



DEDHAM COMMUNITY HOUSE 2019 TEEN CAMP PROGRAM REGISTRATION PACKET

671 High St., Dedham MA 02026 Main Office: 781-329-5740
programs@dedhamcommunityhouse.org

Enrollment Process

Please keep the first page of this packet for your reference.

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

1: A completed registration form; 2: Health History and Pick up Authorization Form; 3: A copy of your camper(s) most recent physical and immunization record (within one year); 4: A non-refundable registration fee of \$375 per camper that will be applied towards tuition.

Registration can be completed online at www.dedhamcommunityhouse.org
or with these paper forms.

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

Tuition: \$375 / week

10% sibling tuition discount(s) for each additional child
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, check or credit card (fee applies) 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. Please contact the office manager for additional payment plan options. **Your child's spot will not be held if tuition is past due. Tuition payments are non-refundable. 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

Trips will be on Tuesdays and Thursdays and are included with camp tuition.

Tuesday trips will be determined as we develop the themes and community service for the upcoming summer.

Tuesday trips might include 5 Wits, Tree Top Adventures, Laser Quest, Rock Spot Climbing, Boston Common, Castle Island, Boston Bowl, Patriots Training Camp as well as community service opportunities with the Animal Rescue League and Cradle to Crayons among others.

The below trips are booked for Thursdays unless otherwise noted:

These trips require a late pick up at camp

Session 1: New England Aquarium

Session 2: Closed 7/4

Session 3: Canobie Lake Park*

Session 4: Water Wizz

Session 5: Boundless Adventures

Session 6: Codzilla

Session 7: Six Flags New England*

Session 8: Skyventure

Session 9: Beach

2019 DCH Teen Camp Registration Form

Please check which sessions you wish your camper to attend:

⚙ SESSION 1: 6/24 – 6/28

⚙ SESSION 2: 7/1 – 7/5 (CLOSED 7/4)

⚙ SESSION 3: 7/8 – 7/12

⚙ SESSION 4: 7/15 – 7/19

⚙ SESSION 5: 7/22 – 7/26

⚙ SESSION 6: 7/29 – 8/2

⚙ SESSION 7: 8/5 – 8/9

⚙ SESSION 8: 8/12 – 8/16

⚙ SESSION 9: 8/19 – 8/23

***If you need the pre-camp week or session 10 please contact the main office. Teen campers can come to regular camp during those weeks **

REGISTRATION FEE: \$ 375.00

(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, Check, or Credit Card (additional service fee) accepted. All checks payable to: Dedham Community House. *

There is a \$25 fee for all returned checks

*You will be invoiced the balance due when registration is processed. All camp fees are due May 1, 2019. If you are registering for more than 5 weeks of camp you may make two payments - 5/1 and 6/1. *

Camper's Name: _____ (please print) Preferred Name: _____

DOB: _____ Age (at time of camp): _____

Address: _____

Town: _____ State: _____ Zip: _____

Grade entering in fall: _____ School Attending: _____

T-Shirt Size (Circle One): Youth: S M L Adult: S M L XL XXL

Parent/Guardian #1 Information:

Name: _____ Relationship: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

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

E-Mail Address: _____

Parent/Guardian #2 Information (if applicable):

Name: _____ Relationship: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

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

E-Mail Address: _____

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

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 of any DCH activity. I 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: _____

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 or social media. I understand that DCH owns the rights to these photos and may use them in perpetuity.

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

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. I also give permission for the camper to go on chartered school bus field trips. I understand that I will be given a copy of the itinerary and that these trips are part of the Teen Camp Program and included in the registration fee.

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 Flyer/Email Other _____



**Dedham Community House Summer Camp
Health History, Emergency Contact, and Pick up Authorization Form**

Camper's Name _____ DOB ___/___/___ Age (as of 6/17/19) _____ Gender _____

Parent/Guardian #1 Information:

Name: _____ Relationship: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

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

E-Mail Address: _____

Parent/Guardian #2 Information (if applicable):

Name: _____ Relationship: _____

Address (if different from camper's): _____

Town: _____ State: _____ Zip: _____

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

**Parents and Guardians are always allowed to pick up campers from camp
and will be called first in an emergency.**

If there is a custody arrangement or order of protection, please indicate that below and give a copy of the order to camp staff.

In the event a parent/guardian cannot be reached, I authorize DCH Summer Camp to contact the following person(s) in case of an emergency:

1. Name _____ Relationship: _____

Phone () _____ - _____

2. Name _____ Relationship: _____

Phone () _____ - _____

In addition to Parent/Guardians and emergency contacts listed above, I give permission for the following persons to pick up my camper from the DCH Summer Camp.

1. Name _____ Relationship: _____
Phone () _____ - _____
2. Name _____ Relationship: _____
Phone () _____ - _____
3. Name _____ Relationship: _____
Phone () _____ - _____

Health History

Does your child have any physical, mental or psychological conditions requiring medication, treatment or restrictions while at camp? (Including Allergies) Yes No

If yes, please explain:

Please list any current medications your child is taking, both at home and camp:

- Medication: _____ Home Camp
- Medication: _____ Home Camp
- Medication: _____ Home Camp
- Medication: _____ Home Camp

- Please note that if your child will be taking medication at camp there is an additional form that must be filled out and returned to camp prior to the camper's start date. All medications must come to camp in the original pharmacy container with the camper's name.

Does your child require any dietary modifications or restrictions? Yes No

If yes, please explain:

Are there any specific camp activities from which your child should be exempted? Yes No

If yes, please explain:

Does your child have an IEP or 504 plan? Yes No (If yes please consider giving camp a copy)

Does your child receive ELL services? Yes No

Is there anything we should specifically know about your child to make the summer as successful as possible?

Name of Camper's Physician: _____ Phone: _____

Insurance Name: _____ Insurance Number: _____

Immunization and Physical: Massachusetts requires a Certificate of Immunization and a recent (dated within 1 year of the beginning of camp) physical for all campers. Please attach the form from your Doctor's office.

If you have questions about this policy, please call the office at 781-329-5740.

Accuracy of Information:

I attest, to the best of my ability, that this health history is correct and the person herein has permission to engage in all camp activities, other than noted above. _____ Initials

Treatment Authorization:

In case of emergency, I authorize Dedham Community House to administer first aid and/or 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 form can be photocopied for camp trips. _____ Initials

Sunscreen & Insect Repellent Application Permission

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

_____ Initials

*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. *

Parent Name: _____

Parent Signature: _____ Date: _____



Extended Hours Policy & Registration Procedures

Extended camp hours are available to all of our summer camp families. Extended hours run from 7:00 am until 8:45 am and again in the afternoon from 4:15 pm until 6:00 pm. Campers will be engaged in additional DCH programming during extended times such as rec room, sports and games and arts and crafts. At drop off / pick-up time, parents must sign in / out in the extended day log with appropriate times. There are 2 payment options for extended day:

**LOWER PRE-PAY
PRICES IN 2019!!**

Extended Day Payment Options

#1 - Pre-Pay Option

With the pre-pay option you register your campers for extended day and pay the appropriate fees with your regular camp payment(s). This entitles you to use all of the hours within the block you register for.

Please fill out the upper portion of the next page to register for Pre-Paid Extended Day.

AM Options

7 AM Drop-off (7:00 – 7:59) = \$55 / child per week

8 AM Drop-off (8:00 – 8:45) = \$30 / child per week

PM Options

6 PM Pick-up (5:01 – 6:00) = \$55 / child per week

5 PM Pick-up (4:15 – 5:00) = \$30 / child per week

#2 - Pay As You Go Option

With the pay as you go option you will be billed **\$20 dollars per child** for each time you utilize extended care that you have not signed up for through the prepay option. All invoices will be e-mailed or mailed to you and payment is **due upon receipt**. Once you use this option (or prior to) we require a credit card number to be kept on file with our billing coordinator. Any family who becomes delinquent in paying these invoices will need to be switched to the pre-pay option and billed accordingly.

*****All campers must be picked up by 6:00 PM.*****

Late pick-ups will be charged a \$1 per minute penalty.

Sibling discounts do not apply towards extended day fees.

Cash or Check is preferred for extended day payments. Credit card is also accepted by calling or stopping into the main office.

(Outstanding balances as of September 9, 2019 will incur a 10% late fee)

If you have any questions or concerns, please feel free to contact us at 781-329-5740.

1 - Pre-Pay Extended Day Registration
Please return to the DCH office prior to June 1, 2019

Camper's Name: _____

Weeks Purchasing Pre-Pay Option: (please circle all that apply)

- | | |
|--|---|
| <input type="radio"/> Pre-Camp: 6/17 – 6/22 | <input type="radio"/> Session 6: 7/29 – 8/2 |
| <input type="radio"/> Session 1: 6/24 – 6/28 | <input type="radio"/> Session 7: 8/5 – 8/9 |
| <input type="radio"/> Session 2: 7/1 – 7/5 (no camp 7/4) | <input type="radio"/> Session 8: 8/12 – 8/16 |
| <input type="radio"/> Session 3: 7/8 – 7/12 | <input type="radio"/> Session 9: 8/19 – 8/23 |
| <input type="radio"/> Session 4: 7/15 – 7/19 | <input type="radio"/> Session 10: 8/26 – 8/30 |
| <input type="radio"/> Session 5: 7/22 – 7/26 | |

Time Blocks: (please check all that apply)

Mornings

- 7 AM Drop-off (\$55 / child per session)
- 8 AM Drop-off (\$30/child per session)

Afternoons

- 5 PM Pick-up (\$30/child per session)
- 6 PM Pick-up (\$55/child per session)

Parent Signature: _____ Date: _____

2 - Pay As You Go Option

If you are using the "Pay As You Go Option", families need to leave credit card information so that any balances remaining after September 9th can be charged to the credit card on file. If you do not wish to fill out this information, you may contact Diana Walsh at the main office, 781-329-5740 or at dwalsh@dedhamcommunityhouse.org, and leave the necessary information with her.

Name: _____

Address: _____

Credit Card #: _____

VISA or MC

V-Code: _____ Expiration Date: _____/_____/_____

Please remember that all Extended Day Balances are due upon receipt by cash or check. Any family who becomes delinquent in paying these invoices will need to be switched to the pre-pay option and billed accordingly.

By signing below, I agree that as of September 9th any unpaid extended day balance plus a 10% late charge will be applied to my credit card.

Signature

Date

For Office Use Only:

of Weeks _____ * (AM costs _____ + PM costs _____) =
Total Fees _____



Directions for Uploading, Emailing Faxing & Mailing Physicals and Photos

After camp registration is completed, there are 3 options to send camper physicals and photos. **Registrations are not complete until we receive your camper's most current Immunization/Physical form** (must be dated within 1 year of June 17, 2019).

Uploading Physicals and Photos

You can upload Immunization/Physical forms and photos that are saved on the device you are using.

- Log in to your account if you have not already done so.
- Choose "Upload Physical or Photo" from the "What would you like to do" drop down menu on the top right of the screen
- On the next screen, click "Upload a New Document" located on the top right
- Note-only *ONE* document can be uploaded at a time
- In "Document Name" box, enter your Camper's Name + Physical or Photo + Date (example: Mary Smith Physical May 2019)
- Enter any comments about the document in the "Comments" box
- Click "Choose File" button and select the physical or photo you want to upload
- Click "Submit" and you should see the document you uploaded along with any other documents you uploaded in the past
- To upload another physical or photo, choose "Upload Physical or Photo" from the drop down menu at the top right and follow the steps above

Email Physicals and Photos

Email Immunization/Physical forms and camper pictures to programs@dedhamcommunityhouse.org.

Please put your Camper's Name + Physical or Photo + Date in the subject line of the email. (example: **Mary Smith Physical May 2019** or **John Smith Photo April 2019**)

If you are emailing photos for multiple children, please send each photo in a separate email.

Fax, Mail or Drop Off Physicals and Photos

- Our fax # is 781-329-4939
- Mail or drop off physicals/photos to the DCH Office at 671 High Street, 2nd Floor, Dedham, MA 02026, attn: DCH Camp. During off hours, use the mailbox next to the front door or the mail slot of the DCH Office on the second floor.