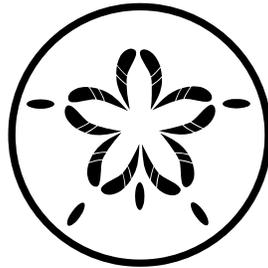


Department of Human Service Programs ~ Community Schools Division

Haggerty Neighborhood Council & Community School

Strawberry Hill Camp



Summer Camp 2009

Registration begins March 2 through June 19, 2009

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

***PLEASE COMPLETE THE SHC REGISTRATION PACKET (PG 1-6)
ALONG WITH 2 PINK EMERGENCY CARDS TO COMPLETE YOUR
REGISTRATION! THANK YOU.**

Schedule & Fees

	Dates	Fee
Session I 8:30am -3:00pm	June 29 ~ July 10 *Camp Closed on July 3rd	\$300
Extended Day 3:00-5:30pm	June 29 ~ July 10	\$50
Early Drop Off 7:30-8:30am	June 29 ~July 10	\$50
Session II 8:30am -3:00pm	July 13 ~ July 24	\$300
Extended Day 3:00-5:30pm	July 13 ~ July 24	\$50
Early Drop Off 7:30-8:30am	July 13 ~ July 24	\$50
Session III 8:30am -3:00pm	July 27~August 7	\$300
Extended Day 3:00-5:30pm	July 27~August 7	\$50
Early Drop Off 7:30-8:30am	July 27~August 7	\$50
Session IV 8:30am -3:00pm	August 10 ~ 21	\$300
Extended Day 3:00-5:30pm	August 10 ~ 21 *Camp ends at 3pm on Friday 8/15	\$50
Early Drop Off 7:30-8:30am	August 10 ~ 21	\$50

Equal Access

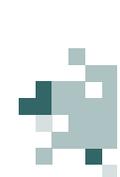
The Haggerty Neighborhood Council & Community School & the Department of Human Service Programs do not discriminate in providing services on the basis of race, religion, national origin, cultural heritage, political belief, sexual preference, marital status, or disability. The DHSP will provide auxiliary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

Inclusion Policy

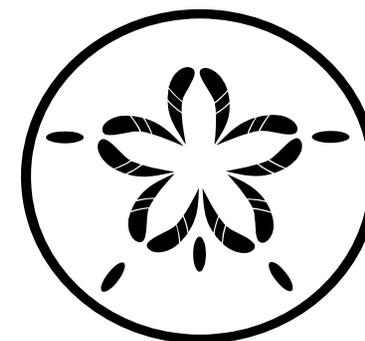
The Department of Human Service Programs welcomes individuals with disabilities in all of its Out of School Time programs. DHSP will provide reasonable accommodations to individuals with disabilities who meet the basic eligibility requirements of the OST Programs or who with the provision of reasonable 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.

This year Cambridge Community Schools will celebrate its' 40th Anniversary. Watch for news about upcoming celebrations!



The 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



The Strawberry Hill Camp

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 13 years of age. Children will be separated into age appropriate groups.

Hours of Operation

The Strawberry Hill Camp is in session from 8:30am to 3:00pm weekdays, with an extended day option available from 3:00 to 5:30pm and an early drop off option from 7:30-8:30am. 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 provides 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 2nd through June 19, 2009. A registration fee of \$15 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 28th. 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 Thursday May 28, 2009.

Child Care Resource Center vouchers are accepted.

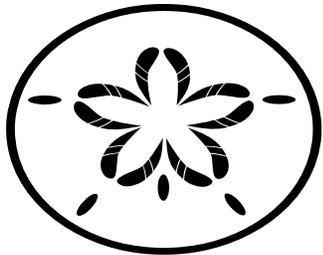
**Strawberry Hill
Camp/Haggerty
Community School**

Location: 110 Cushing Street
Cambridge, MA 02138
Mailing Address: 51 Inman Street
Cambridge, MA 02139

Phone: 617.349.6264
Fax: 617.349.6034
E-mail:
akierce@cambridgema.gov

June-August 2009

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	29 Welcome!	30 Wingaersheek Beach	1	2 Children's Museum	3 Camp is Closed	4 Have a safe & happy 4th of July
5	6 On Site Day	7 Nantasket Beach	8 I I am Dealtry Pool	9 Chunky's Theater	10 I I am Dealtry Pool	11
12	13 Tennis Lessons @ Cambridge	14 Wingaersheek Beach	15 I I am Dealtry Pool	16 New England Aquarium	17 I I am Dealtry Pool	18
19	20 Tennis Lessons @ Cambridge	21 Nantasket Beach	22 I I am Dealtry Pool	23 Southwick's Zoo	24 I I am Dealtry Pool	25
26	27 Tennis Lessons @ Cambridge	28 Singing Beach	29 I I am Dealtry Pool	30 Mel's Funway Park	31 I I am Dealtry Pool	1 August
2	3 Tennis Lessons @ Cambridge	4 National Morn- ing Out	5 I I am Dealtry Pool	6 Sturbridge Village	7 I I am Dealtry Pool	8
9	10 Tennis Lessons @ Cambridge	11 Singing Beach	12 I I am Dealtry Pool	13 CoCo Keys Water Park	14 I I am Dealtry Pool	15
16	17 Tennis Lessons @ Cambridge	18 Nantasket	19 I I am Dealtry Pool	20 Canobie Lake Park	21 Camp Barbecue Close @ 3pm	22



Strawberry Hill Camp



Strawberry Hill Camp ~ Registration Form

Child's Name: _____ Age: _____ Current Grade: ___ Grade entering in the Fall 09 _____
Address: _____ City: _____ Zip Code: _____

Parent/Guardian #1: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Parent/Guardian #2: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact: _____
Daytime Phone: _____ Cell Phone: _____

Please Check Each Session Desired:

Session	Regular Day 8:00-3:00pm \$300.00/session	Extended Day 3:00-5:30 \$50/session	Early Drop Off 7:30-8:30 \$50/session
Session I: June 29-July 10, 2009 <small>*we are closed July 3rd</small>			
Session II: July 13-July 24, 2009			
Session III: July 27- August 6, 2009			
Session IV: August 10- 21, 2009			

*** \$50.00 DEPOSIT Per Session is Required ***

Total Deposit: _____ +\$15.00 (Registration Fee)



Strawberry Hill Camp ~ Release Form

Child's Name: _____

Parent / Guardian's Name: _____

- 1. I hereby give my child permission to participate in all camp activities & trips:

Parent / Guardian Signature: _____ Date: _____

- 2. I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment. (If an injury occurs within Cambridge, the camp will transport your child to Cambridge City Hospital or Mount Auburn Hospital depending on which is closest to the scene of the accident. Outside Cambridge, we will go to the nearest hospital.) I also authorize staff to apply first aid & sunscreen when necessary.

Parent / Guardian Signature: _____ Date: _____

- 3. My child has permission to walk home from camp after ____ pm

Parent / Guardian Signature: _____ Date: _____

- 4. I give permission to the Haggerty Community School to use photographic & video reproductions of my child for publicity purposes.

Parent / Guardian Signature: _____ Date: _____

- 5. 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 writing in advance.

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

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

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

Parent / Guardian Signature: _____ Date: _____



City of Cambridge
Department of Human Service Programs
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, as well as copies of any relevant written documentation including a 504 plan.

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,) 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:** _____



THIS FORM MUST BE COMPLETED & SIGNED BY A PHYSICIAN & RETURNED BEFORE THE FIRST DAY OF CAMP. ALL INFORMATION IS KEPT CONFIDENTIAL.

Child's Name: _____

Parent/Guardian #1: _____

Home Phone: _____

Parent/Guardian #2: _____

Home Phone: _____

Physician's Name: _____

Office Phone: _____

Health Care Coverage:

Harvard Vanguard _____ ID Number: _____

Blue Cross/ Blue Shield _____ ID Number: _____

HMO Blue _____ ID Number: _____

Tufts _____ ID Number: _____

Medicaid _____ ID Number: _____

Other Plan (Name) _____ ID Number: _____

Is your child currently taking medication? If so, what is the medication prescribed, how often is it administered, & what are the conditions of the medication being administered?

Does your child have any allergies? If so, please list them in the space provided.

Is your child currently being seen by a physician, the staff at a guidance facility, or any other health care professional? If so, by whom & for what reasons?

PLEASE INDICATE DATES, NOT CHECK MARKS, FOR THE FOLLOWING IMMUNIZATIONS:

Diphtheria Petrussis

Original Series #1 #2 #3

Tetanus (DPT)

Boosters~DR after 6 #1 #2 #3 #4 #5

Polio

For each immunization, please indicate type:

OVP-T Trivalent Oral

OVT -=S= Salk, etc.

List Dates: #1 #2 #3 #4 #5 #6

Measles

Had natural infection _____

Rubella

Live vaccine (Swartz or Edmondston) _____

Mumps

Killed vaccine _____

Other immunization : _____

I hereby certify the child named above has been examined on _____ & that he/she is in good physical condition & is capable of participating in all camp activities.

Physician's 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 either Cambridge Hospital or Mount Auburn Hospital depending on proximity, if injury occurs within Cambridge limits.

Parent/Guardian 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

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: _____

To Whom It May Concern:

As of September of 2008, we are REQUIRING official documentation along with our financial aid form, in order to be able to process your scholarship award. You may include 2 weeks of current 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 28, 2009 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 Community School Division



**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	King Open Extended Day (KOED)	
	Tobin CS		

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