STEAM through cooking April vacation camp Grades: 6-8
1 week: April 20th-24th
Camp runs: 9AM-4PM

APPLICATION CHECKLIST:

☐ Completed application, including Authorization Form
☐ Copy of 1st page of 2018 or 2019 Tax Return
☐ Physical and Immunization Record dated AFTER September 2018 & signed by your Doctor
☐ Copy of insurance card(s)

ALSO INCLUDE:

Application Fee.................................................................$10.00

**Completed applications are accepted on a first come, first serve basis.

Camp Policies and Procedures

Camp Tuition: No tuition; $10 registration fee. Must show proof of income.

The $10 application fee is non-refundable. There is a $20 charge on any returned checks.
The Director reserves the right to dismiss any camper whose behavior violates the camp’s code of conduct.

Transportation: Transportation to Lesley University’s Porter Square campus will be provided to families if needed. For more information email chobson@cambridgecamping.org or call Cambridge Camping at (617) 864-0960

Health Concerns: If your child is sick, please don’t send him/her to camp.
Children need to be fever free without medication for 24 hours before returning to camp. Thank you.

Meals: Camp provides breakfast, lunch, and snack each day.

**Please DO NOT SEND your child with spending money, electronics, or anything of value. Cambridge Camping cannot be responsible for the personal belongings of campers.

Contact Us:

Call: Clara Hobson, Program Coordinator (617) 864-0960
Email: Clara Hobson, chobson@cambridgecamping.org
Visit: 99 Bishop Allen Drive, Central Square, Cambridge, MA

This camp complies with regulations of the Massachusetts Department of Public Health and is annually licensed by Health Inspectional Services
Camper Information

Child’s First Name: ___________________________ Last Name: ___________________________ Age: ___

Date of Birth: _______________ Gender: Male Female Grade: _______

Address: ___________________________________________________________ Zip: _______

Primary Phone: _______________ Siblings with ages: __________________________

School: _________________________ Afterschool Program (if applicable): _______________

Has your child attended any Cambridge Camping programs in the past? _______________

If yes, approximately how many years? _______________________

Parent/Guardian #1: ___________________________ Cell #: ___________________________

E-mail: ___________________________ Daytime Phone: ___________________________

Home Address if different from child’s: ___________________________

Parent/Guardian #2: ___________________________ Cell #: ___________________________

E-mail: ___________________________ Daytime Phone: ___________________________

Home Address if different from child’s: ___________________________

Emergency Contacts: Please list 2 contacts other than a parent/guardian that are authorized to pick-up child.

Name: ___________________________ Relationship: ___________________________

Address: ___________________________ Daytime Phone: ___________________________

Name: ___________________________ Relationship: ___________________________

Address: ___________________________ Daytime Phone: ___________________________
Camper’s Physician Contact Information and Insurance Information

Child’s physician and/or clinic:

Address: __________________________  Phone: __________________________

Health Insurance Provider: __________________________  Policy #: __________________________

Does your child have any allergies (medication, food, bee stings, etc.): __________________________
If yes, please explain: __________________________

Does your child have any dietary restrictions? __________________________  If yes, please explain: __________________________

**Camper’s Medications** – including inhalers and epi-pens

All medication taken at camp MUST be in the original bottle.

*Identify medications taken during the school year the camper does not/may not take during the summer.*

☐ This child takes no medication on a routine basis.

☐ This child takes medication as follows:

Medication: __________________________  Dosage: __________________________  Specific times taken each day: __________________________

Reason for taking: __________________________

Possible side effects and action required:

I hereby authorize Cambridge Adventure Day Camp staff to administer the above medication to my child.

Parent/guardian signature: __________________________  Date: __________________________

Camper’s General Health History: Circle “Yes” or “No” for each statement.

1. Had asthma/shortness of breath? Yes  No  7. Ever been hospitalized? Yes  No

2. Have diabetes? Yes  No  8. Ever had surgery? Yes  No

3. Had a recent infectious disease? Yes  No  9. Had a recent injury? Yes  No

4. If female, have problems with periods/menstruation? Yes  No  10. Have headaches? Yes  No

5. Had seizures? Yes  No  11. Have any chronic/recurring illnesses? Yes  No

12. Have any other conditions – medical and emotional. Yes  No

Please explain any “yes” answer in the space below.

____________________________________________________________________________________________
____________________________________________________________________________________________

Parent/Guardian Signature: __________________________  Date: __________________________
DEMOGRAPHICS
This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility.

<table>
<thead>
<tr>
<th>Circle one ethnic identity:</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle one or more racial identities:</td>
<td>Asian</td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td>American Indian or Alaska Native</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
</tbody>
</table>

Are you a single parent? Yes No
Does your child receive Free and Reduced Lunch? Yes No
Is English your first language? Yes No
What languages are spoken at home
Has camper experienced the death of a parent? Yes No

How did you find out about us?
School ______ Online ______
Other ______
Authorization Form

Camper Support Needs
Is your child in a specialized classroom at his/her school?  Yes  No
Does your child have an IEP?  Yes  No
Does your child receive any kind of therapy or counseling?  Yes  No
If you answered yes to any of the above, please use space below to describe any concerns you may have regarding your child’s emotional or physical well-being at camp.

Promotional Materials:  I agree that photos/videos/other media images of my child & can be used for future promotional purposes, program and funding collaborators.  Please cross out this section if you do not agree.

Session Length Agreement:  I am committed to having my camper attend the full camp session.  I understand that the Director reserves the right to dismiss a camper when the camper’s behavior violates the camp’s code of conduct.  If my child is asked to leave camp I understand that it is my responsibility to facilitate the process.

Contact Information:  I will notify the camp office of changes in my contact information (address, home or work number, etc.) in the case of an emergency.  In the event that I cannot be reached in an EMERGENCY I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Tuition:  I understand the $10 application fee is not refundable

Release:  I give permission for my child to attend Camp and participate in all programs, including activities off the camp premises.  I agree that Cambridge Camping observes all reasonable precautions for the care and protection of my child.  I understand that staff selection policies and procedures include confirmation of background checks, and healthcare and discipline policies, and are available to parents or guardians by request.  I understand that I may contact the office during business hours at 617-864-0960 to file any grievances.  By signing this application, I hereby release and hold harmless the Camp, and its directors, officers, employees, agents, and representatives, from any and all damages, claims, injuries and liabilities, which may arise out of my child’s attendance at Camp and out of his/her participation in any activities while in attendance.  I understand that my child is responsible for all items that he/she brings to camp in the event that they are lost, stolen or damaged and I will not send my child to camp with spending money, electronics, or anything of value.  If my child is sick, I will not send him/her to camp.  I understand that my child needs to be fever free without medication for 24 hours before returning to camp.

Medication:  I give permission for my child to receive non-prescription medications for the treatment of minor illness, such as headache, upset stomach, and for the prevention of sunburn (sunscreen) and bug bites (insect repellent).  Please cross out this section if you do not agree

I attest that all information on this form is true and accurate and I understand that my application will not be considered until I have completed all required material and included a copy of my child’s physical and immunization records.

Parent/Guardian

Signature: ___________________________________ Date: ______________________________

This camp complies with regulations of the Massachusetts Department of Public Health and is annually licensed by the Health Inspectional Services.
Transportation

We will be providing transportation on a case-by-case basis depending on need. Once our camp is fully enrolled we will assess those who requested transportation to Lesley’s Porter Square Campus and we will schedule a bus route accordingly.

If your child is will not be taking the provided transportation please sign below.

Only I or my Authorized Pick-up Persons (listed on Page 1) can pick-up my child. If there is a change in the person picking my child up, I will notify the Cambridge Camping office immediately.

Parent/guardian signature: ________________________ Date: __________

If camper can walk home:
Please sign the statement if you would like to have your child walk home:

Optional: I give my child permission to walk home from Lesley University Porter Square Campus on his/her own.

Parent/Guardian Signature: ________________________ Date: __________
**Photo/Film Consent**

By signing below I permit Cambridge Camping Association to use any photo or film footage of me (Releasor) engaged in the activity for promotional use.

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

Releasor’s Signature (Parent/Guardian if under 18): ________________________________

Print Name: ________________________________  Date:
FREE Weekend Food For Your Child/Children Available!

Cambridge Camping participates in the Cambridge Weekend Backpack Program to offer a supply of nutritious meals and snacks for children over the weekend, **free of charge if you are struggling to meet your family's food needs** and would benefit from receiving additional food. The staff will discreetly distribute weekend bags on the last camp day before the weekend. Any child enrolled at the Cambridge Adventure Day Camp is able to receive these weekly bags of food.

If you feel that your children would benefit from receiving additional food to **meet their nutritional needs** over the weekend, we encourage you to sign them up by filling the form out below. Only one form is needed for all the children in your family, but include information for each child in the form below. Please note if you have a child or children who does not attend this camp they can still receive food from the backpack program just please include that information below. This information will be kept **confidential** between you and the staff at the Cambridge Adventure Day Camp. Questions or concerns? Please contact Clara Hobson, cadc.director@cambridgecamping.org.

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**Weekend Backpack Program Consent Form:**

Please sign my child/children up for the Weekend Food program! I understand my child/children will soon start receiving a bag of food at the end of each week to help feed him/her over the weekend.

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**Weekend Backpack Program Consent Form**

Please sign my child(ren) up for the Weekend Food program! I understand my child(ren) will soon start receiving a bag of food at the end of each week for his/her use over the weekend.

**PLEASE PRINT CLEARLY.**

<table>
<thead>
<tr>
<th>Child’s Name and grade</th>
<th>Special dietary needs, if any (e.g., food allergy, kosher, halal, vegetarian)</th>
<th>My child participates in the Weekend Backpack Program at school during the year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes: [ ] No: [ ]</td>
</tr>
</tbody>
</table>

Child’s Name and grade

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My child participates in the Weekend Backpack Program at school during the year

Yes: [ ] No: [ ]

Child’s Name and grade

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</tbody>
</table>

My child participates in the Weekend Backpack Program at school during the year

Yes: [ ] No: [ ]

Parent/Guardian Name

Telephone Number (if any)

Parent/Guardian Email Address (if any)