



2019 REGISTRATION PACKET

To Register: Complete all forms in this Registration Packet and return along with child's current Immunization Records. A separate and complete Registration Packet must be submitted for each camper. Online registration is available at: www.halereservation.org/programs/hale-day-camp.

A Complete Registration Includes:

- Enrollment Agreement (Page 1)
- Registration Form (Page 2)
- Transportation & Extended Day Form (Page 3)
- Health History/Emergency Contact & Release Form (Pages 4-5)
- Camper Questionnaire (Page 6)
- Copy of child's current Immunization Records (from physician's office)
- \$100 non-refundable deposit per camper, per session which will be applied to your camp fee.

Once the complete registration is processed, you will receive an email confirmation. When it gets near to the start of camp, you will receive another email with the HDC Parent Handbook and important details about camp.

Price Includes:

- Bus transportation (**Please Note: There is NO Bus Transportation for Session 5 or Extended Day**)
- Swim instructions for traditional camp participants (**There are no swim instructions for Session 5**)
- Kickoff Camp Family BBQ at the start of the camp season
- Meals during the overnights
- Field trips associated with specific programs

Payments: All payments and forms are due by May 1, 2019. Payment can be made by check, money order, MasterCard and Visa.

80 Carby Street, Westwood MA 02090
Phone: 781-326-1770, Fax: 781-326-0676
www.halereservation.org



2019 ENROLLMENT AGREEMENT

Camper Name _____

Immunization Records

I understand Hale Day Camp (HDC) requires each camper to have a current copy of their immunization records prior to their first day of camp. I understand that my child will not be permitted to participate in the program until child's current immunization records are received prior to the start of camp.

If applicable, please also submit the following following documentation:

- For Outdoor Adventures Programs: A copy of child's physical
- If medication required during camp: Medication Administration Form

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 2019 HDC Handbook, which you will receive with your confirmation packet through email.

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, 2019.
- Any appropriate sibling discount(s) will be applied 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 Name

Date



2019 REGISTRATION FORM

Camper Name _____ Male Female Non-Binary

Street _____ Town _____

City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian Cell Phone _____

Grade in the Fall _____ Date of Birth _____ Returning HDC Camper? YES **(circle one)** No

T-Shirt Size **(circle one)** Child XS Child S Child M Child L Adult XS Adult S Adult M Adult L Adult XL

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 Amt \$ _____

Program	Age by Start of Session
*Kindercamp	4 & 5 (must be toilet trained)
Lower Camp	6 & 7
Middle Camp	8 & 9
Upper Camp	10, 11 & 12
Outdoor Adventures I	9, 10, 11 & 12
Outdoor Adventures II	10, 11 & 12
Mountain Bikers	9, 10, 11, 12
**Leaders-In-Training	13, 14 & 15

Session	Dates
Session 1	6/24/19 – 7/5/19 (no camp on July 4)
Session 2	7/8/19 – 7/19/19
Session 3	7/22/19 – 8/2/19
Session 4	8/5/19 – 8/16/19
Session 5	8/19/19 – 8/23/19

*Kindercampers have a mindfulness/quiet time built into their schedule.

**LITs need to also fill out a Participant Information Form with their registration packet.

If you are going to be dropping off or picking up your child from camp, please fill out this information:

Car Make _____

Car Model _____

License Plate _____

↓ Please **check off** which session(s) your camper will be attending ↓

Kindercamp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Lower Camp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Middle Camp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Upper Camp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Outdoor Adventures I	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Outdoor Adventures II	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Mountain Bikers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Leaders-In-Training	<input type="checkbox"/> Sessions 1 & 2		<input type="checkbox"/> Sessions 3 & 4		<input type="checkbox"/> Sessions 1 - 4

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

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

Cardholder Zip Code _____ Signature * _____ Print Name _____

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



2019 TRANSPORTATION & EXTENDED DAY FORM

Please use this form to indicate how your camper will arrive and depart from HDC each day. **THERE IS NO BUS TRANSPORTATION FOR SESSION 5 AND EXTENDED DAY.**

Camper Name: _____

Session(s) your camper is attending: 1 2 3 4 5 (No Bus)

Please check one: AM Bus only PM Bus only Bus for both AM & PM

AM Bus & Extended Day NO AM Bus but Extended Day No Bus Needed

If your camper is taking the bus (**BUS AVAILABLE FOR SESSIONS 1-4 ONLY**), please check off which bus you would like:

Check Box if Taking Bus	Town	Bus Stop Name & Address	Departure Time	Arrival Time	Bus #
	Newton	Newton South High School 140 Brandeis Rd, Newton	7:15am	4:45pm	1
	Needham	Eliot School 135 Wellesley Ave, Needham	7:35am	4:25pm	
	Wellesley	Sprague Elementary School 401 School St, Wellesley	7:50am	4:15pm	
	Needham	Newman Elementary School 1155 Central Ave, Needham	8:05am	4:00pm	
	Medfield	Medfield Junior High School 24 Pound St, Medfield	7:15am	4:45pm	2
	Medfield	Dale Street School 45 Adams St, Medfield	7:25am	4:35pm	
	Dover	Dover Public Works 2 Dedham St, Dover	7:40am	4:20pm	
	Westwood	Sheehan School 549 Pond St, Westwood	7:55am	4:05pm	
	Westwood	Westwood High School 200 Nahatan St, Westwood	8:05am	4:00pm	3
	Walpole	Old Post School 99 Old Post Rd, East Walpole	7:15am	4:45pm	
	Norwood	Norwood Senior Center 275 Prospect St, Norwood	7:35am	4:25pm	
	Westwood	Downey School 250 Downey St, Westwood	7:55am	4:15pm	
	Dedham	Greenlodge School 191 Greenlodge St, Dedham	8:05am	4:05pm	4
	Brookline	Brookline High School 115 Greenough St, Brookline	7:15am	4:45pm	
	Jamaica Plain	English High School 144 McBride St, Jamaica Plain	7:45am	4:15pm	5
	West Roxbury	Holy Name Parish School 535 W Roxbury Pkwy, W Roxbury	7:30am	4:30pm	
	West Roxbury	Catholic Memorial School 235 Baker St, W Roxbury	7:45am	4:15pm	
	Dedham	Riverdale School 143 Needham St, Dedham	7:55am	4:05pm	

Bus Info: Buses operate for regular camp hours only. Departure and arrival times are estimates. Buses arrive at Hale at approximately 8:15am and depart at approximately 3:45pm. All buses have a Hale Day Camp staff member on board and are equipped with seat belts.

Extended Day Info: Extended Day is for afternoons only (3:45 – 6pm). No PM bus service available. Late Fee Policy: Pick up after 6pm will result in a \$10 fee. Rate for Sessions 1-4: \$160 per session. Rate for Session 5 (one week): \$80. You may also register for the daily option, which is \$16 per camper, per day. To select this option, call the Main Office at: 781-326-1770.



2019 HALE DAY CAMP
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]

Street City/Town State Zip

(Circle one) Male Female Non-Binary Identifying Marks: _____

Parent or Guardian Information

Parent or Guardian Address Phone Work Cell Phone Email (repeated for two guardians)

Please list at least one emergency contact (other than parent or guardian) that, if necessary, can provide transportation home.

Emergency Contact Cell Work (repeated for two contacts)

Allergies

Insect Bite Bee Sting Food Seasonal Medications Other Yes/No Reaction Severity (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 Administration Form" must be completed

Physician Information (Required)

Name of family physician: _____ Phone: _____

Insurance Information (Required)

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

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. This form can be obtained from your doctor's office.

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



2019 HALE DAY CAMP
HEALTH HISTORY, EMERGENCY
CONTACT, AND RELEASE FORM

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 Administration 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.

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.

Photo Release: I authorize Hale and American Camp Association to have my child's photo to appear in camp brochures, videos, on websites or other promotional literature.

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 _____



2019 CAMPER QUESTIONNAIRE

Camper Name _____ Please place with _____

Pending reg. date this is not guaranteed

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 .