

# HALE

## OUTDOOR LEARNING ADVENTURES

Greetings, HOLA Families!

We look forward to welcoming this year's campers. This registration packet is the first step to ensure your student can attend HOLA. We only accept a limited number of campers, and opportunities are available on a first-come, first-served basis.

Please carefully review the Registration Checklist, complete the forms that follow, and remember to answer every question. The entire Registration Packet must be completed in order for us to process it. A separate packet must be submitted for each camper.

### Registration Checklist

- Attendance Commitment Contract
- Parent Survey
- Hale Registration: Health History, Emergency Contact and Release Form
- Medication Administration (if needed)
- Transportation Policy Statement of understanding
- Summer Learning Academies Registration/Consent Form
- Certificate of Immunization
- \$100 payment per camper (check, cash, or money order are preferred, but we also accept Mastercard and Visa)

Upon completion, you may choose to mail, fax, or scan and email your application forms to Hale:

**Mail** Hale Outdoor Learning Adventures  
80 Carby Street  
Westwood, MA 02090

**Fax** 781-326-0676, ATTN: HOLA

**Email** [gromero@halereservation.org](mailto:gromero@halereservation.org)

If you have any questions please call 781-326-1770 and ask to speak to Geidy Romero, HOLA's administrator. We look forward to receiving your application!



Parent Name \_\_\_\_\_

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

Child's Grade (2018-2019) \_\_\_\_\_

School Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please review the following commitments with your camper:

- I understand that my child is expected to come to camp with a positive attitude and a willingness to participate.
- I understand that my child is expected to arrive at camp bus stops on time to not cause delays.
- I understand that, for safety reasons, my child is required to follow all behavior and classroom instructions.
- I understand that my child may lose their place in camp due to unexcused absences (doctor's note required for excused absences). Upon removal from the program their place will be offered to students on the waitlist.
- I understand that my camper is required to come to camp with a backpack and supplies (see packing list).

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

Child's Signature \_\_\_\_\_

Hale Staff \_\_\_\_\_



At HOLA we look forward to getting to know each camper individually. We celebrate individuality and offer programs that challenge campers to learn more about themselves. As an outdoor camp, we maintain high safety expectations in order for children and staff to work together as a team as they have fun and educational camp experiences.

All campers are expected to follow directions, stay with their groups, and communicate with counselors. To ensure your camper has a positive experience, the following questions will assist our behavior management team in better understanding your child. By providing honest input concerning your child's emotional, physical, and social needs, you help us ensure that s/he has a rewarding camp experience! Forms are confidential and are reviewed only by staff working with your child.

Parent Name \_\_\_\_\_

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

Age \_\_\_\_\_ Gender \_\_\_\_\_

Years Previously Attended \_\_\_\_\_

Siblings Enrolled            Yes \_\_\_\_\_    No \_\_\_\_\_

Names of Enrolled Sibling(s) \_\_\_\_\_

How did you hear about HOLA?  
\_\_\_\_\_

Please describe child's living circumstances (do they live with you, are you a foster parent, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Describe any major life changes (recent migration or move, parent separation, family loss):  
\_\_\_\_\_  
\_\_\_\_\_

Family Income (Please check the best estimate)

- Less than     \$15,000            \_\_\_\_\_
- Between      \$15,001 - \$30,000    \_\_\_\_\_
- \$30,001 - \$60,000    \_\_\_\_\_
- \$60,001 - \$100,000   \_\_\_\_\_
- \$100,001 and up      \_\_\_\_\_

Please list any communities your family is involved with (Church, Clubs, Teams):

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What is your child's ethnicity, and how do they identify?

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Does your child have any concerns regarding camp?            Yes    No

If you circled "Yes," what are their concerns?

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Do you, as a parent/guardian, have any concerns?            Yes    No

If you circled "Yes," what are your concerns?

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What are your child's hobbies and interests?

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Does your child have any special needs or require accommodation(s)?            Yes    No

If you circled "Yes," please describe those needs or accommodation(s):

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*I certify that the above information is true and to the best of my knowledge.*

Parent Signature    \_\_\_\_\_

Hale Staff            \_\_\_\_\_



**2019 Health History, Emergency Contact, and Release Form**

Last Name:                      Middle Initial:

First Name:                  Birth Date (MMDDYY):

\_\_\_\_\_  
 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 _____

**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**

<b>Insect Bite</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Bee Sting</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Food</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Seasonal</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
<b>Medications</b>	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)

**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**

**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**

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

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\*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** Please explain: \_\_\_\_\_

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

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Please share any information that would help Hale 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.

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

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. I understand that 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, medicines, and charges for any service or care beyond those ordinarily provided at the health center are my responsibility to pay for. 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.

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 \_\_\_\_\_



## Authorization to Administer Medication to a Camper

### Camper and Parent/Guardian Information

Camper's Name:

Age:

Food/Drug Allergies:

Diagnosis (at parent/guardian discretion):

Parent/Guardian's Name:

Home Phone:

Cell Phone:

Emergency Contact Name:

Telephone:

### Licensed Prescriber Information

Name of Licensed Prescriber:

Business Phone:

Emergency Phone:

### Medication Information 1

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur:

### Medication Information 2

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
<b>Authorization Information</b>	
I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR (name of camper) 430.160(C) and 105 CMR 430.160(D) [see below].	
<b>If above listed medication includes epinephrine injection system:</b>	
I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<b>If above listed medication includes insulin for diabetic management:</b>	
I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Signature of Parent/Guardian:	Date:

\*\* **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.





Parent Name \_\_\_\_\_

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

This document is to certify that you are aware that HOLA (Hale Outdoor Learning Adventures) begins at 8:30am and ends at 4:15pm Monday through Friday. Parents/ Guardians are responsible for helping their child attend camp every day of programming. Transportation is scheduled for each bus to complete all bus stops between 7:00am- 8:30am for pick up, and 5:00pm- 6:30pm for drop off. Please confirm that you will be present at my child's bus stop at the time of their scheduled pick up and drop off.

**Children will be responsible for**

- Proper bus behavior following all safety instructions
- Respecting the bus driver and monitor and peers
- Any damaged equipment or property on the bus or on anyone else's property
- Remaining with a staff member at all times
- Being on time with belongings for pickup at the end of the camp day
- Dressing appropriately for indoor and outdoor play
- Remaining seated while the bus is moving
- Behaving in a manner, while on the bus, which allows maximum concentration of the driver (Children who do not behave appropriately on the bus may be suspended from transportation privileges)

**Pick-Up Authorization**

If a child is to be picked up by someone other than an authorized person, the bus monitor must be notified in writing. Parents or designated persons picking up children must come to the designated bus stop and sign in/out the child. For your child's safety, we will not allow your child to leave the bus/program without an authorized person or written permission to do so unsupervised. Please ensure that authorized pick-up persons have picture identification, available when unfamiliar faces are picking up. Please be aware that if the staff has concerns that an authorized release person, including a parent, is under the influence of drugs or alcohol, the staff may require that another authorized release person be contacted to pick up a child. Repeated incidents of this circumstance may be cause for intervention from a support agency, such as the Department of Children and Families.

This document certifies that you understand that if your child misses the bus at your selected stop you may drive them to camp on your own.

At the end of the program day, if you are not present during scheduled drop off times your child will be held at the last stop on the route.

### **Late Pick-Up Policy**

- If parent/guardian is running, they must call Hale to let us know what time they expect to arrive
- In the event of consistent tardiness, a case conference will be convened to discuss possible alternatives for pick up
- In the event that Hale does not receive a prior phone call from the parent/guardian, the following procedures will be immediately implemented:
- An HOLA staff member will contact parent/guardian for instructions. If contact cannot be made, calls will be made to the emergency contacts to arrange pick-up
- If by 2 hours after closing, contact cannot be made to the child's parent/guardian or emergency contacts, a call will be placed to the Department of Children and Families (DCF) Emergency Unit.
- Staff members will then follow instructions given by DCF to determine what further arrangements are necessary Parents/Guardians will be informed to contact DCF for further instructions

### **Walking Permission**

I give my child permission to walk unsupervised to/from the selected bus stop.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hale Staff Signature: \_\_\_\_\_

*Dear Parent/Guardian,*

Your child has the opportunity to participate in a summer academic and enrichment program to prepare them for the next grade. Boston Public Schools (“BPS”) and Boston After School & Beyond, Inc. (“BASB”) manage the summer program. The program will operate for at least four weeks this summer, 4-5 days per week for the full day.

### **City-wide Program Evaluation**

This program is taking part in a city-wide program evaluation project (the “Measurement Project”) for all or part of the time period from May 2019-July 2020. This Measurement Project, managed by BASB, seeks to understand the quality of expanded learning time programming in Greater Boston and how programs support student skill development and learning. Several research organizations will help with the Measurement Project: the National Institute on Out-of-School Time (“NIOST”), the PEAR Institute (“PEAR”), the RAND Corporation, and ExpandED Schools (collectively, “Research Organizations”). **By completing, signing, and returning this Consent Form, you acknowledge and agree to the following:**

1. BASB, Research Organizations, and BPS will have access to the following demographic and academic information about your child (obtained from this Program and/or BPS): student program attendance, school attended, race, gender, grade, age/date of birth, English learner (EL) status, special education status, homelessness status, home zip code, school-year attendance (days present, days tardy, rate), discipline records (total suspension incidents, days suspended, expulsions), test scores, State Assigned Student Identifier (SASID) and Boston Public Schools ID. These data are confidential and will be used only for evaluation to improve expanded learning time programming.
2. Boston Public Schools may share information about each student’s academic record with community non-profit staff who help operate the program site. This data will be used for program planning and will not be shared publicly in any way.
3. Students may complete diagnostic academic assessments to assess their skills and progress. Teachers may rate student academic growth and/or proficiency. This information may be shared with BASB, Research Organizations and BPS academic year staff. Individual student data will not be shared publicly in any way.
4. Students in grades 4-12 will be asked to fill out a survey called NIOST Survey on Academic and Youth Outcomes (“SAYO Y”). The SAYO Y is a brief survey which asks students about their program experience and future plans. Participation in the survey is voluntary and students may stop at any time without penalty. Should you have any questions about this survey contact Dr. Georgia Hall at ghall@wellesley.edu, or Nancy L. Marshall at nmarshall@wellesley.edu.
5. Students in grades 5-12 may be asked to fill out a survey called the Holistic Student Assessment (“HSA”) and/or the Common Instrument (“CI”), developed by PEAR. The HSA is a tool that can help programs understand students’ social and emotional strengths and needs. Students complete a brief survey about themselves. The HSA results are used to cultivate each student’s strengths, abilities, and academic success. The CI is a brief survey which assesses student interest in science, technology, engineering, and math. CI results will be used to improve program content and delivery. Participation in the survey(s) is voluntary and students may stop at any time without penalty. BASB, BPS, and Research Organizations will have access to HSA and CI data and results. PEAR reserves the right to use all HSA and CI data for both research and educational purposes. Should you have any questions regarding HSA or CI, contact Jane Aibel at jaibel@mclean.harvard.edu.

### **Confidentiality of Data Collected**

Your child’s participation in the Measurement Project helps us to better understand expanded learning time programming in Greater Boston. All data collected that may identify your child will be kept confidential. In public reporting of research findings, only group data and/or de-identified data will be reported. At no time will a public report identify an individual student in any way. The only exception to confidentiality will be in the case of any information disclosed that indicates a child is in any danger.

### **Photography and Video Release**

BPS, BASB and/or their partners/agents may videotape or take photos of your child’s participation in the program using video and/or digital photography. These images may be taken before, during, or after programming. These images may be used for the purpose of sharing your child’s participation and associated perspectives to a public audience. Images may be published, posted, or played through a variety of communication channels, including but not limited to print, television, and/or online.

**SIGNATURE REQUIRED ON FOLLOWING PAGE → →**



**2019-2020 Consent Form - Please Sign and Return**

**Please complete, sign and return.**

By signing this form below, I give permission for my child to participate in the Summer Program and the Measurement Project, and I acknowledge that I have read, understand, and agree to all aspects of the Summer Program and Measurement Project as described in this form. The program will provide services to my child regardless of whether I sign this form.

**Program in which your child is enrolling:** \_\_\_\_\_

**Child's Full Name (First, Middle, Last):** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Child's BPS ID:** \_\_\_\_\_

**Child's Gender:** \_\_\_\_\_ **Child's Grade (School year 2018-2019):** \_\_\_\_\_

**Child's Race/Ethnicity (Select all that apply):**

- |  |                                |  |                                   |
|--|--------------------------------|--|-----------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other                     |                                   |

**Child's School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**\*\*PARENT/GUARDIAN SIGNATURE\*\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_