

Dear Parent or Guardian,

Thank you for choosing Camp Big Adventure, a program of the Morse Community School - Department of Human Service Programs (DHSP). We are pleased that you have decided to become a member of our community. This year, Cambridge Community Schools will celebrate its' 40th Anniversary. Watch for news about upcoming celebrations.

Camp begins on Monday, June 29 and the last day is Friday, August 21. The program day begins at 8:00 am and concludes at 3:30 pm (**5:30 for extended day members only**). We will be closed on Friday, July 3 in observation of Independence Day. I have enclosed some information that needs to be returned by **Friday, June 5**.

The things to be returned are:

- D.H.S.P. Application for Enrollment (**Please return immediately**)
- Emergency Information Card (**double sided**)
- Late Pick-up Penalty Fee Agreement
- Health Form (**double sided**)
- Release Form
- Full payment or written payment plan with dates

At least half of the total camp fees are due by Friday, June 5. The remaining balance is due on Friday, June 26. If you are not able to make the scheduled payment dates, a written payment plan (with dates) is expect on the same listed due dates. Please adhere to this payment policy or expect delays in the service that your child receives.

All completed forms are required to participate in the Camp Big Adventure program. Please be respectful of program timeline so that it does not delay services. If your personal information changes during the enrollment process, please submit changes in writing to the Community Schools Office of the Morse School (room D46). Thank you in advance for a timely response in these matters. If you have any questions or concerns, please contact Stan Rogers, Director at (617) 349-6291.

Important Dates to Remember

Friday, May 22 – Last day to request scholarships

Friday, May 29 – Last day for deposit refunds

Friday, June 5 – Camp registration deadline

Thank you,

Stanley Rogers
Program Director

**Camp Big Adventure
Pre-Application Form Summer 2009**

Camper's Name: _____
 Camper's Birthday Month: ___ Day: ___ Year: ___ Age: ___ Gender: Male or Female
 Address: _____
 City: _____ Zip Code: _____
 Parents or Guardian names: _____
 Email Address: _____

Name of school attending in September 2009: _____
 Grade child will enter in September 2009: ___ T-Shirt Size: Sm. ___ Med. ___ L. ___ XL ___
 Ethnicity (please identify my child as): _____

Home Phone Number: _____ Name: _____
 Work Phone Number: _____ Name: _____
 Cell Phone Number: _____ Name: _____
 Emergency Number: _____ Name: _____

Are there any health issues or allergies we should know about? _____

All registrations require a \$50.00 per session deposit. This deposit is non-refundable after Friday, May 22, 2009. We do accept CCRC vouchers during the summer. A full registration packet will be sent upon receipt of this form. We are closed on Friday, July 3 for the Independence holiday.

Please identify each week & time you are selecting for your child

Selection	Camp Dates	Week #	Identify Desired Time & Fee (1 per week)		Session #
	June 29-July 3	1	8:00-3:30/\$145.00	8:00-5:30/\$170.00	1
	July 6-July 10	2	8:00-3:30/\$145.00	8:00-5:30/\$170.00	1
	July 13-July 17	3	8:00-3:30/\$145.00	8:00-5:30/\$170.00	2
	July 20-July 24	4	8:00-3:30/\$145.00	8:00-5:30/\$170.00	2
	July 27-July 31	5	8:00-3:30/\$145.00	8:00-5:30/\$170.00	3
	Aug 3-Aug 7	6	8:00-3:30/\$145.00	8:00-5:30/\$170.00	3
	Aug 10- Aug 14	7	8:00-3:30/\$145.00	8:00-5:30/\$170.00	4
	Aug 17-Aug 21	8	8:00-3:30/\$145.00	8:00-5:30/\$170.00	4

Please Make Checks or Money Orders Payable to **Morse Community School**
 A \$15.00 non-refundable registration fee is due with each pre-application

Session # 1	Session # 2	Session # 3	Session # 4	Registration	Total
\$50.00 Deposit	\$50.00 Deposit	\$50.00 Deposit	\$50.00 Deposit	\$15.00 Fee	\$

For Office Use Only – Please Do Not Write In This Area

Check #:	Amount:	Date:	Balance Due:
Check #:	Amount:	Date:	Balance Due:

**Camp Big Adventure 2009
Release Form
June 29 – August 21**

Camper's Name: _____

For safety reasons, please provide us with a list of people who have permission to pick up your child. Photo identification will be required at the time of pick-up. Parents must indicate in writing whenever another adult is picking up a child. If for any reason that this list changes, please call the Community School office at (617) 349-6291 or email Stan Rogers at srogers@cambridgema.gov

___ **I give permission for my child to walk home from camp.**

___ **I give permission for my child to be picked up by the following people;**

Please print

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

___ I give permission for my child to participate in the following Camp Big Adventure activities; all on-site programs, weekly bus trips, public transportation and walking trips, and swimming activities.

___ I give permission for the staff to apply sunscreen to my child.

___ Please indicate here if you would prefer to send your own sunscreen for us to apply.

___ I give permission for my child to receive first aid as necessary and to transport my child to the nearest hospital in case of emergency.

___ I give permission for my child to be videotaped and/or photographed for any video or photos to be shown for educational or public information events or publications.

Parent/Guardian Signature

Date

Camp Big Adventure
Health Form - Summer 2009

The other side of this form MUST be completed and signed by a physician. It can be mailed to:

*Morse Community School
Attn: Stan Rogers
40 Granite Street
Cambridge, MA 02139*

After June 8, 2008 it should be mailed to:

*Morse Community School
Cambridge Dept. of Human Services
Attn: Stan Rogers
51 Inman Street
Cambridge, MA 02139*

Child's name: _____ DOB _____

Parent/guardian #1: _____ Phone #: _____

Parent/guardian #2: _____ Phone #: _____

Doctor's name: _____ Phone #: _____

Address: _____

Health Care Coverage:

Provider: _____ ID #: _____

Subscriber: _____

Is your child currently taking any medication (please list)? _____

Does your child have any allergies (food, medication or environment)? ___ Yes ___ No

If yes please describe. _____

Please have your physician complete the other side or attach a copy of a medical exam and history.

< Over >

Child's name: _____

Immunization Record (please indicate dates)

Booster

# 1	# 2	# 3	# 4	# 5

Diphtheria

# 1	# 2	# 3	# 4	# 5

Pertussis

# 1	# 2	# 3	# 4	# 5

Tetanus

# 1	# 2	# 3	# 4	# 5

Polio

# 1	# 2	# 3	# 4	# 5

MMR

# 1	# 2	# 3	# 4	# 5

Hepatitis

# 1	# 2	# 3	# 4	# 5

Other immunizations

# 1	# 2	# 3	# 4	# 5

I certify the above named child has been examined on _____ and is in good physical condition, capable of participating in all camp activities.

Physician signature: _____ Date: _____

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. Camp staff will transport children to either Mt. Auburn Hospital or Cambridge Hospital if we are within city limits.

Parent/guardian signature: _____ Date: _____

**Camp Big Adventure 2009
Late Pick-Up Penalty Fee Agreement**

Camper's Name: _____

Camp Big Adventure's daily dismissal time is 3:30/5:30pm. A late fee will be assessed for a late pick-up of \$15 for every 10 minutes after the closing time of the program. The clock located at the sign-out table will be used to calculate lateness. Late fees must be paid within 48 hours to avoid further assessment of fees. Chronic lateness or failure to pay the late pick-up penalty fee will result in further disciplinary actions.

I have read and understand the late pick-up penalty fee. I understand picking up my child/children later than 3:30/5:30 will result in fees that need to be paid within 48 hours. In the event I fail to pay the fees within 48 hours, I understand further action by Camp Big Adventure will be applied.

Parent signature: _____ Date: _____

**** Off-site events are scheduled to take place throughout the week, therefore, please make sure you are aware of your child's daily morning activities and the time your child needs to arrive by. If your child arrives later than the time specified and the group has already departed, your child will not be eligible for that day's service.**

I have read and understand that it is my responsibility to know my child's schedule of events and will need to drop off my child at or before the departure time indicated. I also understand that Camp Big Adventure will not provide any service for my child if the group has already departed.

Parent signature: _____ Date: _____

DHSP Application for Enrollment

DHSP Program Name: **Morse Community School**

The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

Child's Last Name	First Name	Nickname
-------------------	------------	----------

School Attending	Grade	Date of Birth
------------------	-------	---------------

Parent/Guardian Name

Home address

Home phone	Cell/Beeper
------------	-------------

Work place	Work phone
------------	------------

E-mail address

Parent/Guardian Name

Home address

Home phone	Cell/Beeper
------------	-------------

Work place	Work phone
------------	------------

What language do you speak at home? _____

Can your child speak and understand English? _____

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 ___

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 so, please describe.

Does your child have an IEP (Individual Education Plan)?
Yes ___ No ___ 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
DHSP Program Name: Morse Community School

Information Release Form
#1

_____	_____
(Child's Name)	(Name of Elementary School)
_____	_____
(Grade)	(Name of CPS Teacher)

I hereby authorize the Department of Human Services staff to visit my child's school day classroom and to discuss with representatives of the Cambridge Public School pertinent information regarding my child in the context of the his/her participation in the Afterschool Program.

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

**PLEASE DO NOT SIGN THIS SECTION UNLESS YOUR CHILD HAS AN
INDIVIDUAL EDUCATION PROGRAM (IEP)**

#2

I hereby authorize the Cambridge Public Schools to release any student record (i.e. IEP, PassPORT, etc) to the DHSP Afterschool Program Staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance.

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



**City of Cambridge
Department of Human Service Programs
Information Release Form**

(Child's Name)

(Name of School)

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

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

Youth Center Licensed Programs	Community Schools (CS)	Afterschool Licensed Childcare	Preschool Licensed Childcare
Area IV	Cambridgeport CS	Fletcher Maynard K-3	East Cambridge
Frisoli	Fitzgerald CS	King K-2	Preschool
Gately	Fletcher Maynard CS	King 2-4	Haggerty Preschool
Moore	Haggerty CS	Morse K-2	King Open Preschool
MSP @ Frisoli	Harrington CS	Morse 3-5	M. L. King Preschool
MSP @ Gately	Kennedy CS	Peabody K-2	Morse Preschool
West Cambridge	King CS	Peabody 2-5	Peabody Preschool
	Linnaean CS		
(MSP=Middle School Partnership)	Morse CS Tobin CS	King Open Extended Day (KOED)	

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 3/09