completed by a physician **or**  
you may attach your child's most recent physical (no older than August 18, 2018)

**\*\*The bottom of this page must be signed by parent or guardian.\*\***

**\*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

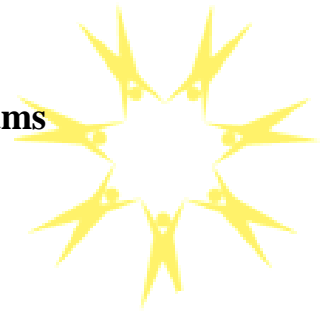
\_\_\_\_\_

date

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

**Application for Enrollment**

**Haggerty Community School**



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 to 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.

<hr/>	<hr/>	<hr/>
Child's Last Name	First Name	Nickname

<hr/>	<hr/>	<hr/>
School Attending	Grade	Date of Birth

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Parent/Guardian Name

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Home Address

<hr/>	<hr/>
Home Phone	Cell/Beeper

<hr/>	<hr/>
Work Place	Work Phone

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Email Address

---

Parent/Guardian Name

---

Home Address

<hr/>	<hr/>
Home Phone	Cell/Beeper

<hr/>	<hr/>
Work Place	Work Phone

What language do you speak at home? \_\_\_\_\_

Can your child speak and understand English? \_\_\_\_\_

If your child has not been enrolled in a school system, what group experiences has your child had? Preschool? Family Day Care? Playgroup? Other Afterschool experiences? \_\_\_\_\_

What do you hope your child gains from this program?

\_\_\_\_\_

\_\_\_\_\_

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 family member?

\_\_\_\_\_

\_\_\_\_\_

How does your child usually respond to new experiences? Shy? Assertive? Please describe. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

What activities does your child like best? Favorite Toys / Games / Songs / Activities

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special dietary concerns? Yes \_\_\_ No \_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child take any regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Will they need to be administered during program hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs or disabilities (health, physical, emotional)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so please describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP (Individual Education Plan)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what activities does your child need special attention or assistance? Please explain.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Additional Comment:

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**STRAWBERRY HILL CAMP**

Late Pick-up Penalty Fee Agreement

**Child's Name** \_\_\_\_\_

Your child's camp closing time is:

☐

**3:30 PM**

☐

**5:30 PM**

A late fee will be assessed for a late pick-up of \$1.00 for every minute after the pick-up time of the program. The office clock will be used to calculate lateness. Late fees must be paid by the time your child returns the following day to avoid disrupting your child's camp schedule.

**Chronic lateness or failure to pay the late penalty will be cause for dismissal from the program.**

Parent / Guardian Signature \_\_\_\_\_

**This agreement will be kept in the office and must be signed each time a late fee is accessed.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Late Fee Due: \_\_\_\_\_

Staff Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Late Fee Paid \_\_\_\_\_ Initial \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Late Fee Due: \_\_\_\_\_

Staff Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Late Fee Paid \_\_\_\_\_ Initial \_\_\_\_\_

-----  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Late Fee Due: \_\_\_\_\_

Staff Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Late Fee Paid \_\_\_\_\_ Initial \_\_\_\_\_

-----  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Late Fee Due: \_\_\_\_\_

Staff Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Late Fee Paid \_\_\_\_\_ Initial \_\_\_\_\_





City of Cambridge  
Department of Human Service Programs  
Information Release Form

For  
official  
use  
only:

(PRINT Child's Name)

(Name of School)

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

I am applying for: (Please check all your program choice(s).)

**Youth Centers**

- ☐ Frisoli Pre-teen
- ☐ Frisoli MSP
- ☐ Gately Pre-teen
- ☐ Gately MSP
- ☐ Moses (Area IV) Pre-teen
- ☐ Moses (Area IV) MSP
- ☐ Russell Pre-teen
- ☐ Russell MSP

(MSP=Middle  
School Partnership)

**Community  
Schools (CS)**

- ☐ Amigos/CPort CS
- ☐ Elm Street CS
- ☐ Fitzgerald CS
- ☐ Fletcher Maynard CS
- ☒ **Haggerty CS**
- ☐ Harrington CS
- ☐ Kennedy CS
- ☐ King CS
- ☐ Linnaean CS
- ☐ Longfellow CS
- ☐ Morse CS
- ☐ Tobin CS

**Afterschool Childcare**

- ☐ Fletcher Maynard K-3
- ☐ King K-2
- ☐ King 2-5
- ☐ 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
- ☐ The Cambridge Prgm
- ☐ War Memorial Prgms

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:** \_\_\_\_\_

**I decline authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

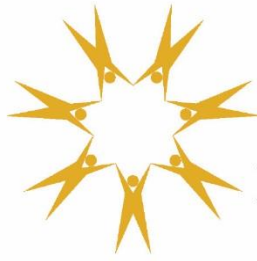
I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP 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:** \_\_\_\_\_

**I decline authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 2/15





**Department of  
Human Service Programs**

*Ellen Semonoff, Assistant City Manager*

City of Cambridge  
51 Inman Street  
Cambridge, MA 02139-1102  
[askdhsp@cambridgema.gov](mailto:askdhsp@cambridgema.gov)

voice: 617-349-6200  
tty: 617-492-0235  
fax: 617-349-6248

Dear Parent/Guardian,

The Massachusetts Department of Public Health, our camp licensing agency has implemented regulations requiring all municipal recreational programs and camps for minor children to have systems in place to provide coast guard approved personal life jackets available to non-swimmers or at-risk swimmers, when attending camp beach trips.

Due to this regulation, "Christian's Law" we are requesting that you provide coast guard approved life jackets for your child participating in weekly beach trips at Community School camp programs.

Life jackets are not required for camp swimming lessons at the YMCA or Cambridge Department of Human Service Programs recreational pools. (Gold Star or War Memorial or other swimming pools)

Coast guard approved children's life jackets can be purchased at sports stores. Price ranges from \$20.00 - \$30.00. When purchasing life jackets, take into consideration the age and weight of your child for best fit.

If this poses a financial hardship, please let us know. We do not wish this to be a barrier for you or your child to fully participate in our summer camp programs.

In order for us to uphold this new regulation, it is imperative that your child bring their life jacket on all scheduled beach trip.

We greatly appreciate your cooperation in assisting us meet this licensing requirement. Please feel free to call me or speak with the Camp Director if you have questions or concerns. Additional information can be obtained from the MDPH Community Sanitation Program website <http://www.mass.gov/dph/dcs>

Sincerely,

Roslyn Shoy  
Acting Division Head  
Community Schools