

Attention all incoming 6th, 7th and 8th grade students - this summer, Monty Tech is hosting 10 summer camp programs! Each week-long program offers campers a variety of activities and lessons, ending with an exciting field trip!

COST

\$200 / week / student

Includes camp t-shirt, program materials, daily snack & lunch, and all field trip expenses.

A \$20 deposit for each camp your child is attending is due with all registration forms. Total balance is due on the first day of camp.

SCHOLARSHIPS AVAILABLE!

WEEK 1: JULY 8 - 12 8:30 AM - 2:30 PM

- COSMETOLOGY

Beautify yourself and your friends at Cosmetology camp where you will learn the basics of hair styling, facials and manicures.

- CULINARY

Join Chef Sean in the kitchen to prepare various foods, including appetizers, entrees and desserts. Feel free to grab a snack or two along the way! This camp is limited to 10 campers so register early!

- CyberSTEM

The Robotic Engineering summer camp will introduce students interested in robotics, gaming, and programming to a host of activities that include Robot Virtual Worlds, 3D printing, Drones Flying and Programming, Lego mindstorm robots and so much more!

- GRAPHICS

Learn the basics of photography while going on a scavenger hunt and experiment with the many tools of graphic design while creating and printing your very own custom t-shirt.

- HOUSE CARPENTRY

Love working with your hands? Learn carpentry basics while building a birdhouse complete with attached suet feeder.

FRIDAY FIELD TRIP:

PATRIOTS HALL OF FAME & SPLITSVILLE

Friday camp hours (week 1 only) will be 8:00 AM to 3:00 PM

WEEK 2: JULY 15 - 19 8:30 AM - 2:30 PM

- AUTOMOTIVE

Interested in all things automotive? Learn all you need to know about basic car maintenance at automotive camp and end with a race to the finish line!

- COSMETOLOGY

Beautify yourself and your friends at cosmetology camp where you will learn the basics of hair styling, facials and manicures.

- CULINARY

Join Chef Erik in the kitchen to prepare various foods, including appetizers, entrees and desserts. Feel free to grab a snack or two along the way! This camp is limited to 10 campers so register early!

- HOUSE CARPENTRY

Love working with your hands? Learn carpentry basics while building a birdhouse complete with attached suet feeder.

- MACHINE TECHNOLOGY

If you often ask yourself "How is this made? How did they put that together? Who designed this thing anyway?" then this week-long, hands-on program is for you! Campers will design and manufacture fishing lures and have a chance to try them out right across the street at Snows Millpond.

FRIDAY FIELD TRIP:

APEX ENTERTAINMENT

Friday camp hours (week 2 only) will be 10:00 AM to 4:00 PM.

Early drop off is available starting at 8:30 AM for no additional cost.



PLEASE NOTE:
All camps are subject to
cancellation if minimum
enrollment of 10 campers is not
met.

CONTACT

(See attached forms for registration)

All forms should be submitted by **JUNE 17th** to:

Christine Leamy, DEAN OF ADMISSIONS
1050 Westminster Street, Fitchburg, MA 01420
Leamy-Christine@montytech.net
(978) 345-9200 Ext. 5231

Office Hours: M-F 7:30 AM - 3:30 PM

WWW.MONTYTECH.NET





2019 Summer Camp - Registration Form

Montachusett Regional
Vocational Technical School
1050 Westminster Street
Fitchburg, MA 01420
(978) 345-9200 Ext. 5231

*ONE FORM PER CHILD

Camper Name: _____ D.O.B. _____

School: _____ Gender: M / F Grade in Fall 2019: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent / Legal Guardian: _____ Relation: _____

Home Phone: _____ Day Phone: _____

Email: _____

In case of emergency and the parent / guardian can not be reached, please list additional people we can contact. These may NOT be the parent or guardian listed above.

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Please list all individuals authorized to pick up your child:

Please indicate which camp(s) your child would like to attend:

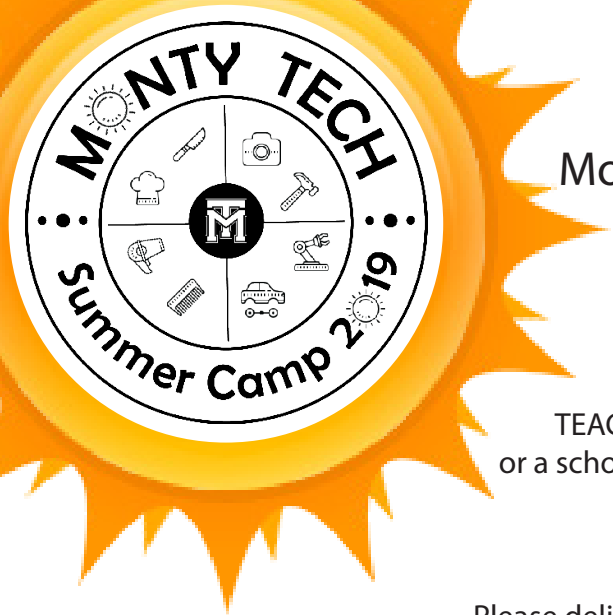
WEEK 1:

- ☐ Cosmetology
- ☐ Culinary
- ☐ CyberSTEM
- ☐ Graphics
- ☐ House Carpentry

WEEK 2:

- ☐ Automotive
- ☐ Cosmetology
- ☐ Culinary
- ☐ House Carpentry
- ☐ Machine Technology

T-Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large
 ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large



Montachusett Regional Vocational Technical School Scholarship Application

TEACHER or STAFF RECOMMENDATIONS: Please give this form to your teacher or a school staff member who can recommend you for Monty Tech summer camp. Teacher or staff recommendations factor into scholarship selections.
DUE NO LATER THAN JUNE 17, 2019

Please deliver or mail this completed application to:
Montachusett Regional Vocational Technical School
Attn: Christine Leamy, Summer Camp
1050 Westminster Street
Fitchburg, MA 01420

Name: _____ Position: _____

School / District: _____

Name of Student: _____ Age: _____ Grade Level: _____

How long have you known the student? _____

Does the student have a financial need for this scholarship? _____

Does the student qualify for free or reduced school meals? _____

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 assistance	1	2	3	4	5

Additional Comments: _____

Montachusett Regional Vocational Technical School
STUDENT EMERGENCY AND HEALTH RECORD

Name: _____ Student I.D. _____ Grade _____ Birthdate _____
SS# _____ Primary Language Spoken _____
Home address: _____ Phone# _____
Email address: _____

Mother/Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Employed at _____ Business Phone _____

Father/Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Employed at _____ Business 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#: _____

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*******

Please complete both sides and return to school

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 beginning of the school year. Written prescriptions 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: _____
(A physical exam is required for students entering grade 9, as well as annually for school sports)

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. J. Herbert Stevenson, 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.

Drinking water source: Well water Town water Bottled water

**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 2019, 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, 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 me in connection with the 2019 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