



2018 Registration Packet

To Register: Complete all forms in the Registration Packet. A separate and complete Registration Packet must be submitted for each camper. Online registration is available at: www.halereservation.org/programs/hale-day-camp

- Registration Form
- Transportation & Extended Day Form
- Health History/Emergency Contact & Release Form
- Parent/Camper Questionnaire
- Enrollment Agreement

Return all forms with the non-refundable deposit of \$100 per camper, per session. No Registration will be processed without deposit. No incomplete Registrations will be processed. Registration deposits will be applied toward your total camp fee.

Once the Registration Packet is processed, your first Confirmation Packet will be mailed which includes an invoice, confirmation of registered session(s), transportation details (if using the bus), and the HDC Parent Handbook. All campers are required to submit by May 1, 2018 a Certificate of Immunization which must be dated within 18 months of camp attendance dates.

Price Includes:

- Bus Transportation (There is no bus transportation for Session 5 or Extended Day)
- Swim Lessons for all ages (There are no swim lessons for Session 5)
- BBQ Lunch for Kinder, Lower & Middle Campers and their parents/guardians once a session
- BBQ Dinner and breakfast for Upper Campers during the "Overnight"
- Any and all trips to and from camp

Discounts: *Discounts do not apply to Extended Day & Session 5

- **Giving Thanks Discount** - Only available 11/25-11/30/17 - \$75 off any* session.
 - Must be paid in full by January 31, 2018
- **Early Registration** - Pay in full by January 31, 2018 and get a \$25 discount per session
- **Sibling** - \$30 off one child for each session siblings are signed up together
- **Multi-Session** (*applies to individual campers only*) - Receive \$25 off 2nd session enrollment, \$50 off 3rd session enrollment, and \$75 off 4th session enrollment

Payments: All payments and forms are due by May 1, 2018. Payment by check or money order is preferred, but we do accept Master Card & Visa.

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



2018 Registration Form

Camper Name _____ Male Female

Street _____ Town _____

State ____ Zip _____ Home Phone _____

Current Grade _____ Date of Birth _____ Returning HDC Camper? YES (circle one) NO

Parent/Guardian _____ Parent/Guardian _____

Has your camper attend Hale Day Camp in the past? Yes No

FOR OFFICE USE ONLY

VSI RE

Total fees: _____ Deposit: _____

Campership Fund - Your donation helps fund a child's camp experience who might otherwise not be able to attend. Thanks for your consideration.

\$25
 \$50
 \$75
 \$100
 Other \$ _____

Camp Program - Age by start of Session	Session 1** 6/25-7/6	Session 2 7/9-7/20	Session 3 7/23-8/03	Session 4 8/06-8/17	Session 5 8/20-8/24	Totals
Kinder Camp* - 4, 5	\$912	\$963	\$963	\$963	\$484	
Lower Camp* - 5, 6	\$912	\$963	\$963	\$963	\$484	
Middle Camp - 7, 8, 9	\$912	\$963	\$963	\$963	\$484	
Upper Camp - 10, 11, 12	\$912	\$963	\$963	\$963	\$484	
Outdoor Adventures I - 8, 9, 10, 11	\$958	\$1025	\$1025	\$1025		
Outdoor Adventures II - 9, 10, 11, 12	\$986	\$1088	\$1088	\$1088		
Mountain Bikers - 8, 9, 10, 11, 12	\$922	\$968	\$968	\$968		
Leaders-In-Training *** - 13, 14	\$1,396 (4 weeks)		\$1,396 (4 weeks)			
Leaders-In-Training *** - 13, 14	\$1,921 (8 weeks)					
Extended Day Program - All ages	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	
Discounts See front page						

* Campers must be toilet trained. Kinder Campers have a quiet/nap time built into their schedule, which is absent from Lower Camp. Please take this into account when making your registration decision - 5 y/o's can be registered for either group.

** Camp will be closed on Wednesday, July 4 for all Campers. Outdoor Adventure Programs will have their overnight the first week of session 1.

*** LITs must submit an LIT application with their registration packet and are subject to enrollment approval from the Camp Director.

Method of Payment: Check # _____ (Payable to Hale Reservation) VISA MC Amount Charged \$ _____

Card # _____ 3 digit code (back of card) _____ Exp. Date _____

Cardholder Zip _____ Signature* _____ Print Name _____

* This authorizes Hale Reservation to charge this credit card to the specific amount list above.

Use this form to indicate how your camper will arrive and depart from HDC each day. In order to have accurate information, please fill out the following Bus Sign-Up Box below on the left, using the information provided on the right. If you are providing transportation, you must indicate this on the Bus Sign-Up Box below.

No bus for extended day and session 5

- Buses operate for regular camp hours
- Times are estimates of arrival/departure
- Buses arrive at Hale at approximately 8:15 a.m.
- Buses depart Hale at approximately 3:45 p.m.
- Buses have a Hale Day Camp staff member on board and are equipped with seat belts

Camper Name:

Transportation Information	
1) Session(s) your camper is attending: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
2) Times your camper is riding the bus: <input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> AM and PM <input type="checkbox"/> AM & Extended Day OR <input type="checkbox"/> No bus service needed - We will drop-off and pick-up our camper at Hale.	
If your camper is taking the bus at any time, check off the Bus # your camper will take: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
4) Bus Stop Name: _____ →	
Please list people who are authorized to pick up your camper from bus stop or camp other than parents / guardians listed on the Registration Form. _____ _____ _____	

BUS #	TOWN	BUS STOP NAME	AM	PM
1	Newton	Newton South High School 140 Brandeis Rd, Newton	7:20	4:35
	Wellesley	Temple Beth Elohim 10 Bethel Rd Wellesley	7:40	4:20
	Needham	Elliot School 135 Wellesley Ave Needham	7:50	4:10
	Dedham	Riverdale School 100 Whiting Ave Dedham	8:05	4:05
2	Medfield	Blake Middle School (MJHS) 24 Pound St Medfield	7:20	4:35
	Medfield	Dale Street School 45 Adams St Medfield	7:35	4:25
	Dover	Dover Town Hall 5 Springdale Ave Dover	7:55	4:15
	Westwood	Sheehan School 594 Pond St Westwood	8:05	4:00
3	Walpole	Old Post School 99 Old Post Rd East Walpole	7:20	4:30
	Norwood	Senior/Savage Center 275 Prospect St Norwood	7:35	4:20
	Westwood	Downey School 250 Downey St Westwood	7:55	4:10
	Westwood	Westwood High School 20 Nahatan St Westwood	8:05	4:00
4	Brookline	Brookline High School 115 Greenough St Brookline	7:15	4:45
	Jamaica Plain	English High School 144 McBride St Jamaica Plain	7:45	4:15
5	W. Roxbury	Holy Name School 353 W. Roxbury Pkwy W Roxbury	7:45	4:20
	W. Roxbury	Catholic Memorial School 235 Baker St West Roxbury	8:00	4:00

<p align="center">Extended Day Information</p> <p>Afternoon Extended Day hours: 3:45 p.m. - 6 p.m. Sign up on registration form. <i>Note: No PM bus service for Extended Day</i></p> <p>Late Fee Policy: Pick-up after 6 p.m. will result in a \$10 fee</p> <p>Extended Day Program Rates: (rate is per child/per session) Sessions 1 - 4 : \$150/per session. Session 5(1 week): \$75</p> <p>Daily Option: You may register for the daily option beginning on June 19. The rate is \$40 per camper, per day. To register your camper, please call the camp office 781-329-8107.</p>

Parent/Camper Questionnaire

Camper Name _____ Please place with _____

Pending reg. date this is not guaranteed

Session(s) attending 1 2 3 4 5 Sibling(s) Enrolled? Yes No

Name/age of Sibling(s) _____

School Camper attends is _____ Years attended _____

How did you hear about Hale Day Camp? _____

Here at Hale Day Camp, we look forward to discovering each camper's abilities and uniqueness. We are an outdoor camp with lots of trails, visual stimulus and many transitions in our days. Campers need to be able to follow directions, stay with the group and communicate with the counselors when there are any questions or concerns. To better ensure your camper has a positive experience, please inform us of anything that may be beneficial to our staff.

- Is there any information regarding camper's current home situation that we should be aware of (i.e. *parental status, major life changes, family members living elsewhere, etc.*)?
- What are your camper's hobbies and interests? What is your camper most looking forward to about camp?
- Does your camper have any concerns regarding camp? Yes No If yes, what are their concerns?
- Do you, as a parent/guardian, have any concerns? Yes No If yes, what are your concerns?
- How can we best help with these concerns? What are some strategies you have that work at home?
- Does your camper have difficulty with transitions, has ADHD, or has any special needs? Yes No
If Yes, how may we best assist your camper with this situation at camp?
- Are there any activities in which your camper's participation needs to be limited? Yes No
If yes, what?

If you have any additional information you would like to share or if you have questions or concerns about camp, please feel free to call the office and speak with the Director @781-326-1770 .



Camper's Name _____

Registration/Confirmation

Upon receipt of completed Registration Packet, a confirmation letter and invoice will be sent.

A complete Registration Packet includes:

- Registration Form
- Transportation/Extended Day Form
- Health History, Emergency Contact and Release Form (this is a two page form)
- Camper Questionnaire
- Enrollment Agreement
- \$100 non-refundable deposit per camper, per session

Immunization Record

In addition to the Registration Packet, I understand Hale Day Camp (HDC) requires each camper to have a current copy of Certificate of Immunization prior to their first day of camp. I understand that my child will not be permitted to participate in the program until the following additional paperwork has been completed and received by May 1, 2018:

- A copy of the Certificate of Immunization (Can be from your child's school or doctor's office)
- A copy of a Physical is needed only for Outdoor Adventure programs
- Medication, Epi-Pen & Inhaler Administration Form (*if applicable*)

Dismissal

I understand that HDC reserves the right to dismiss any camper whose behavior interferes with the rights and safety of others. In such cases, no refunds will be given. For more details regarding our Behavior & Dismissal policies, please see the 2018 HDC Handbook, which you will receive with your confirmation packet.

Photograph/Video

I grant Hale Day Camp and American Camp Association permission for my camper's photo to appear in videos, camp brochures, on websites and social networking sites such as Facebook or other promotional literature.

Payment & Withdrawal Refund Policy

- Full payment is due before May 1, 2018.
- Any appropriate sibling discount will be adjusted to the balance due.
- I understand that if I withdraw by May 1, any camp fees paid will be refunded 100% minus the \$100 non-refundable deposits.
- Withdrawals made May 1 through May 31 will be refunded at 50% of total camp fees minus \$100 non-refundable deposits.
- I understand that as of June 1, no refunds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.

By TYPING or SIGNING below, indicates I have read and understand the following policies as well as the information listed in the camp brochure. I hereby grant permission for my child to participate in all planned HDC programs and activities, including any off-site activities.

Parent/Guardian

Date



Hale Day Camp
2018 Health History, Emergency
Contact, and Release Form

80 Carby St. Westwood, MA 02090

Phone: (781) 326-1770

Fax: (781) 326-0676

www.AcresofAdventure.org

Last Name: [grid] Middle Initial: [grid]

First Name: [grid] Birth Date (MMDDYY): [grid]

City/Town State Zip Street

Male (circle one) Female

Identifying Marks: _____

Parent or Guardian Information

Parent or Guardian _____

Parent or Guardian _____

Address _____
(Only if different from address above)

Address _____
(Only if different from address above)

Phone _____ Work _____

Phone _____ Work _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Please list at least one emergency contact that, if necessary, could provide transportation home.

Emergency Contact _____

Emergency Contact _____

Cell Phone _____ Work _____

Cell Phone _____ Work _____

Allergies

- Insect Bite Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)
Bee Sting Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)
Food Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)
Seasonal Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)
Medications Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)
Other Yes (circle one) No Reaction _____ Severity: Mild - Moderate - Severe (circle one)

Please explain/specify any of the above that were answered "Yes" (i.e. type of food allergy, medication associated, etc.) _____

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed

Physician Information

Name of family physician: _____ Phone: _____

Insurance Information

Insurance Carrier: _____ Policy Holder Name: _____ Policy/ Group #: _____

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form provided or a copy from your doctor's office.

Check if attached If not attached, please list the date that you will send to us _____

Camper or Staff Name _____

Relevant Past Medical History, General Information, and Restrictions

Does your child (or staff member) have Asthma? **Yes (circle one) No**

*Will your child (or staff member) be bringing an inhaler to camp? **Yes (circle one) No** - If "Yes" a "Medication Information Form must be completed.

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp? _____

*Does your child or (staff member) take any prescription or over-the-counter medication at home? **Yes (circle one) No**

Please list any past medical treatment or recent injuries: _____

Describe any specific activities from which your child (or staff member) should be exempted: _____

Any dietary modifications or restrictions? **Yes (circle one) No** - Please explain: _____

Does your child have an IEP or 504 plan? **Yes (circle one) No**

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____

Please share any information that would help Summer Staff best serve your child: _____

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.

Authorization for Treatment: In case of an emergency, I authorize Hale Reservation to administer first aid and to transport my child or (staff member) 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 form can be photocopied for camp trips.

Medical Expenses: Any fees for consultation or special care, charged by physicians or trained nurses who may be called to assist the health center staff in case of illness of a camper (or staff member), medicines, and charges for any service or care beyond those ordinarily provided at the health center, are to be paid by the parents or guardians of the camper (or staff member) concerned, regardless of whether such costs are covered by insurance.

Authorization for Medications: I authorize the Hale Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including: swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation 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 participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age

Signature _____

Date _____