

Mohawk Summer Recreation Camp 2019 Registration Form For Counselors In Training Entering 7th through 9th Grade

To complete this registration in full, please submit the following:

- p1. Registration
- p2. Schedule/Fees
- p3. Medical
- p4. Over-the-Counter Treatments and Exemption
- p5. Late Pick Up Policy
- p6. Adults Authorized to Pick Up

Student Name:		
Street Address/PO Box:		
Mailing Town:		
State/Zip:		
Residential Town You Occupy:		
Phone Number:		
Date of Birth:	Age:	Gender:
Grade Completing June of 2019:		

Parent/Guardian Information:

Parents/Legal Guardian Name(s):		
1.) Name:		
Address:		
Town:		
Home Phone:	Work Phone:	Cell Phone:
2.) Name:		
Address:		
Town:		
Home Phone:	Work Phone:	Cell Phone:

Emergency Contact

Emergency Contact Name:	Relationship to CIT:
Phone Number:	

Health Information

Insurance Co:	Policy #:
Insurer:	
Allergies:	
Medical Conditions: (write on reverse side if needed)	
Daily Medications:	
Physician Name:	Phone:

I, as parent or legal guardian, do hereby authorize my child, whose name and address appear above, to participate in the Mohawk Summer Recreation Program, which may include transportation, use of equipment, facilities, and necessary preparatory activities. I further agree to hold harmless the Town of Buckland, Mohawk Summer Recreation Employees, Counselors, CITs and Volunteers from any claims, judgments or payments as a result of any injury or event to the above named child. In the event of an injury, I authorize the staff to take my child to the doctor or nearest hospital.

"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health." This program complies with MDPH regulations (105CMR430) and is licensed by the Buckland Board of Health. Information on these regulations can be obtained at (617) 983-6761.

Parent/Guardian signature _____ Date _____

Mail or deliver materials to: Mohawk Summer Rec. Camp, Attn: Cindy Schwartz, 17 State St., Shelburne Falls, MA 01370

The Mohawk Trail Regional School District only approves the distribution of these materials and does not endorse or sponsor these programs or assume any liability for programs contained herein.

Mohawk Summer Recreation Camp CIT Schedule and Fees 2019

CIT Name _____ Entering Grade _____

The Counselors In Training (CIT) program offers the opportunity for 7th through 9th graders to take on a balanced role of "training" to become a full-fledged counselor by being mentored and guided by our seasoned staff and older counselors while still being able to be a "camper" at a discounted rate. Duties include helping counselors and staff with set-up, clean-up, and structured activities, taking a leadership role during free play times, and tidying activity spaces and grounds.

<p>The Mohawk Summer Recreation Camp offers the core camp from 8:30 am to 3:30 pm, and extended care before (7:30 to 8:30 am) and after camp (3:30 to 5:30 pm).</p> <p>We must have your child's medical form on file before he/she may attend camp. There are no exceptions.</p> <p>A \$35.00 non-refundable deposit must be received to hold your child's spot, and the date the deposit is received determines your daily fee.</p>	<ul style="list-style-type: none"> There will be no refunds after the start of camp. If days are added after camp begins, they will be charged at the \$30 (full) rate and are subject to staffing availability. We offer a 10% discount for siblings. Credit card payments will be accepted on Buckland's Town website this year. A transaction fee will apply. Checks are to be made out to Town of Buckland. ALL BALANCES MUST BE PAID IN FULL BY 6/14/19.
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Full Day: 8:30 am to 3:30 pm April 15-May 31: \$25.00/day June 1st-June 14: \$30.00/day	# of Full Days	Circle one <u>\$25.00/day</u> \$30.00/day	\$
Extended Care Sessions (flat rate) Morning, 7:30 am to 8:30 am: \$10.00/session Afternoon, 3:30 pm to 5:30 pm: \$13.00/session	# of days	\$10.00/morning \$13.00/afternoon	\$
Totals			\$

6 Weeks	Mon.	Tues.	Wed.	Thurs.	Fri.
Sample Week Please mark your preferences on this calendar and calculate your fees above.	For a full day, mark the box with an "F" or for a half day, an "H."	For extended care needs, include time of arrival in the top left corner.	and time of departure in bottom left. See the examples to the right.	<i>EXAMPLE 1</i> 7:30 AM H	<i>EXAMPLE 2</i> 7:30 AM F 5:30 PM
Week 1 (6/24 – 6/28) Wilderness Explorers	June 24	25	26	27	28
Week 2 (7/2-7/5) Wild West	July 1	2	3	4 NO CAMP	5 NO CAMP
Week 3 (7/8-7/12) Mad Scientist	8	9	10	11	12
Week 4 (7/15-7/19) Around the World	15	16	17	18	19
Week 5 (7/22-7/26) Winter Wonderland	22	23	24	25	26
Week 6 (7/29-8/2) Game Shows	29	30	31	Aug 1	2

Office Use: Deposit Paid _____ Check # _____ Date _____ Balance Due _____
 Payment _____ Check # _____ Date _____ Balance Due _____

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**Mohawk Summer Recreation Camp 2019
Health Maintenance Form**

This form must be received **BEFORE** your child may begin attending the program.
A copy provided by your child's physician may be attached to serve as the health maintenance record.

CIT Name _____ **Entering Grade** _____

DOB _____ **Age** _____ I have attached my child's form from his/her doctor.

Gender: male female **Date of Physical Exam** _____

Health Maintenance Record:

BP _____ / _____ **P** _____ **Height** _____ **Weight** _____

Mouth: _____ WNL _____ AB	Teeth: _____ WNL _____ AB
Neck: _____ WNL _____ AB	Throat: _____ WNL _____ AB
Skin: _____ WNL _____ AB	Eyes: _____ WNL _____ AB
Ears: _____ WNL _____ AB	Nose: _____ WNL _____ AB
Heart: _____ WNL _____ AB	Spine: _____ WNL _____ AB
Abdomen: _____ WNL _____ AB	

IMMUNIZATIONS: (Please record the date: day, month, year)

DTP1 _____ **DTP2** _____ **DTP3** _____ **DTP4** _____ **DTP5** _____ **TD** _____
MMR1 _____ **MMR2** _____ **HEPB1** _____ **HEPB2** _____ **HEPB3** _____
IPV/OPV1 _____ **IPV/OPV2** _____ **IPV/OPV3** _____ **IPV/OPV4** _____
Varicella: Vaccination _____ **Disease** _____

ALLERGIES: _____

ACUTE/CHRONIC MEDICAL CONDITIONS: _____

DAILY/PRN MEDICATIONS (such as for asthma, allergic reactions, etc):

Doctor's Signature: _____ **Date** _____

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**Mohawk Summer Recreation Camp 2019
Over-The-Counter Treatment Permission and
Request for Exemption From Vaccination and Immunization**

CIT Name _____ Entering Grade _____

Over-the-Counter Treatment Permission:

I hereby give permission for the camp medical professional to give my child the following over-the-counter medications:

Acetaminophen:	___ yes	___ no
Arnica Gel:	___ yes	___ no
Bacitracin Ointment:	___ yes	___ no
Benadryl:	___ yes	___ no
Calamine Lotion:	___ yes	___ no
Ibuprofen:	___ yes	___ no
Sunscreen:	___ yes	___ no
Bug Repellent:	___ yes	___ no

Parent/Guardian Signature _____ Date _____

Request for Exemption From Vaccination and Immunization

General Laws of Massachusetts

Chapter 76, Section 15

"In the absence of an emergency or epidemic of disease declared by the Department of Public Health, no child whose parent or guardian states in writing that vaccination or immunization conflicts with his sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school".

As a parent/guardian of _____, a minor enrolled in the Mohawk Summer Recreation Camp, I request that said minor be exempt from vaccination and immunization requirements on religious grounds in accordance with the provisions of Chapter 76, Section 15, General Laws of Massachusetts as amended by Chapter 285 of the Acts of 1971.

Parent/Guardian Signature: _____ Date: _____

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**Mohawk Summer Recreation Camp 2019
Late Pick Up Policy**

CIT Name _____ **Entering Grade** _____

- Mohawk Summer Recreation Camp closes its extended after care portion of the day at 5:30 pm. All children must be picked up by that hour. Similarly, our regular day ends at 3:30 pm and our half day option ends at 12 pm. Children signed up for those options are expected to be picked up by those times.
- If a parent or guardian needs to speak with the camp director about their child(ren)'s day or other topics, or if your child needs extra time to transition from the camp day, please allow time before the close of the camp day.
- In the event that the CIT's parent, guardian, or other person planning to pick up your child from camp arrives after 5:30 pm (or 3:30 pm or noontime, depending on the arrangement) the following actions will be taken:
 - The first time, a written warning will be given;
 - The second time, the family will be charged at \$15.00 late fee to be paid then;
 - The third time will result in an immediate dismissal from the Mohawk Summer Recreation Camp for the rest of the season, without a refund for pre-paid days, and without the possibility of returning.
- Late pick-up will be reported to the Recreation Committee.
- If you have any questions about the late pick-up policy, please call and speak to the camp director.
- This agreement extends to anyone to whom you entrust your pick-up.

I understand and agree to follow the guidelines regarding pick up of my child(ren) from Mohawk Summer Recreation Camp.

Signed: _____ Date: _____

**Mohawk Summer Recreation Camp 2019
Adults Authorized to Pick Up CIT**

CIT Name _____ Entering Grade _____

Parent Names:

Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship

We will only release your child to you, and to the following people you name listed below:

Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship

Notes:

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