



# Traditional Day Camp & Specialty Day Camp Registration Summer 2019

To register your child, please fill out this form and return it to Hillside Summer along with your deposit. Please use one form for each child. You may also choose to register online at [www.hillsidesummer.net](http://www.hillsidesummer.net). If you have questions, please contact the Hillside Summer Camp Office, at [hillsidesummer@hillsideschool.net](mailto:hillsidesummer@hillsideschool.net) or 508.481.5217

**Day Camp Deposit: \$100 per week**

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: \_\_\_\_\_ Entering grade: \_\_\_\_\_ as of Fall 2019  
month day year  
Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

Is your child enrolled at Hillside School for the 2019-2020 academic year?  Yes  No

### PARENT/GUARDIAN INFORMATION

#### Primary Contact (Authorized To Sign-Out Camper)

Parent/ Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Secondary Contact (Authorized To Sign-Out Camper)

Parent/ Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION AND PICK-UP AUTHORIZATION

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent/guardian. At camp sign-out, the following people below will be able to pick up your child from camp. (For your child's safety, a picture ID is required each time your child is picked-up)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ EMERGENCY CONTACT? *circle* Yes No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ EMERGENCY CONTACT? *circle* Yes No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ EMERGENCY CONTACT? *circle* Yes No

#### NOT AUTHORIZED TO PICK-UP:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_



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## Summer 2019

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### REGISTRATION

All registrations are processed on a first come, first served basis. All registrations must include all completed forms and deposit. The deposit amount is applied toward the total tuition, which is due June 1, 2019. Hillside Summer deposits are non-refundable. Some payment plans may be available; please contact the Camp Office for details.

This camp complies with regulations of the Massachusetts Department of Public Health (105CMR 430.000) and is licensed by the City of Marlborough Board of Health.

#### How to register by mail, in person:

- Download the forms (registration, Hillside Summer, Physical and Immunization forms)
- Mail to: Hillside Summer 404 Robin Hill Street Marlborough, MA 01752 / Attn: Camp forms
- Attach a copy of the camper's current physical and a copy of the immunization record. Both documents must be signed by a doctor or nurse practitioner. Current physical and a copy of the immunization record can be faxed to (508) 485-4420 / Attn: Hillside Summer
- Enclose the deposit of \$100 per week, per child

#### How to register online:

Register online at [www.hillsidecamp.net/register](http://www.hillsidecamp.net/register)

### DISCOUNTS

At Hillside, we understand that camp is a wonderful summer option for children—and often a necessity for busy working parents. For families who register for multiple weeks, our discount program adds up to significant savings.

Please see page 2 of this registration packet for discount details.

**Need-based financial assistance:** Our goal is to help as many children attend Hillside Summer as possible. For more information, please contact Hillside Summer at [hillsidecamp@hillsidecamp.net](mailto:hillsidecamp@hillsidecamp.net)

### REFUNDS

If you cancel your camp registration before June 1, you will receive your full balance minus the deposit. There are no refunds for cancellations received after June 1, 2019.

After June 1<sup>st</sup>, Hillside Summer is not obligated to refund tuition for any applicant or participant who withdraws for any reason, including illness, injury, or homesickness. The deposit is not refundable and not transferable. No refund or reduction in fees is possible for a child who arrives late, leaves early, or attends only part of a session.

### HEALTH AND NUTRITION

Good nutrition is a key component of our food program. All meals are prepared on campus by our amazing chefs and dining team. Hillside Summer camp fees includes a morning snack and lunch each day.

Weekly Lunch Menu can be found at <http://www.hillsidecamp.net/day-camp/lunch-program>

Please note: Hillside Summer is Peanut Free and all campers should not bring in any food that may contain any peanut products.

### ARRIVAL, DISMISSAL, TRANSPORTATION

Arrival is at 8:30 a.m. Dismissal is at 4:00 p.m. Hillside Summer does not provide transportation to or from camp. Extended care is available in the morning from 7:30 – 8:30 a.m. and in the afternoon from 4:00 – 6:00 p.m. for an additional fee.

### AUTHORIZATION

The registration form that I/we have provided is correct and accurate as far as I/we know.

- The person named as “child” has permission to engage in all camp activities except as noted.
- I/we understand that I/we are responsible for all medical costs incurred in treating my/our child. • I/we agree that the laws of the Commonwealth of Massachusetts shall govern this waiver and release. • I/we affirm that I/we have read and understand this document.

### RELEASES

I/We have read the Hillside Summer information and understand the nature of the activities and the health and safety measures undertaken by the Camp. By signing this contract, I/we give permission to my/our child to participate in all planned Camp activities, to use the facilities in connection with these activities, and to take part in off-campus trips. By signing this contract, I/we agree for myself, my/our child and our representatives, agents, heirs, successors and assigns to release and hold harmless Hillside Summer and all of its affiliates (including Hillside School), trustees, officers, agents, and employees from all claims, actions, causes of action, liability, loss, damage, controversies, accidents and injuries, and any expense, which in any way may arise from my/our child's participation in the Hillside Summer program and/or through any act or omission of Hillside Summer or any of its trustees, officers, agents, or employees. This General Release is intended to include any claims which my/our child may have arising from personal injuries or other accidents and injuries caused by another child or other participant in Camp activities. Additionally, by signing this contract, I/we agree to indemnify and hold harmless Hillside Summer for any claims, accidents, and injuries which are caused by my/our child.

• For purposes of communication and advertising via the camp and school's brochures, web site, publications, and media, the camp and school frequently asks campers to be photographed, quoted and/or interviewed. Parents grant permission for the camper's photograph (or video), quotes (including releases and media interviews), stories and/or art (identified by first name when appropriate) to be used in ways that enhance the profile of the camp and school.

*cont.* Any restrictions parents wish to place on such use must be delivered in writing to the Director of Communications. If such written restrictions are not delivered, it is assumed that parents release the Hillside from, and indemnify it against, any and all claims for invasion of privacy and/or defamation arising from the publication of any photograph, name and/or likeness of the camper.

- I/we understand and agree that Hillside Summer is not obligated to refund tuition for any applicant or participant who withdraws for any reason, including illness or injury. The deposit is not refundable or transferable. No refund or reduction in fees is possible for a child who arrives late, leaves early, or attends only part of a session.
- I/we agree to pay the balance of the fees on or before June 1. I/we understand that the Camp cannot guarantee a spot for my/our child if the payment is not received by June 1.
- For the protection of my/our child, I/we understand that Hillside Summer will not release my/our child to any individual (other than the parents/guardians) not specified in this form. If I/we wish to add or delete any of the names, I/we will notify Hillside Summer in writing.
- I/we understand that it is my responsibility to bring any special concerns about my/our child to the Camp Director's attention at the time of registration.
- I/we understand that the camp administration reserves the right to dismiss a camper when in its judgment, the camper's behavior interferes with the rights of others, the functioning of the group or activity, or violates the camp's principles of conduct. In such cases, no refunds will be given.
- I/we also understand that at any time I may request copies of background checks, health care policies, discipline policies, and procedure for filing grievances.
- I/we understand that no camper will be registered unless a completed Registration Form accompanies the deposit.
- I/we understand that my/our child may not attend Camp if the immunization record and health information is not received before the start of Camp. I/we understand that Hillside Summer requires each camper to have a current physical examination and immunization history provided by a physician within 12 months of attending camp.
- I/we have read and reviewed carefully the Hillside Summer information provided and the terms of this contract. By signing below, I/we understand this document constitutes a legally binding contract, to be construed under Massachusetts law and under which both parties agree to be bound.

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Parent/ Guardian Signature

Print Name

Date Signed



## Traditional Day Camp & Specialty Day Camp Registration Summer 2019

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**This form is not required by Hillside Summer but would help us better understand your camper and their needs. This will be a confidential form and will be used as a helpful guide for counselors to get to know your child better.**

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Has your child ever attended any other day camps or summer programs? YES NO

Has your child ever attended any other overnight programs? YES NO

During pool time, would you like us to encourage your child to swim? YES NO

Is your child living with both parents? YES NO If no, with whom are they living? \_\_\_\_\_

Camper's personality:

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Sociability:

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Interests:

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Dislikes and apprehensions? What may cause ambivalence, anxiety, or resistance?

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Talents or passions:

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Special needs: Any social, emotional, or psychological issues that may require special attention from staff and camp?  
Are there any support programs such as IEP that your child is on?

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# Camper Health Record

## For Traditional Day and Specialty Day Camps

Please fill out the following form completely. Per Massachusetts law, campers will not be allowed to attend Hillside Summer without completely updating all health forms and immunization records. The completed form must be returned to the Hillside Camp Office by June 1, 2019.

Camper Name	Date of Birth	Gender
Parent/Guardian Name	Home Phone	Cell Phone

### Emergency Contact Information (local contact only)

Name	Home Phone	Cell Phone	Authorized to pick up? circle
1.			YES NO
2.			YES NO

### Medical Information

Name of Pediatrician	Town /City	Phone Number
Insurance Carrier	Policy Number	
Medical Condition	Medications	Allergies
<i>If you child has allergies, asthma or a medical condition, please include a copy of their ACTION PLAN</i>		

### Please check all the medicines the Health Care Staff may dispense:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sunscreen                  | <input type="checkbox"/> Hydrocortisone Cream      | <input type="checkbox"/> Eye Drops                  |
| <input type="checkbox"/> Insect Repellent           | <input type="checkbox"/> Calamine lotion           | <input type="checkbox"/> Insect Repellent           |
| <input type="checkbox"/> Acetaminophen (Tylenol)    | <input type="checkbox"/> Antibiotic Cream/Ointment | <input type="checkbox"/> Sting Swabs                |
| <input type="checkbox"/> Ibuprofen (Motrin/Advil)   | <input type="checkbox"/> Cough Lozenges/Drops      | <input type="checkbox"/> Sunburn Spray (Solarcaine) |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Antacids (Tums/Mylanta)   | <input type="checkbox"/> Other: _____               |

### Authorization for Medical and/or Surgical Treatment and Release of Information

Every effort is made to contact and inform the parents or guardians in case of a medical emergency, serious injury, or surgical illness when immediate surgical intervention is deemed necessary. On isolated occasions the parent or guardian cannot be reached. Accordingly, they are requested to sign the following statement: In the event of an illness or accident involving our/my son/daughter, we/I hereby give permission to Hillside Summer, its officials, and the physicians, surgeons, and dentists retained by Hillside School, to secure and furnish medical, dental, or surgical care and treatment for him/her and to give, administer, and render any treatment or aid, including anesthetics or surgery, as is necessary to protect, preserve, and safeguard the life and health of my/our son/daughter. We/I further authorize Hillside Summer, through its Physicians, to release information to facilitate the medical or surgical care of our/my son/daughter, as is necessary for the completion of a claim for health insurance. I give permission to the health care staff to share information relevant to my child's health condition with appropriate camp personnel when needed to meet my/our child's health and safety needs.

Please sign and date below to complete this authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If submitting electronically, please type your full name above and check here to indicate that this qualifies as your electronic signature.

**Return all Health related forms to Hillside Summer Camp Office •  
ALONG WITH THESE FORMS, YOU MUST ALSO INCLUDE A COPY OF INSURANCE CARD (FRONT AND BACK)  
404 Robin Hill Road • Marlborough, MA 01752 • email hillsidesummer@hillsideschool.net • Phone 508.481-5217 • Fax (508)485-4420**



Sample Immunization Form
For Traditional Day and Specialty Day Camps

MANDATORY: YOU MUST SUBMIT A COPY OF YOUR CHILD'S ANNUAL PHYSICAL AND IMMUNIZATION RECORD.
Your camper's physician may complete this form (page 2) in lieu of an official record. We will also accept your doctor's official form.

Camper Name: Last First Middle

Birth Date: Month Day Year

Gender: Female Male

IMMUNIZATIONS: Must have all doses listed as required by Massachusetts Law

Table with 2 columns: Immunization Name and Doses. Rows include DPT/DTaP, Polio, MMR, Hepatitis B, Varivax/Varicella, and Meningococcal.

History of major medical, developmental, or allergic problems

Current medications (All medications to be administered by Health Office and must be accompanied by doctor's orders)

Allergies (food, medication, environmental, etc.)

Epipen (injection for severe allergies) Yes No If yes, please have medication order filled out by prescriber.

This student may participate in all activities and competitive sports unless noted above.

Examining Physician (please print) Date:

Signature

Address

Telephone Email

Fax

ALONG WITH THESE FORMS, YOU MUST ALSO INCLUDE A COPY OF INSURANCE CARD (FRONT AND BACK)