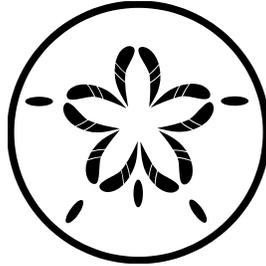


Department of Human Service Programs ~ Community Schools Division

Haggerty Neighborhood Council & Community School

Strawberry Hill Camp



Summer Camp 2012

Registration begins March 1 through June 15, 2012

110 Cushing Street * Cambridge, MA 02138 * (617) 349-6264 * TTY/TDD (617) 876-6315

Director : Amanda Kierce * www.cambridgema.gov/DHSP2/haggerty.cfm * akierce@cambridgema.gov

*This camp must comply with regulations of the
Massachusetts Department of Public Health and be
licensed by the Cambridge Board of Health*

***PLEASE COMPLETE THE SHC REGISTRATION PACKET & MAIL IT TO THE:**

HAGGERTY COMMUNITY SCHOOL
THE ATTENTION OF AMANDA KIERCE
110 CUSHING STREET
CAMBRIDGE, MA 02138

THANK YOU.

Schedule & Fees

	Dates	Fee
Session I 8:00am -3:30pm	June 25 ~ July 6 <i>*Camp will be CLOSED on July 4th</i>	\$320
Extended Day Option 8:00-5:30pm	June 25 ~ July 6 <i>*Camp will be CLOSED on July 4th</i>	\$380
Early Drop Off 7:30-8:00am	June 25 ~ July 6	\$40
Session II 8:00am -3:30pm	July 9 ~ July 20	\$320
Extended Day Option 8:00-5:30pm	July 9 ~ July 20	\$380
Early Drop Off 7:30-8:00am	July 9 ~ July 20	\$40
Session III 8:00am -3:30pm	July 23~ August 3	\$320
Extended Day Option 8:00-5:30pm	July 23~ August 3	\$380
Early Drop Off 7:30-8:00am	July 23~ August 3	\$40
Session IV 8:00am -3:30pm	August 6 ~ 17 <i>*Camp ends at 3pm on Friday 8/17</i>	\$320
Extended Day Option 8:00-5:30pm	August 6 ~ 17 <i>*Camp ends at 3pm on Friday 8/17</i>	\$380
Early Drop Off 7:30-8:00am	August 6 ~ 17	\$40

Equal Access

The Haggerty Neighborhood Council & Community School and the Department of Human Service Programs do not discriminate in providing services on the basis of race, religion, national origin, cultural heritage, political belief, sexual preference, marital status, or disability. The DHSP will provide auxiliary aids and services, written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

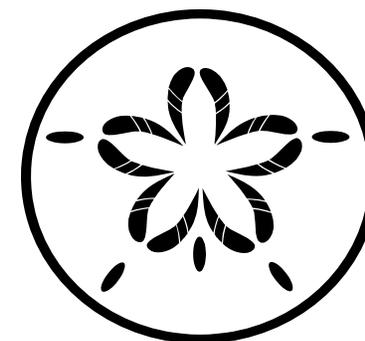
Inclusion Policy

The Department of Human Service Programs welcomes individuals with disabilities in all of its Out of School Time programs. DHSP will provide reasonable accommodations to individuals with disabilities who meet the basic eligibility requirements of the OST Programs or who with the provision of reasonable accommodations will be able to meet the basic eligibility requirements, to facilitate equal participation for those individuals in existing OST Programs.

This camp is inspected annually to comply with the regulations of the Massachusetts Department of Public Health (105 CMR 430-000) and is licensed annually by the Cambridge Board of Health.



Strawberry Hill Camp



Department of Human Service Programs ~ Community Schools Division

Haggerty Neighborhood Council & Community School

110 Cushing Street

Cambridge, MA 02138

Director: Amanda Kierce

617-349-6264

Fax: 617.349.6034

akierce@cambridgema.gov

Cambridgema.gov/dhsp2/haggerty.cfm



Program Activities

The Strawberry Hill Camp provides children with creative, social, enrichment and sporting activities in a safe, nurturing environment. Each member respects individual differences by embracing diversity and using it as a tool to teach one another that community is not just a word, but also a way of life. Children will participate in literacy activities such as story time and library visits, creative arts, gardening and environmental exploration. Field trips will include visits to museums and the zoo along with weekly beach trips. On a daily basis, children will be able to choose and participate in various activities including, recreational sports, nature walks around Fresh Pond, water play, art and crafts projects, and other games. Campers must bring a daily lunch. Morning and afternoon snacks will be provided.

Age Requirements

Children should be 4.5 years of age (entering Kindergarten in September) through 11 years of age. Children will be separated into age appropriate groups.

Hours of Operation

The Strawberry Hill Camp is in session from 8:00am to 3:30pm weekdays, with an extended day option available from 3:30 to 5:30pm and an early drop off option from 7:30-8:00am. The extended day program is very popular with parents who need full time childcare. Children who stay for the full day have had a long, busy, and often tiring day at camp; therefore, the mood in the afternoon session is relaxed and casual. Story time, board games, computer workshop, crafts, and low-exertion physical activities are some of the choices offered.

Staff

Our staff provide quality care for all our children regardless of needs. Our staff members are committed childcare professionals with extensive experience in promoting socially responsible behavior. They are responsible for providing age-appropriate recreational and enrichment activities for children. The camp is run by a director and includes specialists in various fields, such as dance, creative movement, visual arts, sports and environmental exploration. All classrooms consist of a lead and two assistant instructors. Camp instructors are supported by youth from the Mayor's Summer Program. All of our lead staff has been trained in CPR and first aid for children. In addition to the counselors, certified lifeguards will accompany the camp

on all water-related field trips.

Registration

Registration begins on March 1 through June 15th. A registration fee of \$20 is requested. Registration packets are available upon request.

Payments & Financial Assistance

A \$50 deposit is needed for each registered session and is applied to the tuition. Full payment must be received one week prior to the start of each session. Cancellations must be received no later than May 25th. After that date, no refunds will be granted. All payment must be made by check or money order and payable to the **Haggerty Community School**.

Limited financial assistance is available for income eligible families. Income verification is required. All requests for scholarship must be received by Friday May 18, 2012.

Child Care Resource Center vouchers are accepted.

Haggerty Community School/Strawberry Hill Camp* Registration Form * Summer 2012
110 Cushing Street * Cambridge, MA 02138 * Office Phone: 617.349.6264 Fax: 617.349.6034

Camper Information: (Please use a separate form for each child)

Child's Name	Female	Male
Address:		
City:	Zip Code:	
Home Phone:	Birthday:	Age:
Grade entering in September 2012:		School Attending:

Ethnicity Please identify my child as:

African American	Caucasian	Hispanic
Asian	Haitian	Other

Parent/Guardian Information

Parent/Guardian's Name:	
Home Number:	Office/Cell Number:
Email address:	
Parent/Guardian's Name	
Home Number:	Office/Cell Number:
Email address:	

Emergency Contacts

Name 1:	Relationship:
Address:	
Home Phone:	Cell Phone:
Name 2:	Relationship:
Home Phone:	Cell Phone:

Release & Signatures

I hereby give permission for my child to participate in all Strawberry Hill Camp activities and trips.	
Parent/Guardian Signature:	Date:
I hereby give permission to the Haggerty Community School to use photographic & video reproductions of my child for publicity purposes.	
Parent/Guardian Signature:	Date:
My child has permission to walk home from camp after ____ pm	
Parent/Guardian Signature:	Date:

The individuals listed below may pick up my child from camp. If someone other than the people listed below, I will notify camp staff in advance.

Name: _____	Phone: _____
Address: _____	Relationship: _____
Name: _____	Phone: _____
Address: _____	Relationship: _____
Name: _____	Phone: _____
Address: _____	Relationship: _____

Parent / Guardian Signature: _____ Date: _____

Please Check Each Session Desired:

<i>Session</i>	<i>Regular Day 8:00-3:30pm \$320.00/ 2 wk session</i>	<i>Extended Day 8:00-5:30 \$380.00/ 2 wk session</i>	<i>Early Drop Off 7:30-8am * \$40/ 2 wk session *must have a minimum of 10 campers enrolled</i>
Session I: June 25-July 6, 2012 <small>*we are closed Monday July 4th</small>			
Session II: July 9-July 20, 2012			
Session III: July 23- August 3, 2012			
Session IV: August 6- 17, 2012			

* \$50.00 DEPOSIT Per Session is Required *

Total Deposit: _____ +\$20.00 (Registration Fee)



Department of Human Service Programs
Community School

Health Form

This form must be completed and signed by a physician and returned before the first day of camp. Information is confidential.

Name of child: _____ Date of Birth: _____

Parent/Guardian 1: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Parent/Guardian 2: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Health care coverage:

Harvard Vanguard _____ ID number: _____

Blue Cross Blue Shield _____ ID number: _____

Medicaid _____ ID number: _____

Other plan (name) _____ ID number: _____

Does your child have any allergies, i.e. hay fever, insect bites, food reactions? Yes ___ No ___
If yes, please describe _____

Does your child have an Epi-Pen for anaphylactic shock? Yes ___ No ___

Does your child have any special dietary restrictions? If yes, please describe

Is your child presently being seen by a physician, staff at a guidance facility or any other health care professional? If yes, by whom and for what reason?

Does your child have any unusual fears or special needs we should be aware of?

Immunization Record

To be completed by physician

***Please Note:** Camps are not staffed with licensed nurses.

Please indicate dates for the following immunizations for _____(Name)____(DOB)

DTaP/DTP/DT/Td #1_____ #2_____ #3_____ #4_____ #5_____

Td/Tdap Boosters #1_____

Polio IPV/OPV #1_____ #2_____ #3_____ #4_____

Hepatitis B #1_____ #2_____ #3_____

MMR #1_____ #2_____

Varicella # 1_____

Other: #1_____

Describe any physical conditions or impairments requiring restrictions in camp activities and indicate specific treatments if needed..

Please provide the name of any medication that is **required** to be taken during camp time.

I hereby certify that _____ (name of child) has been examined on _____ (date), and that he/she is in good physical condition and is capable of participating in all camp activities.

Physician's signature

date

Physicians' name (Printed)

Facility name

Address

Phone #

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment.

Parent/Guardian's signature

date

This form must be completed & returned to the
Haggerty Neighborhood Council & Community School
(DHSP) at 51 Inman Street*Cambridge, MA 02139 before your child may attend camp.



Strawberry Hill Camp / DHSP ~ Financial Assistance Form (OPTIONAL)

Department of Human Services ~ Neighborhood Council & Community Schools Division

We ask everyone who possibly can, to pay the full amount so that we can continue to offer financial aid to those who need it most. All information is kept strictly confidential.

Child's Name: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian #2: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Please list **everyone** living in the home (primary residence), including parent(s):

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____
5. _____ Age: _____
6. _____ Age: _____

You may be asked for documentation of the answers below. Please be sure to include all sources of income to your household.

	Weekly	<u>OR</u>	Monthly
Child Support			
Alimony			
Gross Pay, Wage Earner #1			
Gross Pay, Wage Earner #2			
Gross Pay, Wage Earner #3			
Unemployment Benefits			
AFDC			
Rental Income			
Other Income			
Total Income			

Are there any special financial issues you would like us to take into consideration?

To the best of my knowledge, the above information is correct.

Parent/Guardian Signature

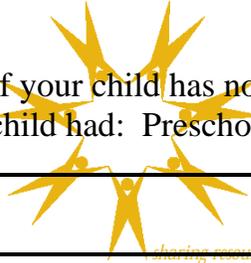
Date

For Office Use Only:

Award Determined \$ _____ Denied _____ Date Determined: _____

We require official documentation along with our financial aid form, in order to be able to process your scholarship award. You may include 3 weeks of current and consecutive paystubs of those parents/guardians involved or your most recent tax return. Please have this information to the director, Amanda Kierce, no later than Friday May 13, 2012 in order to receive your potential scholarship award. We want to ensure that we are being fair to all children so thank you for your cooperation.

Sincerely,
The Haggerty Community School



If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool Experiences?

What do you hope your child gains from this program?

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

How does your child usually respond to a new experience? Shy? Assertive? Please Describe.

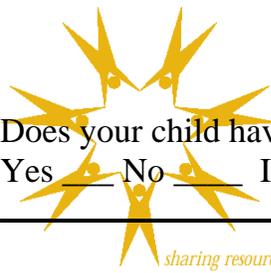
What do you find most effective in calming your child when he/she is upset?

What activities do your child like best? Favorite toys/games/songs/activities

Does your child have any special dietary concerns? Yes No If yes, please explain

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food reactions? Yes No If yes, please explain

Does your child take any regular medication? Yes No If yes, will they need to be administered during the program hours? Yes No If yes, please explain



Does your child have any special needs or disabilities (health, physical, emotional)
Yes ___ No ___ If yes, please explain.

Does your child have an IEP (Individual Education Plan)? If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes ___ No ___
If yes, in what activities does your child need special attention or assistance? Please explain

What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional Comments:

Parent's Signature

Date



**City of Cambridge
Department of Human Service Programs**

Information Release Form

(PRINT Child's Name)

(Name of School)

Please circle one: **NEW STUDENT** **RETURNING STUDENT**

I am applying for: (Please circle your program choice.)

Youth Centers	Community Schools (CS)	Afterschool Childcare	Preschool Childcare
Area IV Pre-teen		Fletcher Maynard K-3	East Cambridge
Area IV Teen	Cambridgeport CS	King K-2 Room 1	Haggerty
Frisoli Pre-teen	Fitzgerald CS	King K-2 Room 2	King Open
Frisoli Teen	Fletcher Maynard CS	Morse K-2	M. L. King
Gately Pre-teen	Haggerty CS	Morse 3-5	Morse
Gately Teen	Harrington CS	Peabody K-2	Peabody
Moore Teen	Kennedy CS	Peabody 2-5	
West Cambridge Pre-teen	King CS		
West Cambridge Teen	Linnaean CS	King Open	Recreation
MSP @ Frisoli	Morse CS	Extended Day	
MSP @ Gately	Tobin CS	(KOED)	Camp Rainbow
			Saturday Program
			Evening Program

(MSP=Middle School Partnership)

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

Revised 1/2012