

# Monty Tech Summer Camp 2022

**ATTENTION ALL INCOMING 6TH-8TH GRADERS!**

**MONTY TECH IS HOSTING 10 SUMMER PROGRAMS!  
EACH FOUR-DAY CAMP OFFERS A VARIETY OF FUN,  
HANDS-ON LESSONS AND ACTIVITIES IN ONE  
PROGRAM OF YOUR CHILD'S CHOICE.**

## **CAMPS RUN**

**8:30 - 2:30 COST: \$200/CAMP**

**\*THERE'S AN ADDITIONAL \$25 MATERIALS FEE FOR CULINARY.**

**COST INCLUDES ALL PROGRAM MATERIALS & ACTIVITIES,  
T-SHIRT, DAILY SNACK & LUNCH.**

***Registration deadline: May 27th***

**\$20 DEPOSIT PER PROGRAM DUE WITH REGISTRATION.**

**REMAINING BALANCE DUE THE FIRST DAY OF CAMP.**

**MAKE CHECKS PAYABLE TO:**

**"MONTY TECH SUMMER CAMP"**

**AND LIST CHILD'S NAME ON LOWER LEFT OF CHECK.**

*Scholarships are available for income-eligible students.*



**Registration Deadline: May 27, 2022** Contact:

Christine Leamy, Dean of Admissions 1050

Westminster Street

Fitchburg, MA 01420

(978) 345-9200 x 5231

leamy-christine@montytech.net

**\*Students who live outside the Monty Tech School District will be placed on a waitlist and will be enrolled only if space allows.**

**\*Please note - All camps are subject to cancellation if a minimum of 10 enrollees is not met. A waitlist will be maintained if more students register than space is available.**

**\*A School nurse is on site at all times.**

## **Week 1: June 21 - 24 8:30-2:30**

### **COSMETOLOGY**

**HAVE FUN LEARNING THE BASICS OF HAIR STYLING, FACIALS AND MANICURES!**

### **CULINARY ARTS \*ADDITIONAL \$25 MATERIALS FEE**

**LEARN HOW TO SAFELY PREPARE A VARIETY OF DELICIOUS FOODS - THERE WILL BE SOME TO TAKE HOME AND ENJOY!**

### **GRAPHIC COMMUNICATIONS**

**ENJOY A PHOTOGRAPHY SCAVENGER HUNT, CUSTOM T-SHIRT DESIGNING AND MORE!**

### **CYBERSTEM**

**DO YOU WANT TO KNOW HOW COMPUTERS ARE CHANGING OUR WORLD? YOU WILL LEARN CYBER SECURITY CONCEPTS SUCH AS CRYPTOGRAPHY AND FORENSICS AS WELL AS PROGRAMMING ROBOTS, DRONES AND MICROCONTROLLERS IN PYTHON AND BLOCK-BASED CODING LANGUAGES.**

## **Week 2: June 27 - June 30 8:30-2:30**

***Priority for week two will be given to students from Barre, Fitchburg, Harvard and Hubbardston.***

### **ART**

**EXPLORE A VARIETY OF ARTISTIC CONCEPTS INCLUDING PAPER MACHE, CREATIVE DRAWING WITH MUSIC AND SELF-PORTRAITS!**

### **COSMETOLOGY**

**(SEE WEEK 1 DESCRIPTION)**

### **CULINARY ARTS \*ADDITIONAL \$25 MATERIALS FEE**

**(SEE WEEK 1 DESCRIPTION)**

### **GRAPHIC COMMUNICATIONS**

**(SEE WEEK 1 DESCRIPTION)**

### **CAD - DRAFTING AND DESIGN**

**WE'LL USE A VARIETY OF SOFTWARE TO CREATE SOLID MODELS, 3D PRINTED OBJECTS, STICKERS, AND ENGRAVINGS!**

### **HOUSE CARPENTRY**

**LEARN CARPENTRY SKILLS WHILE USING TOOLS OF THE TRADE TO CREATE A HANDCRAFTED PROJECT!**

# SUMMER CAMP

## Field Trip

All summer camp students are invited to attend an optional field trip!

**FRIDAY, JULY 1ST**  
**8:30 A.M. - 1:30 P.M.**

- ✓ Enjoy arcade fun!
- ✓ Lunch will be provided
- ✓ Payment of \$25 is due the first day of camp in order to secure your spot on the field trip as space is limited
- ✓ Bus departs Monty Tech promptly at 9:00 a.m.
- ✓ Students are responsible for any valuables they bring

### DAVE AND BUSTER'S

1235 Worcester St Ste 3201

Natick, MA 01760

[www.daveandbusters.com](http://www.daveandbusters.com)



- ✓ Bring extra money (\$6) if you would like to participate in virtual reality

**2022 Summer Camp Registration Form**  
**Montachusett Regional Vocational Technical School**  
**1050 Westminster Street - Fitchburg, MA 01420**  
**Christine Leamy, Dean of Admissions**  
**(978) 345-9200 x 5231 [leamy-christine@montytech.net](mailto:leamy-christine@montytech.net)**  
**Registration Deadline: May 27, 2022**

(Please print clearly)

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade in fall of 2022 \_\_\_6\_\_\_7\_\_\_8

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

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

In case of emergency and the parent/guardian cannot be reached, please list additional people we may contact (different from those listed above):

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other individuals (from those already listed) authorized to pick up your child:

\_\_\_\_\_

Indicate which 4-day program your child would like (you may rank them in order if they are open to another program if their first choice is full):

<b>Week 1</b> _____ Cosmetology	<b>Week 2</b> _____ Art	_____ CAD/Drafting Design
_____ Culinary Arts	_____ Cosmetology	_____ Culinary Arts
_____ Graphics	_____ Graphics	_____ House Carpentry
_____ Information Technology/CyberSTEM		

Camper's T-shirt Size: \_\_\_\_\_ Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Youth XL

\_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL

**Return Registration, Behavior Contract, Waiver, Student Emergency and Health History and Field Trip form (if attending) with a \$20 deposit per program. The remaining balance is due the first day of camp. Make checks payable to: "Monty Tech Summer Camp" and list child's name on bottom left of check.**

## Monty Tech Summer Camp Behavior Contract

Safety is extremely important at Monty Tech as students are exposed to different equipment, tools and machinery. It is imperative that you talk with your child about demonstrating self-control, restraint and respect while attending Summer Camp at Monty Tech.

Behavior expectations include:

- Campers are to keep their hands and bodies to themselves.
- Appropriate language is to be used at all times. Showing disrespect to other campers and/or staff will not be tolerated.
- No horseplay, rough housing or touching anything they do not have permission to interact with will be allowed.

To ensure all campers have a safe and enjoyable camp experience, we ask parents to visit with their camper to discuss these expectations. Campers should understand that removal from the program may result from an infraction of this contract. A parent/guardian and the camper are asked to sign this Behavior Contract acknowledging this understanding.

In the event that a safety concern arises or the camper demonstrates disrespectful behavior, a parent/guardian will be notified and possible removal from summer camp or an inability to attend the field trip may occur.

Refunds will not be issued if a student is removed from camp due to breaking the behavior contract.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Monty Tech Summer Camp Field Trip**  
**Friday, July 1, 2022**  
**Dave and Buster's – Natick, MA**  
**8:30 a.m. – 1:30 p.m.**

8:30 a.m. Drop off at Monty Tech

8:30-9:00 a.m. Breakfast and organization into groups

9:00 a.m. Depart for Dave and Buster's

10:00 a.m.-12:00 p.m. Arcade time and lunch (lunch will be bar burgers, cheese pizza bites, crispy chicken bites with ranch dip, baked macaroni and cheese, french fries, soda/water)

12:15 Depart for Monty Tech

1:30 Parent pick up at Monty Tech (please allow some flexibility in case we encounter traffic)

\*\*\*Please note - campers are responsible for any valuables they take on the trip (phone, spending money, etc.); Money is not required but they may bring some if they would like to participate in virtual reality (cost is \$6)\*\*\*

Camp Coordinator - Christine Leamy

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**Please fill out the bottom portion and bring it with you the first day of camp. Trip is limited to 180 campers total so late registrations will not be accepted.**

Include the \$25 fee, if your child is attending the trip. Checks should be made out to "Monty Tech Summer Camp" with your child's name and field trip on the memo line.

Retain the top portion for your information.

Campers Name: \_\_\_\_\_

Please check one:

\_\_\_\_\_ Will be attending the field trip to Dave and Buster's      \_\_\_\_\_ Will NOT be attending the field trip to Dave and Buster's

Please list any dietary restrictions your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Office use only:

\_\_\_\_\_ payment has been received      \_\_\_\_\_ payment is due

**MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT  
WAIVER OF LIABILITY AND RELEASE AGREEMENT**

**RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ASSUMPTION OF RISK AND INDEMNIFICATION**

I, \_\_\_\_\_ (parent name), of \_\_\_\_\_ (city, state), in consideration of my Child's participation in the Summer Camps at Montachusett Regional Vocational Technical School (the "School") during the summer of 2022, do hereby agree as follows:

Child's name: \_\_\_\_\_

**Please read carefully. This is a release and waiver of important legal rights.**

Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Summer Camps at the School, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any activity and in any program (individually, an "Activity" and collectively, the "Activities"). I, on behalf of my Child, and myself understand that my Child may be involved in Activities, including but not limited to art, culinary, photography, cosmetology, manufacturing and all activities related thereto. I acknowledge that participation by my Child in any Activity is voluntary and that my Child may decline to participate in all Activities.

**ACKNOWLEDGMENT OF RISKS:** I recognize that there is inherent danger in Activities; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that unfamiliarity with the Activities may affect the occurrence of accidents and injuries.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child, except to the extent caused by the negligence of Montachusett Regional Vocational Technical School District, or anyone for whom it is legally responsible. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of my Child, and myself I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

**RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE:** In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors, and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Montachusett Regional Vocational Technical School District and the Monty Tech Foundation, its directors, trustees, officers, agents, employees and volunteers (collectively, "Monty Tech") from and against any claims, demands, expenses, actions and causes of action of every name, type, and nature I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.

**ACKNOWLEDGMENT:** In signing this Agreement, I acknowledge and represent that I have 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 Agreement 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Health Insurance Information:**

Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Policy #: \_\_\_\_\_

**PHOTO/ VIDEO RELEASE**

I, \_\_\_\_\_, hereby grant Montachusett Regional Vocational Technical School District, its representatives and employees, the right to take photographs and record video of my child in connection with the 2022 Summer Camps. I authorize Montachusett Regional Vocational Technical School District to use and publish the photos/video in print and/or electronically. I agree that Montachusett Regional Vocational Technical School District may use such photographic or video recordings for the purposes of marketing and publicity of future camp programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Montachusett Regional Vocational Technical School**  
**STUDENT EMERGENCY AND HEALTH RECORD**  
**Summer Camp 2022**

Name: \_\_\_\_\_ Student I.D \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
Primary Language Spoken \_\_\_\_\_  
Home address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

- Are there any legal restrictions for the release of your child or his/her records to the non-custodial parent?  
\_\_\_ YES \_\_\_ NO. If yes, please specify and provide legal documents: \_\_\_\_\_

List two people to whom we may release your child to assume temporary care of him/her if the school is unable to contact you.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

w

List two people to whom we may release your child to assume temporary care for your child in the case of a disciplinary removal from school. If this information is the same as above, please write "same as above".

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have health insurance? \_\_\_ Y \_\_\_ N Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have dental insurance? \_\_\_ Y \_\_\_ N Name: \_\_\_\_\_ Policy# \_\_\_\_\_

Does your child see a dentist every 6 months? \_\_\_\_\_ Fluoride treatment \_\_\_\_\_ Sealants \_\_\_\_\_

**By signing below:**

- I am authorizing the school to release my child to any of the people listed above,
- I release all parties from all liability and responsibility while acting in the best interest of the above named child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*PLEASE NOTIFY THE SCHOOL OF ANY CHANGES AS SOON AS POSSIBLE\*\*\*\*\*

**HEALTH HISTORY; LIFE THREATENING ALLERGIES; MEDICATIONS**

Please indicate if your child has a physician verified allergy to any of the following. If yes, please provide official documentation by your child’s physician and an Emergency Care Plan to the Nurse’s Office at the start of summer camp. **Written MD orders are required for all EpiPens, Inhalers, Benadryl and prescription medications.**

**ALLERGIES:**

Bee Stings \_\_\_\_\_ Peanuts \_\_\_\_\_ Nuts \_\_\_\_\_ Medications \_\_\_\_\_ Other \_\_\_\_\_

Is an EpiPen Required? Yes \_\_\_\_\_ No \_\_\_\_\_ Benadryl required? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has an EpiPen ever been used? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does your child carry their EpiPen? Yes \_\_\_\_\_ No \_\_\_\_\_

**ILLNESS/CHRONIC CONDITIONS** (Indicate if your child has experienced any of the following and explain)

Asthma                      Anxiety                      Attention-Deficit                      Concussion  
 Depression                      Diabetes                      Fainting                      Heart Condition  
 Hearing Deficit                      Hospitalization                      Lactose Intolerant                      Migraines  
 Injuries                      Scoliosis                      Seizures                      Other \_\_\_\_\_

Please explain condition: \_\_\_\_\_

Vision: Eye Glasses/Contacts: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last eye exam: \_\_\_\_\_

Sports: Do you know of any reason your child should not participate in sports? Please explain: \_\_\_\_\_

**MEDICATIONS** (Please list prescribed and over the counter medications your child takes. Include herbal treatments.)

Name of Medication & Dose	Reason	Home	School

**Statement:** *“I hereby authorize the school to arrange transportation via ambulance to the hospital in case of accident or serious illness. I understand that all attempts will be made to reach me. I give permission to the School Nurse to share information relevant to my child’s health with appropriate school personnel/bus driver when needed to meet my child’s health and safety needs. I give permission to exchange information with my child’s primary care physician and specialists for the purpose of referral, diagnosis and treatment, as well as obtaining current immunization and physical exam status.”*

**\*\*\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATION PERMISSION**

**Yes No** I give permission to the School Nurse to administer Acetaminophen 325-975 mg by mouth.  
**Yes No** I give permission to the School Nurse to administer Ibuprofen 200-800 mg by mouth.  
**Yes No** I give permission to the School Nurse to administer Tums (or generic equivalent) 1-2 tabs.

**\*\*\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Our School Physician, Dr. Lee Mancini, has agreed to grant his permission for the administration of Acetaminophen, Ibuprofen and Tums in the school at the discretion of the School Nurse, with written parental permission. Please complete above.*



# 2022 Summer Camp Scholarship Application Montachusett Regional Vocational Technical School

## Scholarship Application Deadline: June 3, 2022

If you need financial assistance with paying for your child to attend camp, please have a school staff member complete the application.

Candidates should qualify for free/reduced lunch.

Please mail or scan completed forms to:  
Christine Leamy, Dean of Admissions  
1050 Westminster Street  
Fitchburg, MA 01420  
[leamy-christine@montytech.net](mailto:leamy-christine@montytech.net)

School Staff Name and Position: \_\_\_\_\_

School/District: \_\_\_\_\_

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

How long have you known the student? : \_\_\_\_\_

Does the student qualify for free/reduced school lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please rate the student in the following categories:

	Lowest			Highest	
Behavior	1	2	3	4	5
Respect for Others	1	2	3	4	5
Willingness to Learn	1	2	3	4	5
Willingness to Participate	1	2	3	4	5
Student's Motivation	1	2	3	4	5
Student's Need for Financial Aid	1	2	3	4	5

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_