

Camp Longfellow 2024



APPLICATION AND REQUIRED FORMS

Please return the following for your child to attend:

- ❑ 2024 Summer Camp Application
- ❑ 2024 Summer Camp Payment Form
- ❑ Release of Liability Form
- ❑ Recent Physical and Immunization Form - from your child's physician
- ❑ Field Trip Permission Form **All Star Campers Only**

RETURN IF NEEDED

- ❑ Authorization to Administer Medication Form
- ❑ Extended Day Form
- ❑ Swim Lesson Form



Longfellow Health Club 203 Oak Street Natick, MA 01760 508.653.4633

www.longfellowhealthclubs.com

longfellowkids@gmail.com



Payment Form

A deposit of a **non-refundable \$100 per week** that you register for must accompany this application. All withdrawals or cancellations must be made in writing or email. **There are no refunds or credits. See separate page for details.**

The balance of camp payments (minus deposits) will be split into 2 automatic monthly equal amounts. **See separate page for details.**

Name of Child: _____ Age (in summer): _____

ARE YOU A YEAR-ROUND LONGFELLOW MEMBER? Please circle: YES NO

Please check the weeks applied for:

- | | |
|--|--|
| <input type="checkbox"/> Week 1 June 24 – 28 | <input type="checkbox"/> Week 6 – July 29 - August 2 |
| <input type="checkbox"/> Week 2 July 1 – 3* | <input type="checkbox"/> Week 7 August 5 - 9 |
| <input type="checkbox"/> Week 3 July 8 - 12 | <input type="checkbox"/> Week 8 August 12 - 16 |
| <input type="checkbox"/> Week 4 July 15 – 19 | <input type="checkbox"/> Week 9 August 19 - 23 |
| <input type="checkbox"/> Week 5 July 22 – 26 | |

Camp tuition for the ‘ALL STARS’ (Kindergarten - entering 4th grade)

Monday – Friday 9 am – 4 pm

\$485.00 per week

***No camp Thursday July 4/Friday July 5**

\$291.00

Camp tuition for the ‘CHAMPIONS’ (pre-school 4 years – pre k 5 years)

Monday – Friday 9 am – 1 pm

\$365.00

1 pm – 4 pm add \$36 per day - pre-registration required, see form attached.

***No camp Thursday July 4/Friday July 5**

\$219.00

- ❖ FAMILY MEMBERS RECEIVE A \$20.00 DISCOUNT PER WEEK
- ❖ PRE-PAY FOR 6 FULL WEEKS OF CAMP, AND RECEIVE A \$20 PER/WK DISCOUNT.

Please charge the amount of \$_____ to my credit card.

Credit card #_____ Expiration Date_____

Cardholder's name_____ Signature_____

I have read the above and understand the camp's policy concerning tuition and **non-refundable fees**. I understand that my child cannot attend camp if the balance of the tuition, has not been received.

Signature: _____ Date: _____



2024 Application Required Form

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: longfellowkids@gmail.com

Director: Caroline Donahue

Last name: -	First name: -	Gender:
Date of birth: -	Age: -	Grade in fall '24: -

Mailing address _____

City _____ State _____ ZIP Code _____

Home phone: _____

Parents' Name: _____ Parent's Name: _____

E-mail _____

Parent Work #: _____ Cell #: _____

Parent Work #: _____ Cell #: _____

We need 2 Emergency Contacts (other than parent): (people must know they are emergency contacts) and may pick up your child: If you wish, you may write "No one".

1. Name _____ Relationship _____
Telephone _____

2. Name _____ Relationship _____
Telephone _____

Health insurance Company: _____ Policy # _____

Name of Child's Physician _____ Telephone: _____

Please give us any information about your child that we may need to know such as health issues, behavioral issues, accommodations needed, activity or diet restrictions or allergies.

Will your child need to take medication at Camp? _____

If YES, please complete the 'Authorization to Administer Medication To A Camper' Form.

All campers will re-apply sunscreen after swimming, and when outdoors. We use Kids Coppertone Spray 50 SPF. Camp staff shall use verbal directions to help camper apply sunscreen. Campers may bring their own sunscreen clearly labeled BUT campers will need to apply their own sunscreen with direction from staff.

Signature of parent/guardian _____

Longfellow prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs, and activities including admission, employment, education, and athletics.



Payment Schedule for Camp Longfellow Natick 2024

Families will pay a **NON-REFUNDABLE** \$100 deposit per week of camp upon registering.

If families apply for camp before May 1, 2024, **the remaining balance** will be split into 2 equal monthly payments:

May 1, 2024

June 1, 2024

If families register for camp after May 1, 2024 the remaining balance will be due in full on:

June 1, 2024.

If families register after June 1, 2024, FULL payment is required WITH registration.

Signature: _____

Date: _____



Release of Liability

Required Form

Child's Name _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in Camp Longfellow, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, basketball, soccer, swimming, team-building initiations, and tennis, and/or any other physical undertakings.

ACKNOWLEDGEMENT OF RISK: I recognize that there is inherent danger in any activity(ies) which involves physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity(ies); and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of activity (ies) in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity (ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participation in the activity (ies). I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Camp Longfellow has my permission to use photos of my child in promotional Longfellow Clubs literature without names.

RELEASE AND HOLD HARMLESS: In consideration of my child's participation in the activity (ies), I, for myself, for my child, and for any other parent of the child, do hereby **RELEASE AND AGREE TO HOLD HARMLESS** Longfellow, its trustees, officers, employees, agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are result of gross negligence of the party or parties release released herein.

ACKNOWLEDGMENT: In signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/guardian signature _____ Date _____

Parent/guardian printed name _____



Authorization To Administer Medication To A Camper

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633
Fax: 508 650 4986
Email: longfellowkids@gmail.com

Director: Caroline Donahue

A parent has to complete this form if your child will be taking medication at camp.

Name of Camper -	Date of birth: -	Age: -
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Any Food or Drug Allergies: _____
Diagnosis (at parent's discretion) _____
Parent/Guardian Name: Mother _____ Father _____
Home Tel: _____
Mother Work Tel: _____ Cell: _____
Father Work Tel: _____ Cell: _____
Name of Licensed Prescriber: _____ Tel: _____

Name of Medication: _____ **Dose given at camp** _____
Route of Administration: _____ Frequency: _____
Date ordered: _____ Duration of Order: _____ Quantity Received: _____ Exp. date: _____

Special directions (e.g., on an empty stomach/with water) _____
Possible Side Effects/adverse reactions: _____
Location where medication administration will occur: _____

I hereby authorize Camp Longfellow to administer to my child, _____ the medication(s) listed, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets/capsules, the number in the container. All over-the-counter medications shall be kept in the original containers with the original label, including directions for use.

105 CMR 430.160(B)

Medication shall only be administered by the health supervisor* or by a licensed health-care professional authorized to administer prescription medications. If the health supervisor is not a licensed health-care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health-care consultant. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication. We will not give medication for the first time.

105 CMR 430.160(C)

When no longer needed, medications shall be returned to a parent or guardian.

*Health supervisor - A person who is at least 21 years of age, specially trained and certified in at least current American Red Cross First Aid and CPR, has been trained in the administration of medications, and is under the professional oversight of a licensed health-care professional authorized to administer prescription medications.

Parent/guardian signature _____ Date _____



Camp Longfellow Extended Day

Camp Longfellow
203 Oak Street
Natick, MA 01760

Phone: 508 653 4633

Fax: 508 650 4986

Email: longfellowkids@gmail.com

Director: Caroline Donahue

Extended Day Registration Only:

If you need extended day hours during Camp, please complete this form and return it to us with the registration forms. ***Please note that due to strict staff to camper ratios, we are unable to provide extended care without prior registration.**

Camper Name: _____

ALL STARS (Ages 5 – 10 years)

Please circle the hours you need. You may prorate for the half hour.

Monday	8 - 9 am	4 – 5 pm
Tuesday	8 - 9 am	4 – 5 pm
Wednesday	8 - 9 am	4 – 5 pm
Thursday	8 - 9 am	4 – 5 pm
Friday	8 - 9 am	4 – 5 pm

Total # of Hours x \$12 per hour = \$ _____

CHAMPIONS (Ages 4 - 5 pre-school)

Please Circle the days you need:

\$36 per afternoon

Monday	1 pm – 4 pm
Tuesday	1 pm – 4 pm
Wednesday	1 pm – 4 pm
Thursday	1 pm – 4 pm
Friday	1 pm – 4 pm

NOW Please check the weeks applied for:

All Ages

- ☐ Week 1 June 24 – 28
- ☐ Week 2 July 1 – 3*
- ☐ Week 3 July 8 - 12
- ☐ Week 4 July 15 – 19
- ☐ Week 5 July 22 – 26

- ☐ Week 6 – July 29 - August 2
- ☐ Week 7 August 5 - 9
- ☐ Week 8 August 12 - 16
- ☐ Week 9 August 19 - 23

*No camp Thursday July 4/Friday July 5

\$ _____ x # of weeks = \$ _____ - Now add this to your camp fee



FOR ALL STAR CAMPERS ONLY

PROGRAM: Camp Longfellow 2024

ADDRESS: 203 Oak Street Natick MA 01760

CHILD'S NAME: _____

I, _____, give permission for my child named above
(parent/guardian name)

to go on the following field trips: -

Please check all the field trips your child will be attending this summer

Week 1

Wed. June 26: Southwick Zoo, Mendon \$25.00

Week 3

Fri. July 12: Davis Farmland and Splash Park \$25.00

Week 5

Fri. July 26: Trombetta's Farm - 3rd – 4th Grade \$25.00

Discovery Museum – K – 2nd Grade \$25.00

Week 7

Fri. August 9: Launch, Framingham \$25.00

Total: \$_____

By **Connelly School Bus Company**

Parent Phone Numbers While at Field Trip:

Name: _____ Tel: _____

Name: _____ Tel: _____

Emergency Contact: _____ Tel: _____

The following waiver must be signed by a parent/guardian of all children:

I accept full responsibility for my child participating in the Longfellow Health Club field trips. It is understood and agreed that any accident or illness claim will be covered by the parent's insurance, as Longfellow Health Club assumes no responsibility for illness or accidents. We reserve the right to dismiss any child whose behavior is detrimental to the overall good of the program or threatens the safety of others in any way.

Parent/Guardian Signature: _____ Date: _____

Print Child's Name: _____



CAMPER SWIM LESSON INFORMATION

Our WSI certified instructors will promote knowledge of aquatic safety, water adjustment and swimming readiness skills, fun and enjoyment in the water. Enjoyment is essential to learning, especially for young children. We create an environment that is active, stimulating, play oriented and safe. The emphasis is on the development of a warm and trusting relationship between families, children, and the instructor. This relationship serves as the basis for learning.

If interested: Fill out the form below, if you have any questions, please email the Aquatics Director at longfellowaquatics@gmail.com.

All scheduling is handled on a first come basis. Be sure to provide us with any special considerations and any information pertaining to swimming ability of the student so we can adequately place you or your child with the right instructor. Each class is 30 minutes long

Prices:

Group Lessons (up to 6 campers): - \$70.00

4 lessons per week Monday – Thursday

Please circle the weeks that you want your child to have swim lessons: 1 2 3 4 5 6 7 8 9

Date: _____

Student's name: _____

Date of Birth: _____

Student's name: _____

Date of Birth: _____

Parent's name: _____

Telephone: _____

Email (required): _____

Address: _____

Swimming Ability:

Special Considerations:

Note: campers will be brought to lessons by camp staff during swim time and picked up after their lesson.