

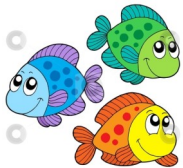


# Mashpee Recreation

# Preschool

# Summer Camp

## 2020



### Weekly Session Dates



- Session 1 - A Camping we will go!
- Session 2 - Out of this World
- Session 3 - Wild About Animals
- Session 4 - Under the Sea
- Session 5 - Pirates and Fairies
- Session 6 - Carnival Fun

July 6th - July 10th  
 July 13th - July 17th  
 July 20th - July 24th  
 July 27th - July 31st  
 Aug 3rd - Aug 7th  
 Aug 10th - Aug. 14th

## 4 – 5 Year Olds

(Your child must be 4 years old as of June 1, 2020 and toilet trained)

Our half-day program is held five days a week for six weeks for children 4 to 5 years old. Each week offers a new theme to pique 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, this positive experience will give your child a great head start on learning while having loads of fun !!

**The Program is held at:**

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

**Days: Monday - Friday**

**Time: 9AM - 12PM**

**Fee: \$65 per session**

**Registration Fee: \$10.00 Deposit: \$25 (subtracted  
from the balance)**

**Register online at [mashpeerec.com](http://mashpeerec.com)**

**or**

**in our office at 520 Main Street**

## 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**
- 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 (the older the better) should be brought to camp
- Baseball style caps are helpful
- 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](http://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. Developing camper's 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

### 2020 Weekly Camp Themes

Week 1	A Camping we will go	July 6 - July 10
Week 2:	Out of this World	July 13 - July 17
Week 3:	Wild about Animals	July 20 - July 24
Week 4:	Under the Sea	July 27 - July 31
Week 5:	Pirates and Fairies	Aug. 3 - Aug. 7
Week 6:	Carnival Fun	Aug. 10 - Aug. 14

### 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 by June 12, 2020 for weeks 1-4 and July 17, 2020 for weeks 5 - 7 unless other arrangements have been made with the billing department

# MASHPEE SUMMER PRESCHOOL CAMP REGISTRATION - 2020

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age (as of 6/1/20) \_\_\_\_\_ 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	
<b>A Camping we will go!</b>	①	7/6 - 7/10	65.00	
<b>Out of this World</b>	②	7/13 - 7/17	65.00	
<b>Wild About Animals</b>	③	7/20 - 7/24	65.00	
<b>Under the Sea</b>	④	7/27 - 7/31	65.00	
<b>Pirates and Fairies</b>	⑤	8/3 - 8/7	65.00	
<b>Carnival Fun</b>	⑥	8/10 - 8/14	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 \_\_\_\_\_

(Please note: This is not an autopay form. If you wish to have your payments automatically deducted from your account please fill out page 5 of this registration)

Deposit ___ # of weeks ___ x \$25	
Registration Fee	\$10.00
<b>Due Now:</b>	

Accepted: Check or Cash



<b>Camp Total:</b>	
Registration Fee:	\$10.00
Sub-total:	
Deposit Due Now:	
<b>Remaining Balance</b>	

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.

# SUMMER PRE-SCHOOL CAMP REGISTRATION - 2020

## 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 and/or obtain a copy from the school? \_\_\_\_yes \_\_\_\_no

**\*\*PLEASE NOTE\*\*** The Mashpee Recreation Department is committed to providing a safe and accessible program for all children. Persons with limitations or conditions that require special accommodations are welcome to participate in all programs that are compatible with their interests and abilities. Every effort will be made to accommodate participants however, the availability of Mashpee Recreation's resources may limit one on one support. It is the responsibility of parents and guardians to notify us of any special needs and/or modifications that may be necessary for their child's safety, success, and well-being.

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 IT'S 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.

### 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.

## **AUTOMATIC PAYMENT PLAN**

Mashpee Recreation Department offers an automatic payment plan for our Before and After School program as well as our Summer Camp Programs. If you wish to participate please fill in your information below, sign and return to the Mashpee Recreation Department. Any changes must be made in writing and require a 30 day notice.

Date: \_\_\_\_\_

I give Mashpee Recreation Department permission to charge my credit card for my child's Summer Camp Program  
on the dates listed below:

\_\_\_\_\_ June 12th

\_\_\_\_\_ July 17th

MC/VISA \_\_\_\_\_ EX. \_\_\_\_/\_\_\_\_

Three Digit Security Code on back of card \_\_\_\_

Childs name (please print) \_\_\_\_\_

Program \_\_\_\_\_

Authorized signature (as it appears on credit card) \_\_\_\_\_

Print Name on Card \_\_\_\_\_

# Mashpee Recreation Special Events



**Pickleball Playdate**  
TBD

**Memorial Day Ceremony**  
Monday, May 25th

**Fishing Derby**  
Saturday, June 6th

**Super Swim**  
Saturday, June 13th

**Family Picnic & Fireworks**  
Wednesday, July 1st  
(raindate July 2nd)

**Rhiannon McCuish 5K Woodland Run**  
Saturday, July 11th

**Mashpee Community Park Summer Concert Series**  
July and August on Tuesday evenings 6:00 p.m. - 7:30 p.m.  
Mashpee Veterans Park and Memorial Garden  
Sponsored by TD Bank and Mashpee Recreation Department

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

