



2017 The Guppy Gang
Pre-School Program
Registration Packet



80 Carby Street, Westwood, MA 02090 Tel (781)326-1770 Fax (781)326-0676
www.HaleReservation.org

Thank you for your interest in Membership Beach's Guppy Gang Program, the perfect spot for pre-schooler fun! The program is designed to get your 4 or 5 year old outside – exploring nature, playing beach games, and making new friends!

Come rain or shine, the program is held at Membership Beach. While Hale's address is 80 Carby Street, the Membership Beach entrance is located off of Dover Road in Westwood. Coming from Westwood center, we are located on the right, after 573 Dover Road. Coming from Dover, we are located on the left after the JCC Grossman Camp.

Drop off and Pick up are in the upper parking lot. A snack is provided at 10 a.m. and children eat their brown bag lunch at 12 noon. Children need to be prepared to go outside every day and bring:

Sunscreen	Water Bottle
Change of clothes	Walking Shoes
Rain Gear	Swimsuit
Backpack	Towel
Brown Bag Lunch (The Guppy Gang is a peanut free zone)	

Swimming lessons are not included in this program, but if weather permits, children may swim in the shallow bin. The children may also be taken out in row boats to explore the pond. The Guppy Gang Program is led by Hale's Membership Beach staff. They are lifeguards with CPR and First Aid certifications. We provide excellent supervision with our child to staff ratio of 5:1.

Space is limited and is available on a first-come, first-served basis. No refunds are offered, but if space permits, you may switch days with 24 hours' notice.

To register, submit completed forms and full payment or register online by visiting www.HaleReservation.org/programs/family-membership/guppy-gang/. Forms needed to register:

- Guppy Gang Registration Form (unless registering online)
- Health History, Emergency Contact and Release Form
- Copy of the latest Physical signed by a doctor OR the Immunization History Form
- Medication/Epi Pen & Inhaler Administration Form (if needed)

The Guppy Gang Program complies with the regulations of the Massachusetts Department of Public Health and is licensed by the Westwood Board of Health.



2017 Guppy Gang Program Registration Form



Please print clearly:

We are Members: Yes No

Camper Name: _____

Parent/Guardian Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Male Female Age: _____

Email Address: _____

Indicate program and days you would like your child to attend:

Dates and Rates: \$55 per day		8:30 am - 12:30 pm	
<input type="checkbox"/> Mon. June 5	<input type="checkbox"/> Tues. June 6	<input type="checkbox"/> Wed. June 7	<input type="checkbox"/> Thur. June 8
<input type="checkbox"/> Mon. June 12	<input type="checkbox"/> Tues. June 13	<input type="checkbox"/> Wed. June 14	<input type="checkbox"/> Thur. June 15
<input type="checkbox"/> Mon. June 19	<input type="checkbox"/> Tues. June 20	<input type="checkbox"/> Wed. June 21	<input type="checkbox"/> Thur. June 22
Total _____ days @ \$55 per day = \$_____			
Mail to: Hale-Membership Beach, Westwood, MA, 02090			

Parent Signature: _____

Method of payment	Check # _____ (Payable to Hale)	VISA MC	Amount \$_____
Card # _____	3 digit code (on back of card) _____	Exp. Date _____	
Cardholder Zip _____	Signature _____	Print Name _____	



2017 Membership Beach Health History, Emergency Contact and Release Form

To be completed and signed for all campers.

_____	_____	_____	_____	_____
Camper (Last)	(First)	(Initial)	Birth Date	Gender

Street	City	State	Zip	

Parent or Guardian Information	
Parent/Guardian _____	Parent/Guardian _____
Address _____ (only if different from camper)	Address _____ (only if different from camper)
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.

Emergency Contact (not a parent): _____	Emergency Contact (not a parent): _____
Address _____	Address _____
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____

Allergies		
Penicillin _____	Seasonal _____	Foods _____
Insect Bites _____	Other Drugs _____	Other _____
Please explain reaction and severity: _____		
Medications for above allergies: _____		
If medications will be administered at camp for above allergies a "Medication Information Form" must be completed.		

Medications			
Will your child be bringing any an inhaler or medications (including over the counter medicine) to camp? Yes (circle one) No	If "Yes" please complete a Medication Information Form.		
Please check which of the following <u>may</u> be administered to your child <u>if needed</u> :			
Tylenol _____	Advil _____	Benadryl _____	Nasal Decongestant _____
Cough Drops _____	External Antibiotic Cream _____	Anti-Itch Cream _____	Sunscreen _____
Antacid _____	Insect Repellant with Deet _____	Calamine _____	Sudafed _____
ALL of the above _____		NONE of the above _____	

Immunization History: Massachusetts requires a **Certificate of Immunization** for all campers and staff. You may use the form we provide or a copy from your doctor's office. Check if attached

Relevant Past Medical History, General Information, and Restrictions

Does your child have Asthma? _____

Will your child be taking an Inhaler? Yes (Circle One) No

(If "Yes" a "Medication Information Form" must be completed.)

Any physical, mental, or psychological conditions requiring medication/treatment/restrictions while at camp?

Does your child take any prescription or over-the-counter medication at home? _____

List any past medical treatment or recent injuries: _____

Describe any specific activities from which your child should be exempted: _____

Any dietary modifications or restrictions? _____

Doctor/Dentist Information:

Name of family physician: _____ Phone: _____

Address of family physician: _____ Date of last physical exam: _____

Name of dentist/orthodontist: _____ Phone: _____

Insurance Information:

Insurance Carrier _____ Insurance Policy Holder Name _____

Policy or Group # _____

Authorizations

Accuracy of Information: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Photo Release: I authorize Hale permission for our child's photo to appear in brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale to administer first aid and to transport my child to the nearest hospital emergency room, and to order X-rays, routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for off-camp trips.

Acknowledgement of Risk and Waiver: I hereby release and discharge, and agree to indemnify and hold harmless Hale and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian of Camper **Date** _____





2017 Membership Beach Immunization History Form

Each staff and camper at Hale is required to have a Certificate of Immunization on record, signed, and dated by a physician or designee. **We will accept forms generated directly from a physician's office or the completed form below.**

Camper or Staff Name _____ Birth Date _____

Address: _____

Street & Number
City
State
Zip

Immunization History: Please record date (month and year) of immunizations and recent boosters.

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP/DT						
Td (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
TB Mantoux Test		Result: (circle one)			Positive	Negative
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

Licensed Physician's Signature: _____

Date of Examination: _____





2015 Membership Beach Medication, EpiPen®, and Inhaler Administration

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-Prescription medications must be in its original containers, clearly labeled with the child or staff's name and directions for use. All medications must be kept in the Guard Shack. Please completely fill out the following information regarding the appropriate times and dosages of each medication your child or staff will receive at Hale (attach additional forms if needed). I hereby give permission for Hale to administer the following medications to my child during his or her camp attendance.



Not applicable

Camper or Staff Name Birth Date

Name of Medication 1 (if Inhaler or EpiPen® complete below as well): Why is this medication taken? Days Taken (please circle) M T W Th F As needed Times Taken (be specific) AM PM Other Dosage Are there any additional notes or instructions for this medication?

Name of Medication 2 (if Inhaler or EpiPen® complete below as well): Why is this medication taken? Days Taken (please circle) M T W Th F As needed Times Taken (be specific) AM PM Other Dosage Are there any additional notes or instructions for this medication?

Type of Inhaler: Location of Inhaler at camp (circle one) (Guard Shack or designated secure storage) (on campers person) (with camp counselor) Who can administer inhaler? (circle one) Qualified Personal Camper

Type of EpiPen®: Location of EpiPen® at camp (circle one) (Guard Shack or designated secure storage) (on campers person) (with camp counselor) Who can administer EpiPen®? (circle one) Qualified Personal Camper

Parent/Guardian Signature Date: