

Mashpee Summer Preschool Camp



Days: Monday - Friday

Time: 9AM - 12PM

Fee: \$65 per session

Registration Fee: \$10.00

Deposit: \$25 (subtracted from the balance)

**KC Coombs School
150 Barnstable Road
Mashpee, MA 02649**

4 - 5 year olds

(Your child must be 4 years old as of January 1, 2016)

We are offering a half-day program held five times a week for six weeks for children 4 to 5 years old. Each week offers a new theme to peak your child's interest. Our design is to provide a positive, fun, and relaxed first camp experience for your Pre-Schooler. From storytelling to creative movement, to water activities, to making crafts and singing songs, and having loads of fun-this positive experience will give your child a great head start on learning and having fun with us!!

2016 - SESSION DATES (Weekly Sessions)

Session 1 - Bundle of Bugs

July 11th - July 15th

Session 2 - Pirates of Cape Cod

July 18th - July 22nd

Session 3 - Around the World

July 25th - July 29th

Session 4 - Planes, Trains and Automobiles

Aug 1st - Aug 5th

Session 5 - Outer Limits

Aug 8th - Aug 12th

Session 6 - Carnival Week

Aug 15th - Aug 19th

IMPORTANT INFO

What will my child(ren) need to bring to camp?

- Each child should bring their bathing suit and towel every day
- **Please provide a "kids safe" brand of sun screen for your child (Spray)**
- Allergies, adverse reaction to bee stings, etc, should be brought to our attention before the program starts
- Children should wear sneakers daily No "flipflops"
- An extra set of clothing should be brought to camp
- Baseball style caps are helpful
- The older the better
- Please mark clothing with your child's name

Will my child need **Medical and Emergency Forms?**

Yes

- A written report, signed by a health care provider of a physical exam during the preceding 12 months
- A written health history which includes any allergies, required medications, and any health conditions which may affect your child's activities while attending camp
- A written immunization record

Will my child receive any lunch or snacks?

- **No.** All children attending Preschool camp will need to bring a snack and water. Please pack and mark your child's snack in an appropriate insulated box or bag

What time can my child begin the program in the morning? And when is the program over each day?

- The program will start promptly each day at 9:00am
- The program ends promptly at 12:00pm

The programs will meet everyday unless a weather emergency is called. Please check your email or log onto www.mashpeerec.com to check for cancellations or call Mashpee Rec. Dept. @ 508-539-1416 to listen to our voicemail message.

OUR CAMP PHILOSOPHY

The philosophy of the Mashpee Summer Preschool Camp is based on mutual trust, respect, caring. Above all to have FUN!!

Our aim is to:

1. Provide a quality day camp experience for all children regardless of ability
2. Develop campers skills in games, sports and when available aquatics
3. Encourage each child to take responsibility for themselves and for others in their age group
4. Encourage and nurture awareness of the environment and appreciation of all living things
5. Promote world mindfulness through recognition that world-peace, brotherhood, and goodwill start with small groups of people working and playing together
6. Encourage creative expression
7. Help campers meet, appreciate and accept people of different race and religion

2016 Weekly Camp Themes

Week 1 : Bundles of Bugs	July 11 - July 15
Week 2: Pirates of Cape Cod	July 18 - July 22
Week 3: Around the World	July 25 - July 29
Week 4: Plains, Trains, & Automobiles	Aug. 1 - Aug 5
Week 5: Outer Limits	Aug. 8 - Aug 12
Week 6: Carnival Week	Aug. 15 - Aug

Registration information

Camp cost is \$65/week

Deposit of \$25.00 (non-refundable) is required for each week and applied towards the balance.

\$10.00 registration fee (one time)

All camp payments must be paid in full on the Friday prior to attending the next weeks camp.

MASHPEE SUMMER PRESCHOOL CAMP REGISTRATION - 2016

(All information must be complete—please print)

Child's Last Name _____ First _____ Age (as of 1/1/16) _____ Home Phone _____

Street Address _____ City _____ State _____ Zip _____ Cell Phone _____ Carrier _____

DOB _____ Hair Color _____ Eye Color _____ Male / Female (circle) _____

Mailing address if different from above _____ Email Address _____

Special Health or Physical Conditions _____ Known Allergies _____

Mother/Guardian's Name _____ Work Phone _____ Father's Name _____ Work Phone _____

Doctor's Name _____ Phone _____ Dentist's Name _____ Phone _____

In case of emergency and parents are not able to be reached, please contact: _____

Address _____ Home Phone _____ Cell Phone _____

I give permission to release any pertinent medical information to the emergency contact person listed above. I/we the undersigned father, mother or guardian of _____ a minor, do hereby consent to my child's participation in voluntary athletic/recreation programs of the Town and/or Public Schools of Mashpee. I/we also agree to forever release the Town of Mashpee and the Public Schools of Mashpee and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services expenses, compensation from liability for physical injury or damages to property which may occur while participating in programs or activities. I/we further affirm that I/we have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I also hereby give permission for my child to be administered First Aid and if the Director feels it is a necessity, that my child be treated at the _____ Hospital.

Parent/Guardian's Signature _____ Date _____

WEEK	SESSION #	DATE	COST
Bundles of Bugs	1	7/11 - 7/15	65.00
Pirates of Cape Cod	2	7/18 - 7/22	65.00
Around the World	3	7/25 - 7/29	65.00
Planes, Trains, & Automobiles	4	8/1 - 8/5	65.00
Outer Limits	5	8/8 - 8/12	65.00
Carnival Week	6	8/15 - 8/19	65.00

Please Note: Mashpee Recreation requires all registrants leave a credit card on file. Camp balances are due by 12pm Friday the week before camp starts in order for your child/children to be on the roster. Any unpaid balance for that week will be charged to the required credit card on file that Friday starting at noon.

I acknowledge that I am the responsible party for this account and have read and agree to the terms above.

Signature _____

	Camp Total:	
	10% Discount:	
	Sub-total:	
Deposit = # of weeks __ x \$25		
Registration Fee	\$10.00	
Due Now:		
	Registration Fee:	\$10.00
	Sub-total:	
	Deposit Due Now:	
	Remaining Balance	

MC / Visa # _____ Exp. Date ____/____/____ Security code ____/____/____

Signature _____

NOTE: A \$25 Non-refundable Deposit is required for all registered sessions, plus a one-time \$10 registration fee. Deposits on additional sessions cannot be used for current session payments. All Medical Forms and Immunizations Records must be on file before your child will be allowed to participate.

Payment in full must be made before attending camp.
There is a 10% discount for siblings and Active military.

SUMMER PRE-SCHOOL CAMP REGISTRATION - 2016

Medical Care and Consent Form

(All information must be completed — please print)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I AUTHORIZE STAFF IN THE MASHPEE RECREATION SUMMER CAMP PROGRAM WHO ARE TRAINED IN THE BASICS OF FIRST AID AND CPR, TO GIVE MY CHILD _____ FIRST AID AND/OR CPR WHEN APPROPRIATE. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL ATTENTION FOR MY CHILD. HOWEVER, IF I CANNOT BE REACHED, I HEREBY AUTHORIZE THE PROGRAM TO TRANSPORT MY CHILD TO THE NEAREST MEDICAL CARE FACILITY AND/OR TO _____ HOSPITAL, AND TO SECURE NECESSARY MEDICAL TREATMENT FOR MY CHILD.

HEALTH INSURANCE COMPANY _____ POLICY # _____

Parent / Guardian Signature: _____ Date: _____

MEDICAL AND EDUCATIONAL INFORMATION (WE ARE LICENSED BY MASHPEE PUBLIC HEALTH DEPT.)

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE ON FILE PRIOR TO ATTENDING CAMP.

Does your child have any type of allergies? _____

Does your child use an inhaler or EPI pen? ____ Yes ____ No

(if yes, you and your pediatrician will need to supply one along with an individual health care plan form.)

To ensure your child has the most positive experience at camp, parents should disclose any special needs or accommodations your child may require. If your child is on an I.E.P., do we have your permission to discuss this with the school? __yes __no

Please check which of the following may be given to your child if needed:

____ Tylenol ____ Advil ____ Benadryl ____ Insect Sting Wipes
____ External Ointment (i.e. Neosporin) ____ Antacid (i.e. Tums)

PRESCRIBED MEDICATIONS

CHILDREN RECEIVING PRESCRIBED MEDICATIONS ISSUED BY A PHYSICIAN WHO NEED TO HAVE THE MEDICATION(S) ADMINISTERED AT CAMP MUST FILL IN THE APPROPRIATE TIMES AND DOSAGES FOR EACH DAY OF THE WEEK THAT YOUR CHILD IS ATTENDING. THE MEDICATION MUST BE PRESENTED IN ITS ORIGINAL BOX OR BOTTLE CLEARLY MARKED WITH YOUR CHILD'S NAME, ADDRESS, AND BIRTH DATE. THE INSTRUCTIONS MUST BE CLEARLY LEGIBLE. IF YOUR CHILD IS TAKING A NEW MEDICATION, WE ARE NOT ALLOWED TO GIVE THE FIRST DOSE. PLEASE FILL IN THE APPROPRIATE TIMES AND DOSAGES FOR EACH DAY OF THE WEEK AT

MEDIA RELEASE INFORMATION

THERE WILL BE TIMES WHEN THE MEDIA MAY BE AT SOME OF OUR ACTIVITIES OR EVENTS. PLEASE INDICATE IF YOU WOULD LIKE YOUR CHILD'S PICTURE AND NAME USED.

____ I GIVE MY PERMISSION TO HAVE MY CHILD'S PICTURE TAKEN FOR MEDIA PURPOSES.

G Movie Permission

____ I GIVE MY PERMISSION FOR MY CHILD TO VIEW G MOVIES.

____ I DO NOT GIVE MY PERMISSION FOR MY CHILD TO VIEW PG MOVIES.

Parent / Guardian Signature: _____ Date: _____

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



Tennis Festival
Saturday, May 28th

Memorial Day Ceremony
Monday, May 30th

Fishing Derby
Saturday, June 4th

Pickleball Play Date
Saturday, June 11th

Super Swim
Saturday, June 18th

Cape Cod Hero Triathlon
Sunday, June 19th

Family Picnic & Fireworks
Friday, July 1st

Rhiannon McCuish 5K Woodland Run
Saturday, July 23rd

Mashpee Community Park
TD Bank Summer Concert Series
July 5th—July 26th
Mashpee Summer Concerts



Town of Mashpee
Recreation Department
520 Main Street , Rte. 130
Mashpee, MA 02649
508-539-1416

