

DEDHAM COMMUNITY HOUSE
2018 SUMMER CAMP PROGRAM
REGISTRATION PACKET



Enrollment Process

In order to register your camper(s) for the DCH Summer Camp you must submit:

1: The completed registration form; 2: Pick-up, Emergency Contact & Medical History form; 3: A copy of your camper(s) most recent physician's physical report; 4: A non-refundable registration fee of \$325 per camper that will be applied towards tuition.

Campers **NO LONGER** need to be registered for a minimum of two weeks as in years past.

Please note that your camper's registration will NOT be accepted and processed without all necessary paperwork and payment submitted to DCH.

Tuition: \$325 / week

New for 2018: 10% sibling discount(s) for each additional child (deducted from tuition ONLY)

Discount will be applied to camper(s) with the lowest tuition totals

There is no sibling discount applied if you are only registering for 1 week

Tuition must be **paid in full, by cash or check, on or before May 1st**. If you register your child for 5 or more weeks of camp, you may pay half the cost by May 1st and full payment by June 1st. **Your child's spot will not be held if tuition is past due. All tuition payments are non-refundable. We do not have a tuition refund insurance plan, and no refund will be made for absence, withdrawal or dismissal after May 1st. Additionally, families are responsible for tuition for ALL weeks registered unless notice is given prior to May 1st.**

Field Trip Schedule

***** There will not be a field trip during Sessions 1, 2, 3 & 11*****

Session 4: Roger Williams Park Zoo

Session 8: Museum of Science

Session 5: Lowell Spinners Game

Session 9: Southwick Zoo

Session 6: Water Wizz

Session 10: Boston Children's Museum

Session 7: George's Island

Weekly field trips are optional, **pre-registration is necessary**. All trips cost \$30 each. **Space on trips is limited so take advantage and sign up early**. Use the field trip registration form and return with payment. **Field trip fees are not refundable.**

2018 DCH Summer Camp Registration Form

Please check which sessions you wish your camper to attend:

☀️ SESSION 1: 6/18 – 6/22 (Most public schools are still in session this week)

☀️ SESSION 2: 6/25 – 6/29

☀️ SESSION 3: 7/2 – 7/6 (CLOSED 7/4)

☀️ SESSION 4: 7/9 – 7/13

☀️ SESSION 5: 7/16 – 7/20

☀️ SESSION 6: 7/23 – 7/27

☀️ SESSION 7: 7/30 – 8/3

☀️ SESSION 8: 8/6 – 8/10

☀️ SESSION 9: 8/13 – 8/17

☀️ SESSION 10: 8/20 – 8/24

☀️ SESSION 11: 8/27 – 8/31

REGISTRATION FEE: \$ 325.00

(Registration Fee is deducted from total tuition)

I would like to make a tax-deductible donation to the DCH Summer Camp Scholarship Fund to help pay the tuition of a child who would otherwise be unable to attend DCH camp this summer.

DONATION AMOUNT: \$ _____

TOTAL: \$ _____

*** Cash or checks only. All checks payable to the Dedham Community House. There is a \$25 fee for all returned checks***

*** You will be invoiced the balance due when registration is processed***

Camper's Name: _____ (please print)

Address: _____

Town: _____ State: _____ Zip: _____

Has your contact info changed within the last year (address, e-mail, phone, etc.)? YES NO

Grade entering in Fall: _____ Age at time of camp attendance: _____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL

Parent #1 Information:

Name: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parent #2 Information (if applicable):

Name: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

THIS CAMP COMPLIES WITH REGULATIONS OF THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH AND IS LICENSED BY THE DEDHAM BOARD OF HEALTH

SUMMER CAMP PROGRAM LIABILITY WAIVER & PERMISSIONS

DCH Program Liability Waiver

I understand that Dedham Community Association, Inc., also known as The Dedham Community House (collectively with its employees, directors, other staff, members, contractors, attorneys, agents and representatives, "DCH"), and other program participants assume no responsibility for or liability to me for any accident, illness, injury or other harm to me, or for any loss, damage or other harm of or to my personal or real property caused by (i) my negligence or negligence of others, (ii) risks inherent to use of any facilities and participation in any activity at or through DCH, or (iii) otherwise as a result of such use of facilities and participation in the activity. I carefully considered, acknowledge and assume all risks in connection with such use of facilities and participation in the activity, and I hold DCH harmless from any and all loss, action, claim, expense, damage and liability of every kind or nature, and agree to indemnify DCH with respect to all of the foregoing to the extent caused by my own actions or inactions. By signing this form I confirm to DCH that I am at least 18 years of age and that I have read, understand and agree to the foregoing. If I am not at least 18 years of age, then this liability waiver is being signed by a duly authorized parent or legal representative on my behalf who has read, understands and agrees to the foregoing.

Camper's Parent or Guardian's Signature _____ Date: _____

Sunscreen & Insect Repellent Application Permission

I give the DCH Summer Camp staff permission to apply sunscreen and insect repellent to my camper.

Camper's Parent or Guardian's Signature _____ Date: _____

*****Please be sure to apply sunscreen each day before sending your camper. Camp staff will reapply sunscreen each afternoon and as needed. Send bottles of sunscreen and insect repellent with the camper's name on it.**

Photograph & Video Marketing Permission

I give the DCH Summer Camp staff permission to photograph and/or video my camper for the purposes of our camp picture board and/or advertising, which may include a posting on our website.

Camper's Parent or Guardian's Signature _____ Date: _____

Local Walking Distance Field Trip Permission

I give the DCH Summer Camp staff permission to take the camper with his/her group on local field trips that are within walking distance of the Dedham Community House (different than the scheduled field trips).

Camper's Parent or Guardian's Signature _____ Date: _____

Carpooling

Are you interested in being connected with other families in your town for carpooling to camp? **Yes** **No**

If this is your first summer here at DCH please tell us how you heard about us:

DCH Website/Web Search Friend/Family (word of mouth) Facebook

Local Camp Fair (which one) _____ School Flier/Email

Other: _____