



# Cambridge Adventure Day Camp 2012: Ages 6-11

5 weeks: July 2 - August 3, 2012

Camp runs: 9AM-4PM with additional time for bussing

Attn. Kristina Cook

CAMBRIDGE CAMPING ASSOCIATION

99 Bishop Allen Drive, Cambridge, MA 02139

(617)864-0960 www.cambridgecamping.org

(For office use only)

Date Rcv'd \_\_\_\_\_

Fee \_\_\_\_\_ \$ MO ✓ \_\_\_\_\_

Camp \_\_\_\_\_

## Child Information

Please write neatly. Include \$10 fee and proof of income.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
(as of June 1, 2012)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade in Fall 2012 \_\_\_\_\_ School: \_\_\_\_\_

Name of afterschool program your child attends (if applicable): \_\_\_\_\_

**\*\*T-Shirt Size (circle one):**

**Youth Medium**

**Youth Large**

**Adult Small**

**Parent/Guardian #1** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

## Emergency Contacts: Please list 2 contacts OTHER than a Parent/Guardian:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

## Agency Referral

Were you referred to CADC by another agency?  Yes  No

Name of agency \_\_\_\_\_

Contact name \_\_\_\_\_ Phone Number \_\_\_\_\_

Will they help pay for camp? \_\_\_\_\_ If so, how much? \_\_\_\_\_

**These questions are optional and help us with our fundraising efforts.**

**Please check your child's racial/ethnic identity:**

- African American  Asian  Bi-racial/Multi-racial  
 Native American  Haitian  Hispanic  White  Other (please specify) \_\_\_\_\_

**Are you a single parent?**  Yes  No

**Is your family supported by:** A working Mother?  Yes  No A working Father?  Yes  No

**Is English your first language?**  Yes  No

**What languages are spoken in your home?** \_\_\_\_\_

## Child History

Has your child attended CADC in the past? \_\_\_\_\_ If yes, how many years (approximately)? \_\_\_\_\_

Does your child swim?  **Fears water**  **Non-swimmer**  **Beginner**  **Intermediate**  **Advanced**

Favorite hobbies, games or strengths at school? \_\_\_\_\_

## Transportation Information: CADC 2012

Check the bus stop your child will use.

If your child will use different stops in the morning and afternoon, please indicate AM or PM beside each stop  
**\*Please note, in order to best meet families' transportation needs, the bus will not have more than 7 stops & will be centrally located to serve the most people. Thank you for your understanding.**

**\*CCA will consider adding a stop if 3 or more children need it. Please call ASAP with any bussing problems: 617-864-0960**

<input type="checkbox"/> HAGGERTY SCHOOL on Cushing St.	<input type="checkbox"/> STARBUCKS at Broadway & Ware Street	<input type="checkbox"/> KENNEDY/LONGFELLOW SCHOOL at Spring St.
<input type="checkbox"/> WALDEN SQUARE at Richdale Ave.	<input type="checkbox"/> PUTNAM AVE at Pearl & Putnam Ave.	<input type="checkbox"/> KING OPEN SCHOOL at Cambridge St. & Hunting St.
<input type="checkbox"/> JEFFERSON PARK on Rindge Ave.	<input type="checkbox"/> KING/AMIGOS SCHOOL At Magee & Putnam St.	<input type="checkbox"/> FLETCHER MAYNARD ACADEMY at Windsor St. & Broadway St.
<input type="checkbox"/> 1600 MASS AVE AM on Chauncy/PM at Everett St.		<input type="checkbox"/> CENTRAL SQ. LIBRARY at Pearl St. & Franklin St.

No \_\_\_\_\_ Yes \_\_\_\_\_ I give permission for my child to walk home from the bus stop on his/her own.

If **No**, you or your authorized pick-up person (listed below) must pick the child up from the bus stop.

No, My child is not allowed to leave the bus unless met by myself or named authorized pick-up person. If there is a change in the person picking my child up, I will notify the Cambridge Camping office immediately.

If my child is not met at the bus stop, I understand s/he will be brought to the Cambridge Camping office at 99 Bishop Allen Drive. I will be charged \$15 late fee payable at time of pick up. Camp enrollment will be suspended if late fee goes unpaid or if child is brought to the office a 3<sup>rd</sup> time.

→ **Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized pick-up person #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized pick-up person #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Any special directions regarding your child's bus stop? \_\_\_\_\_

## Photo Release for Cambridge Adventure Day Camp:

We love to capture memories from camp and photos are an important way for campers to remember the fun times they had. On occasion Cambridge Camping Association uses photos in outreach materials to raise money for camp. Fund raising helps us keep camp fees affordable. We kindly ask your permission to take photos of your child.

\_\_\_\_ Yes, I authorize CADC to take photos of my child for camp & fund raising.

\_\_\_\_ No, I DO NOT authorize CADC to take photos of my child for camp & fund raising.

→ **Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photo Release for Waltham Fields Community Farm (WFCM) and Farrington Nature Linc (FNL):

Our partner sites also request the use of your child's photos in outreach materials. We kindly ask your permission to take photos of your child.

\_\_\_\_ Yes, I authorize WFCM & FNL to take photos of my child for outreach & fund raising purposes.

\_\_\_\_ No, I DO NOT authorize WFCM & FNL to take photos of my child for outreach & fund raising purposes.

→ **Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Policies and Procedures**

I have read and understand the policies and procedures on the last page of this application for Cambridge Adventure Day Camp in the supplemental procedure.

➔ **Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my child to receive **sunscreen and insect repellent.**

➔ **Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cambridge Public School Information Release:**

In an effort to ensure that all children are enrolled in a summer program, Cambridge Public Schools are requesting that we release your child's name as having participated in our summer program. No more information will be shared.

\_\_\_\_\_ **Yes** I will allow my child's name to be released to Cambridge Public Schools

\_\_\_\_\_ **No**, I will not allow my child's name to be released to Cambridge Public Schools

**Information Release Agreement**

I hereby authorize the following individual/agency to release information contained in the above client's record to the Camp Director of Cambridge Adventure Day Camp.

1. Name of Counselor/Social Worker/Teacher/Therapist: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Name of Counselor/Social Worker/Teacher/Therapist: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Cost of Camp**

Camp tuition is determined on a sliding scale. Your rate is based on household income and size of family

**1. How many people are in your household?** \_\_\_\_\_

*Include all who are dependent on your household income.*

**2. What is your household income based on your income documentation?** \_\_\_\_\_

*Include income for all working adults in the household, federal aid, child support or alimony payments.*

**Multi-child discount.** 10% discount for each additional child enrolled in camp.

**\*\* Please look at your family size along with your income to determine how much you will pay for camp**

# Household	Income Range for Your Household					
<b>2</b>	\$0 – \$18,800	\$18,801 – \$26,300	\$26,301 – \$33,900	\$33,901– \$42,000	\$42,001– \$50,000	>\$50,001
<b>3</b>	\$0 – \$23,300	\$23,301 – \$30,800	\$30,801 – \$39,000	\$39,001– \$49,000	\$49,001– \$58,000	>\$58,001
<b>4</b>	\$0 – \$27,800	\$27,801 – \$35,200	\$35,201 – \$44,600	\$44,601– \$55,000	\$55,001– \$65,000	>\$65,001
<b>5</b>	\$0 – \$32,400	\$32,401 – \$45,600	\$45,601– \$56,000	\$56,001– \$64,000	\$64,001 – \$73,000	>\$73,001
<b>Cost</b>	<b>\$155</b>	<b>\$230</b>	<b>\$280</b>	<b>\$340</b>	<b>\$415</b>	<b>\$550</b>

**\* Must attach a copy of your proof of income: 2011 tax return, W-2 or 3 most recent pay-stubs.**

\* Optional: Add a week to camp for \$60!!



# CADC @ Farrington Nature Camp 2012: Ages 6-11

1 week: August 6 – 10, 2012

Camp runs: 9AM-4PM with additional time for bussing  
\$60 Fee for week of Camp, payable at time of Registration

Attn. Kristina Cook  
CAMBRIDGE CAMPING ASSOCIATION  
99 Bishop Allen Drive, Cambridge, MA 02139  
(617)864-0960 www.cambridgecamping.org

## Camper Registration Form

Farrington Nature Camp is a one week camp, meant to extend CADC for a week and provide a nature connection for urban youth. Camp will operate Monday thru Friday, August 6 – 10 from 9am to 4pm and serves 30 children ages 6 – 11. At camp, we will be looking at pond life, hiking, working on nature activities, learning to care for livestock, and having a BBQ lunch towards the end of the week. Please note that breakfast and lunch are not included.

**I understand that all terms and conditions that pertain to CADC will apply to this extended week at Farrington Nature Camp.**

→ Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation Information: Farrington 2012

Check the bus stop your child will use.

If your child will use different stops in the morning and afternoon, please indicate AM or PM beside each stop

**\*Please note, in order to best meet families' transportation needs, the bus will not have more than 6 stops & will be centrally located to serve the most people. Thank you for your understanding.**

<input type="checkbox"/> 1600 MASS AVE at the corner of Everett and Mass Ave	<input type="checkbox"/> JEFFERSON PARK on Rindge Ave.	<input type="checkbox"/> KING/AMIGOS SCHOOL at Magee & Putnam St.
<input type="checkbox"/> FLETCHER MAYNARD ACADEMY at Windsor St. & Broadway St.	<input type="checkbox"/> KENNEDY/LONGFELLOW SCHOOL at Spring St.	<input type="checkbox"/> WALDEN SQUARE at Richdale Ave.

No \_\_\_\_\_ Yes \_\_\_\_\_ I give permission for my child to walk home from the bus stop on his/her own.

**If No**, you or your authorized pick-up person (listed below) must pick the child up from the bus stop.

No, My child is not allowed to leave the bus unless met by myself or named authorized pick-up person. If there is a change in the person picking my child up, I will notify the Cambridge Camping office immediately.

If my child is not met at the bus stop, I understand s/he will be brought to the Cambridge Camping office at 99 Bishop Allen Drive. I will be charged \$15 late fee payable at time of pick up. Camp enrollment will be suspended if late fee goes unpaid or if child is brought to the office a 3<sup>rd</sup> time.

→ Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized pick-up person #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized pick-up person #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

Any special directions regarding your child's bus stop? \_\_\_\_\_



# Cambridge Adventure Day Camp 2012

Attn. Kristina Cook  
 CAMBRIDGE CAMPING ASSOCIATION  
 99 Bishop Allen Drive, Cambridge, MA 02139  
 (617)864-0960 [www.cambridgecamping.org](http://www.cambridgecamping.org)

# Doctor Form

This form may be substituted by RECENT, DATED and SIGNED physical & immunization record.  
 Complete the Medication Permission Sheet.  
*Please complete if your child takes ANY medication at camp (if prescription, include doctor's signature)!*

CHILD'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ GENDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / /

**General Examination:** Date of Exam \_\_\_\_\_ Physical exam must be no earlier than Sept. 1, 2010.

Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses: \_\_\_\_\_ Ears: \_\_\_\_\_ Nose: \_\_\_\_\_  
 Throat: \_\_\_\_\_ Teeth: \_\_\_\_\_ Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_  
 Hernia: \_\_\_\_\_ Extremities: \_\_\_\_\_ Skin: \_\_\_\_\_ Weight: \_\_\_\_\_ Hgb. Test: \_\_\_\_\_  
 Urinalysis: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Posture (spine): \_\_\_\_\_ Other: \_\_\_\_\_

**Immunizations:** Give complete history, month and year

	TYPE	DATE		TYPE	DATE
Measles/Mumps/Rubella (MMR)	Measles	1.	Hepatitis B (required if born after 1/1/92)		1.
	Measles	2.			2.
	Mumps	(3.)			3.
	Rubella	(4.)		N/A	
Polio	OPV/IPV	1.	Diphtheria/Pertussis/Tetanus (4 doses DTaP/DTP or 3 doses Td)	DTaP/DTP	1.
	OPV/IPV	2.		DTaP/DTP	2.
	OPV/IPV	3.		DTaP/DTP	3.
	OPV/IPV	(4.)		DTaP/DTP	4.
Varicella (chickenpox)		1.	Tetanus Booster (Td)		N/A

**Health History:** Give date of illness and check box for each condition child has had

General Health:  Ear Infections \_\_\_\_\_  Rheumatic Fever \_\_\_\_\_  Heart Defect \_\_\_\_\_  
 Diabetes \_\_\_\_\_  Convulsions \_\_\_\_\_  Bleeding Disorder \_\_\_\_\_  
 Diseases:  Chicken Pox \_\_\_\_\_  German Measles \_\_\_\_\_  Asthma \_\_\_\_\_  
 Measles \_\_\_\_\_  Mumps \_\_\_\_\_  
 Allergies:  Hay Fever \_\_\_\_\_  Insect Stings \_\_\_\_\_  Foods (list) \_\_\_\_\_  
 Poison Ivy \_\_\_\_\_  Penicillin allergies \_\_\_\_\_  Other Drugs (list) \_\_\_\_\_

Operations or serious injuries (give dates): \_\_\_\_\_

Chronic or recurring illness, other diseases: \_\_\_\_\_

Activities to be encouraged: \_\_\_\_\_

Activities to be restricted: \_\_\_\_\_

**Recommendations and restrictions while at day camp (please describe for each activity)**

Medication \_\_\_\_\_ Diet \_\_\_\_\_

Swimming/Diving \_\_\_\_\_ Strenuous Activity \_\_\_\_\_

Other \_\_\_\_\_

I have examined this person, reviewed the health history and in my opinion feel this person is physically able to engage in day camp activities except as noted above.

**Physician's Signature** \_\_\_\_\_ **Date examined** \_\_\_\_\_

Physician Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

# Medication Permission Form- CADC 2012

## Health Insurance Information:

Health Insurance Provider: \_\_\_\_\_ Card Number: \_\_\_\_\_

Customer Service Phone Number: \_\_\_\_\_

\*\*We need all insurance information requested above, as well as a copy of a current insurance card for the camper.

Please provide a detailed explanation of any conditions (medical or emotional) or dietary restrictions: \_\_\_\_\_

## Does your child have any allergies?

Allergy: \_\_\_\_\_ Severity: \_\_\_\_\_ Medication: \_\_\_\_\_

Allergy: \_\_\_\_\_ Severity: \_\_\_\_\_ Medication: \_\_\_\_\_

## ALL MEDICATIONS TAKEN AT CAMP MUST BE IN THEIR ORIGINAL BOTTLES.

Name of medication \_\_\_\_\_

Diagnosis (Why is your child taking this medicine?) \_\_\_\_\_

Dosage \_\_\_\_\_ How often \_\_\_\_\_

Possible side effects and action required \_\_\_\_\_

Name of medication \_\_\_\_\_

Diagnosis \_\_\_\_\_

Dosage \_\_\_\_\_ How often \_\_\_\_\_

Possible side effects and action required \_\_\_\_\_

## Inhalers and Epi-pens

Should your child have immediate access to his/her \_\_\_\_\_  
 epi-pen at all times at camp?  Yes  No  
 inhaler

I hereby give permission to Cambridge Adventure Daycamp staff to administer above medications to my child.

→ Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 describe below.

Please use the remaining space to inform us of any of your child's SUPPORT NEEDS. Include any concerns you may have regarding your child's emotional or physical well-being while at camp.

## Parent Authorization for Emergency Medical Care

In the event that I cannot be reached in an **EMERGENCY** I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above, unless otherwise indicated on my child's health form.

→ Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOME ELIGIBILITY FORM  
FOR THE  
SUMMER FOOD SERVICE PROGRAM**

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.**

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). <b>Skip to Part 4 if you listed a case #.</b>

**Part 2. Foster Child**

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household, including children) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_*

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**USDA Form February 2011**  
**ESE Form March 2011**



**Registration Requirements due by April 5<sup>th</sup> for \_\_\_\_\_ :**  
Registration cannot be accepted without the following:

- All information requested in this application is filled out completely
- Copy of proof of income: 1<sup>st</sup> page of your most recent Income Tax Return **OR**  
You and your Spouse's W-2 **OR** 3 consecutive paystubs
- Summer Food Service Program Application (should be completed for each camper)
- Physical and Immunization Record dated AFTER Sept. 1, 2010 and signed by your Doctor
- Copy of insurance card(s)

**\*\* Special offer: Return completed application by March 15<sup>th</sup> to receive \$15 off total tuition. After March 15<sup>th</sup>, any application submitted with full tuition payment will have application fee waived.**


**Payment Requirements:**

- \$10 Non-refundable application fee**
- 50% deposit & completed application by **Thursday, April 5<sup>th</sup>**.
- \$60 CADC @ Farrington Nature Camp fee due **Thursday, May 31<sup>st</sup>**
- REMAINING TUITION BALANCE due May 31<sup>st</sup>**

50% DEPOSIT \$ _____
50% TUITION \$ _____
TOTAL TUITION \$ _____

\*\*Completed applications are accepted on a first come, first serve basis. Any campers with unpaid fees by 5/31 cannot be guaranteed a spot.

CADC Bus Stop for Child: AM \_\_\_\_\_ PM \_\_\_\_\_

 Reminder: Camp will **NOT** be held on Wednesday, July 4<sup>th</sup>

**Camp Policies and Procedures**

**Camp Tuition:** Tuition is on a sliding scale based on family size and income. See tuition chart on previous page.

\*\**Cancellation refunds* must be requested, in writing, from parents/guardians 10 business days prior to child's arrival date. The \$10 application fee is non-refundable. There will be a \$20 charge on all returned checks. If your child attends any part of camp, a refund for weeks not attended cannot be given. We retain the rights to dismiss any camper not complying with the appropriate behavior set out by camp.

**Bus Transportation**

All campers must use bus transportation. Bus stop times will be sent out two weeks before camp begins.

Parents are responsible for getting their children to and from the correct bus-stop. CCA is not responsible for campers before checking-onto the bus in the morning or after checking-off the bus at the end of the day.

**Health Concerns:**

If your child is sick, please don't send him/her to camp. Your child needs to be fever free for 24 hours without medication to be allowed in camp.

**Camp Field Trips:**

Campers participate in field trips each week. Trips include Waltham Fields Community Farms, Farrington Nature Linc, local pools and parks, and some all day trips to state parks.

\*\*Please **DO NOT SEND** your child with *spending money, electronics, or anything of value.*

**\*\*Your child is responsible for all items they bring to camp in the event that they are lost, stolen, or damaged.**

**Meals:**

Camp provides with breakfast, lunch, and snack each day.

**Contact Us:**

Call Kristina Cook (Office Manager/Camp Registrar)  
at (617) 864-0960, as well as drop-in at  
99 Bishop Allen Drive, Central Square, Cambridge.

**Special Needs:**

CCA tries to accommodate children with some special needs on case by case basis.

**Office Hours:**

Mon. - Wed. 9 - 5:30  
Thurs 9 - 5  
Fri 9 - 2

*This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Cambridge Board of Health.*