



2019 Guppy Gang
Preschool 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 Hale Summer Club's Guppy Gang Program, the perfect spot for preschooler fun! Our 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 Hale Summer Club. Hale's address is 80 Carby Street, but Hale Summer Club's entrance is located off of Dover Road in Westwood. Coming from Westwood center, we are on the right, after 573 Dover Road. Coming from Dover, we are 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 Summer Club 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 online, visit:

<https://register1.vermontsystems.com/wbwsc/mahale.wsc/search.html>

You will need to mail the following information to Hale to complete registration:

- 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)

All of these forms are available on the pages that follow. If you prefer to register offline, also include the Registration Form (p. 2).

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





2019 Guppy Gang Program Registration Form

Please print clearly.

We are pass holders: 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:

HSC Passholders: \$55 per day; Non-Members: \$60 8:30 am - 12:30 pm

Mon. June 10 Tues. June 11 Wed. June 12 Thur. June 13

Mon. June 17 Tues. June 18 Wed. June 19 Thur. June 20

Total _____ days @ \$55/\$60 per day = \$_____

Mail to: Hale Summer Club, 80 Carby Street, Westwood, MA, 02090

Parent Signature: _____

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

Card # _____ Exp. Date ____/____ Cardholder Zip _____

Signature _____ Print Name _____



2019 Hale Summer Club Health History, Emergency Contact and Release Form

80 CARBY STREET, WESTWOOD, MA 02090

PH.781-326-1770

FAX.781-326-0676

HALERESERVATION.ORG

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

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

Street City/Town State Zip

Male (circle one) Female Identifying Marks: _____

Parent or Guardian Information. Includes fields for Parent or Guardian, Address, Phone, Cell Phone, and Email for two individuals.

Please list at least one emergency contact other than Parents listed above that, if necessary, could provide transportation home. Includes fields for Emergency Contact and Cell Phone.

Allergies. Includes a table for Insect Bite, Bee Sting, Food, Seasonal, Medications, and Other, with Yes/No options, Reaction, and Severity fields. Includes a note about medication information forms.

Physician Information. Includes fields for Name of family physician and Phone.

Insurance Information. Includes fields for Insurance Carrier, Policy Holder Name, and Policy/ Group #.

Immunization History: Massachusetts requires a Certificate of Immunization for all campers. You may use the form provided or a copy from your doctor's office. Check if attached [checkbox]

Relevant Past Medical History, General Information, and Restrictions

Does the camper have Asthma? **Yes (circle one) No**

*Will the camper be bringing an inhaler to camp? **Yes (circle one) No**

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

*Does the camper 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 the camper should be exempted: _____

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

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: _____

**If "Yes" a "Medication Information Form" must be completed*

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 and American Camp Association to have my child's photo to appear in camp 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 form can be photocopied for camp trips.

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. I authorize the Hale Staff to apply sunscreen products as well as sunscreen with DEET.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper 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

Signature _____

Date _____



2019 Hale Summer Club
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: _____

