

2012 Registration Packet for Hale's Traditional and Specialty Camp Sessions

To Register: Complete the following Registration Packet forms (note: must submit separate and complete Registration Packet for each camper):

- Registration Form
- Transportation Form
- Health History/Emergency Contact & Release Form
- Parent/Camper Questionnaire
- Enrollment Agreement

Return all forms with the non-refundable deposit of \$60 per camper, per session. No Registration will be processed without deposit. No incomplete registrations will be processed. Registration deposits will be applied towards your total camp fee.

Once the registration is processed, a confirmation packet will be mailed which includes an invoice, confirmation of registered session(s), transportation details, and the HDC Parent Handbook. All campers are required to submit a Certificate of Immunization which must be dated within 18 months of camp attendance date on or before May 1, 2012.

Price Includes:

- Bus Transportation (excluding Kinder 1/2 day & Extended Day dismissal and Session 5)
- Swim Lessons for all ages (excludes Session 5, swim lessons not available)
- BBQ Lunch for Kinder & Lower Campers and their parents/guardians once a session
- BBQ Dinner/Swim for Middle Campers and their parents once a session during "Over-Day"
- BBQ Dinner and breakfast for Upper Campers during the "Overnight"
- Any and all trips to and from camp

Payment: All payments are due by May 1, 2012. Payment by check or money order is preferred due to credit card processing fees.

2012 Open Houses: Camp Open House is a great way for parents and children to see the camp first-hand, meet staff, ask questions and tour the campus. Open houses will be held from 1:00 p.m. to 3:00 p.m. on March 3, April 7, and May 5.



**2012
Registration Form**

Camper Name _____ Male Female

Street _____ Date of Birth ____/____/____
Camper must be 4 years of age by 1/1/12

Town _____ Grade in Fall 2012 _____

State ____ Zip _____ Home Phone _____ Please place with _____

Parent/Guardian _____ Parent/Guardian _____

Address (if different) _____ Address (if different) _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Email _____ Email _____

FOR OFFICE USE ONLY		
RE <input type="checkbox"/>	DB <input type="checkbox"/>	QB <input type="checkbox"/>
Total fees:	Deposit:	

Discounts: Discounts do not apply to Extended Day & Session 5
Early Registration: Pay in full by January 31, 2012 and get \$25 discount per session.
5% Sibling: When one child pays in full, siblings receive a 5% discount on lesser session rate.
Multiple Session (*only applies to individual campers*): Receive \$50 off 3rd session enrollment and \$75 off 4th session enrollment.

Campership Fund
 Your donation will help to fund a child's camp experience who might otherwise not be able to attend
 \$25 \$50 \$75
 \$100 Other \$ _____

	Entering Grade	Session 1 6/25-7/06	Session 2 7/09-7/20	Session 3 7/23-8/03	Session 4 8/06-8/17	Session 5 8/20-8/24	Totals
Kinder Camp - 1/2 day	Pre-K, K1, K2	<input type="checkbox"/> \$435	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$325	
Kinder Camp - Full Day	Pre-K, K1, K2	<input type="checkbox"/> \$695	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$385	
Lower Camp	1, 2	<input type="checkbox"/> \$695	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$385	
Middle Camp	3, 4, 5	<input type="checkbox"/> \$695	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$385	
Upper Camp	6, 7, 8	<input type="checkbox"/> \$695	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$735	<input type="checkbox"/> \$385	
Outdoor Adventures - I	4, 5, 6	<input type="checkbox"/> \$755	<input type="checkbox"/> \$775	<input type="checkbox"/> \$775	<input type="checkbox"/> \$775	N/A	
Outdoor Adventures - II	5, 6, 7	<input type="checkbox"/> \$805	N/A	<input type="checkbox"/> \$845	N/A	N/A	
Outdoor Adventures - II	6, 7, 8	N/A	<input type="checkbox"/> \$845	N/A	<input type="checkbox"/> \$845	N/A	
Mountain Bikers - I	3, 4, 5	N/A	<input type="checkbox"/> \$745	N/A	<input type="checkbox"/> \$745	N/A	
Mountain Bikers - I	5, 6, 7	<input type="checkbox"/> \$725	N/A	<input type="checkbox"/> \$745	N/A	N/A	
Mountain Bikers - II	6, 7, 8	<input type="checkbox"/> \$725	N/A	<input type="checkbox"/> \$745	N/A	N/A	
Mountain Bikers - II	4, 5, 6	N/A	<input type="checkbox"/> \$745	N/A	<input type="checkbox"/> \$745	N/A	
Leaders In Training	9, 10	<input type="checkbox"/> \$490 - 4 week session		<input type="checkbox"/> \$510 - 4 week session		N/A	
Counselors In Training	9, 10	<input type="checkbox"/> \$1,095 - 8 week session		<input type="checkbox"/> \$695 - 4 week session		N/A	
Extended Day Program	All Grades	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$70	
Hale Day Camp T-Shirt	\$10 prior to 5/1/12 or \$15 after	Child's <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL					
	Discounts						

Method of payment	Check # _____ (Payable to Hale Reservation)	VISA	MC	Amount Charged \$ _____
Card # _____	3 digit code (on back of card) _____	Exp. Date _____		
Cardholder Zip _____	Signature _____	Print Name _____		

This form indicates how your camper arrives and departs from HDC each day. Please carefully fill out all appropriate boxes for bus or pick-up.

- Note:
- Buses operate for regular camp hours only and are not available for Kinder Camp 1/2 Day, Extended Day or Session 5.
 - Times listed are when the bus will leave that location.
 - Buses have a Hale Day Camp staff member on board.
 - All buses have seat belts and air conditioning.
 - Buses arrive at Hale at approximately 8:15 a.m.
 - Buses depart Hale at approximately 3:45 p.m.

Camper's Name:

Bus sign-up				
Session(s): 1 2 3 4 circle all that apply				
Bus#: 1 2 3 4 circle one				
Bus Stop Name (see →)				
<input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> AM and PM <input type="checkbox"/> AM & Extended Day <input type="checkbox"/> Extended Day Only <p style="text-align: center;">OR</p> <input type="checkbox"/> No bus service needed - We will drop-off and pick-up our camper at Hale.				
Please list people who are authorized to pick up your camper from bus stop or camp (<i>print please</i>)				
<hr/>				
<hr/>				
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BUS #	TOWN	BUS STOP NAME	AM	PM
1	Newton	Macy's - Chestnut Hill Plaza	7:20	4:35
	Wellesley	Schofield Elementary School	7:40	4:20
	Needham	Elliot School	7:50	4:10
	Dedham	Riverdale School	8:05	4:05
2	Medfield	Medfield Junior High School	7:20	4:35
	Medfield	Dale Street School	7:35	4:25
	Dover	Dover Town Hall	7:55	4:15
	Westwood	Sheehan School	8:05	4:00
3	Walpole	Old Post School	7:20	4:30
	Norwood	Senior/Savage Center	7:35	4:20
	Westwood	Downey School	7:55	4:10
	Westwood	Westwood High School	8:05	4:00
4	Jamaica Plain	English High School	7:30	4:40
	W. Roxbury	Holy Name School	7:45	4:20
	W. Roxbury	Catholic Memorial School	8:00	4:00

Extended Day Information
Afternoon Extended Day hours: 3:45 p.m. - 6 p.m. (Sign up on registration form) <i>Please note, There will be no p.m. bus service for Extended Day.</i>
Late Fee Policy: Pick-up after 6 p.m. will result in a \$10 fee.
Extended Day Program Rates: (<i>rate is per child/per session</i>) 2 week sessions: \$140 1 week sessions: \$70
Daily Option: You may register for this option after June 25, 2012. The rate is \$30 per child, per day. To sign up your child, please call the camp office 781-329-8107.

Camper (Last)	(First)	(Initial)	Birth Date	Gender				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Street</td> <td style="width: 17%; text-align: center;">City</td> <td style="width: 17%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip</td> </tr> </table>					Street	City	State	Zip
Street	City	State	Zip					

Parent or Guardian Information	
Parent/Guardian _____	Parent/Guardian _____
Address _____ <small>(only if different from camper)</small>	Address _____ <small>(only if different from camper)</small>
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.	
Emergency Contact _____	Emergency Contact _____
Address _____	Address _____
Phone # _____ Work # _____	Phone # _____ Work # _____
Cell Phone _____	Cell Phone _____

Allergies		
Penicillin _____	Seasonal _____	Foods _____
Insect Bites _____	Other Drugs _____	Other _____
Please explain reaction and severity: _____		
Medications for above allergies: _____ <small>(If medications are to be administered at camp for above allergies a "Medication Administration Form" must be completed.)</small>		

Medications			
Will your child be bringing any medications (including over the counter medicine) to camp? Yes (circle one) No			
<small>(If "Yes", a "Medication Administration Form" must be completed.)</small>			
Please check which of the following may be administered to your child if needed: ALL Listed Below _____ NONE Listed Below _____			
Tylenol _____	Advil _____	Benadryl _____	Nasal Decongestant _____
Cough Drops _____	External Antibiotic Cream _____	Anti-Itch Cream _____	Sunscreen _____
Antacid _____	Insect Repellant with Deet _____	Calamine _____	Sudafed _____

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form we provide or a copy from your doctor's office. c <i>Check if attached</i>
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***Complete both sides of Health History form and sign for each camper.**

Relevant Past Medical History, General Information, and Restrictions

Does your child have asthma? _____

Will your child be taking an Inhaler or other medication to camp? Yes (Circle One) No
(If "Yes" a "Medication Administration Form" must be completed.)

Are there any physical, mental, or psychological conditions requiring medication/treatment/restrictions while at camp?

Does your child take any prescription or over-the-counter medication at home? _____

List any past medical treatment or recent injuries: _____

Describe any specific activities from which your child should be exempted: _____

Any dietary modifications or restrictions? _____

Doctor/Dentist Information

Name of family physician: _____ Phone: _____

Address of family physician: _____ Date of last physical exam: _____

Name of dentist/orthodontist: _____

Insurance Information:

Insurance Carrier _____ Insurance Policy Holder Name _____

Policy or Group # _____

Authorizations

Accuracy of Information: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: In case of an emergency, I authorize Hale Reservation to administer first aid and to transport my child to the nearest hospital emergency room, and to order X-rays, routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for off-camp trips.

Acknowledgement of Risk and Waiver: I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian of Camper

_____ **Date** _____

Camper Name _____ Age _____ Grade (Fall 2012) _____ Session 1 2 3 4 5

New Hale Camper? ____ Yes ____ No Sibling Enrolled? ____ Yes ____ No

Name of Sibling _____ Age _____ Name of Sibling _____ Age _____

School Camper attends is _____

How did you hear about Hale Day Camp? _____

Is there any information regarding your camper that we should be aware of (*i.e. parental status, major life changes, family members living elsewhere, new siblings, etc.*)?

What are your camper's hobbies and interests?

Does your camper have any concerns regarding camp? Yes ____ No ____ If so, what are their concerns?

Do you, as parent/guardian(s), have any concerns? Yes ____ No ____ If so, what are your concerns?

Please describe any special situations or issues, which may affect your child's camp experience. (*i.e. special needs, learning style, ADHD, discomfort in a new environment, etc.*)

How may we best assist your child with this situation at camp?

Are there any activities in which your child's participation needs to be limited? Yes ____ No ____ If so, what?

Any additional information you'd like to share?

Registration/Confirmation

Upon receipt of completed Registration Packet, a confirmation letter and invoice will be sent to you.

A complete Registration Packet includes:

- Registration Form
- Transportation/Extended Day Form
- Health History, Emergency Contact and Release Form (this is a two page form)
- Camper Questionnaire
- Enrollment Agreement
- A \$60 non-refundable deposit per camper, per session

Immunization History

In addition to the Registration Packet, I understand Hale Day Camp (HDC) requires each camper to have a current copy of Certificate of Immunization prior to their first day of camp. I understand that my child will not be permitted to participate in the program until the following additional paperwork has been completed and received by May 1, 2012:

- A copy of the Certificate of Immunization (Can be from your child's school or doctor's office)
- Medication, Epi-Pen & Inhaler Administration Form (*if applicable*)

Dismissal

I understand that HDC reserves the right to dismiss any camper whose behavior interferes with the rights and safety of others. In such cases no refunds will be given.

Photograph/Video

I grant HDC permission for my camper's photo to appear in videos, camp brochures, on websites and social networking sites such as Facebook or other promotional literature.

Payment & Withdrawal Refund Policy

- Full payment is due on Tuesday, May 1, 2012.
- Early registrations must be paid in full by Wednesday, January 31, 2012.
- Any appropriate sibling discount will be adjusted to the balance due.
- I understand that if I withdraw by May 1, 2012, 100% of my balance due will be refunded and between May 2 and June 1, only 50% of balance due will be refunded.
- I understand that as of June 2, 2012, no refunds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.

My signature below indicates I have read and understand the following policies as well as the information listed in the camp brochure. I hereby grant permission for my child to participate in all planned HDC programs and activities, including any off-site activities.

Parent/Guardian Signature

Date