

ATTENTION ALL INCOMING 6TH-8TH GRADERS!

MONTY TECH IS HOSTING 13 SUMMER PROGRAMS THIS YEAR! EACH FOUR-DAY CAMP OFFERS A VARIETY OF FUN, HANDS-ON LESSONS AND ACTIVITIES IN ONE PROGRAM OF YOUR CHILD'S CHOICE.

TIME 8:30 - 2:30 | COST: \$200/CAMP * ***AN ADDITIONAL \$25 MATERIALS FEE IS REQUIRED FOR BAKING** AND CULINARY CAMPS.

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

Registration Deadline: May 30, 2023

Christine Leamy, Dean of Admissions 1050 Westminster Street Fitchburg, MA 01420 (978) 345-9200 x 5231 leamy-christine@montytech.net

\$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.

*Please note - All camps are subject to cancellation if a minimum of 10 enrollees is not met.

Students who live outside the Monty Tech School District will be placed on a waitlist and will be enrolled only if space allows. *A School nurse is on site at all times.

Week 1: June 26 - 29 8:30-2:30

BAKING *ADDITIONAL \$25 MATERIAL FEE DID SOMEONE SAY FONDANT? GET READY TO BAKE AND DECORATE SOME AMAZING CREATIONS WITH THE OWNER **OF SIMPLY SWEET BY CHRISTINE! CAD - DRAFTING AND DESIGN** WE'LL USE A VARIETY OF SOFTWARE TO CREATE SOLID MODELS, 3D PRINTED OBJECTS, STICKERS, AND **ENGRAVINGS!** COSMETOLOGY HAVE FUN LEARNING THE BASICS OF HAIR STYLING, FACIALS AND MANICURES! **CULINARY ARTS *ADDITIONAL \$25 MATERIAL FEE** LEARN HOW TO SAFELY PREPARE A VARIETY OF DELICIOUS FOODS - THERE WILL BE SOME TO TAKE HOME AND ENJOY EACH DAY! **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. ENGINEERING EXCITIED ABOUT ENGINEERING? DIVE INTO FUN. HANDS-ON ACTIVITES THAT WILL TEACH YOU THE CONCEPTS OF LIGHTING, LAUNCHING, DROPPING AND **MORE! THIS CAMP HAS BEEN GENEROUSLY** SPONSORED BY % LEONARDO DRS **GRAPHIC COMMUNICATIONS** ENJOY A PHOTOGRAPHY SCAVENGER HUNT. FUN WITH PHOTOSHOP, CUSTOM T-SHIRT DESIGNING AND MORE!

Week 2: July 10 - July 13 8:30-2:30

Priority for week two will be given to students from Athol/Royalston, Gardner, Murdock, and Narragansett Middle Schools.

ART

EXPLORE A VARIETY OF ARTISTIC CONCEPTS. CREATIVE DRAWING WITH MUSIC AND SELF-PORTRAITS! **BAKING*ADDITIONAL \$25 MATERIAL FEE** (SEE WEEK 1 DESCRIPTION) COSMETOLOGY (SEE WEEK 1 DESCRIPTION) **CULINARY ARTS *ADDITIONAL \$25 MATERIAL FEE** (SEE WEEK 1 DESCRIPTION) ENGINEERING (SEE WEEK 1 DESCRIPTION) **GRAPHIC COMMUNICATIONS** (SEE WEEK 1 DESCRIPTION)



WE ARE VERY EXCITED TO OFFER OUR 1ST BAKING CAMP WITH THE TALENTED BAKING PROFESSIONALS OF SIMPLY SWEET BY CHRISTINE!







FUTURE BULLDOG BAKING CAMP!

Christine Konich opened the area's newest (and sweetest) bakery in 2022 and is ready to share her talents at her former high school Monty Tech! Baking instructors will offer everything from the baking basics to decorating a cake. Your camper will be introduced to pastries, cookies, cupcakes, creative frosting techniques, fondant, and more. The best part is they will be bringing their confectionary masterpieces home!



SUSSERIES Fill summer camp students are Invited to attend an optional field trip! FRIDAY, JUNE 30TH (WEEK 1) FRIDAY, JULY 14TH (WEEK 2)

8:30 A.M. - 2:30 P.M.

- Enjoy arcade fun!
- Lunch will be provided
- Payment of S30, per field trip, is due the first day of camp in order to secure your spot on the field trip as space is limited
- Students are responsible for any valuables they bring

APEX ENTERTAINMENT

21 Apex Dr.

Marlborough, MA 01752

https://www.apexentertainment.com/marlborough/

	Montachusett Ro 1050 Westmin Christine	r Camp Registration Form Regional Vocational Technical School Inster Street - Fitchburg, MA 01420 e Leamy, Dean of Admissions 5231 leamy-christine@montytech.net
	· /	n Deadline: May 30, 2023
(Please print clearly) Camper Name:		DOB:
Current School:		Grade in fall of 2023678
Mailing Street Address:		
City:*please no		State:Zip: outside the Monty Tech School District will be placed and will be enrolled if space allows.
Parent/Guardian Name(s): _		
Primary Phone Number:		
Secondary Phone Number:		
Email Address:		
In case of emergency and th (different from those listed a		cannot be reached, please list additional people we may contact
Emergency Contact 1:		Phone:
Emergency Contact 2:		Phone:
Please list any other individ	uals (from those alr	ready listed) authorized to pick up your child:
		entirety of the four-day camp. Priority for Week 2 will be given le, Gardner Middle, Murdock Middle and Narragansett Middle
Week 1		Week 2
(Please pick three – rank in or		(Please pick three – rank in order of preference)
	CAD/Drafting	Art Baking
Cosmetology		Cosmetology Culinary Arts
Cyber STEM	Engineering	Engineering Graphics
Graphics		Priority for Week 2 will be given to students who attend Athol/Royalston Middle, Gardner Middle, Murdock Middle and Narragansett Middle
Camper's T-shirt Size:		
Youth Small	Youth Medium	Youth LargeYouth XL
Adult Small	Adult Medium	Adult Large Adult XL
5. Field Trip form(s) with	a \$20 deposit per p <i>The remaining ba</i>	ct, 3. Waiver, 4. Student Emergency and Health History and program and \$30 payment per field trip, if attending. <i>alance is due the first day of camp.</i> mmer 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 <u>self-control</u>, <u>restraint</u> and <u>respect</u> while attending Summer Camp at Monty Tech.

Behavior expectations include:

• Campers are to keep their hands and bodies to themselves at all times.

• 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

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 _____, 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, baking, culinary, photography, cosmetology, engineering, 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 Monty Tech Summer Camp. 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.

<u>Montachusett Regional Vocational Technical School</u> <u>STUDENT EMERGENCY AND HEALTH RECORD</u> <u>Summer Camp 2023</u>

Name:	Current 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

- Dates Attending Camp: _____
 - 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 I	Name: Policy #
Dentist Name:	Telephone #
Does your child have dental insurance? 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 <u>physician verified</u> 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 Nu	s Medications	Other	
	Required? n ever been used? ild carry their Epipen?	YesNo YesNo YesNo	Benadryl required?	YesNo
ILLNESS/CH	RONIC CONDITIONS (Indicate if your child has expe	rienced any of the following and	explain)
Asthma Depression Hearing Defic Injuries	Anxiety Diabetes cit Hospitalization Scoliosis	Attention-Deficit Fainting Lactose Intolerant Seizures	Concussion Heart Condition Migraines Other	
Please explai	n condition:			
Vision: Eye	Glasses/Contacts:	YesNo	Date of last eye exam:	
			ate in sports? Please explain: cations your child takes. Include	
Name of Med	ication & Dose	Reason	Home	School
attempts will be driver when need	made to reach me. I give per led to meet my child's health	nission to the School Nurse to share inf	nce to the hospital in case of accident or s formation relevant to my child's health w exchange information with my child's prin nunization and physical exam status."	ith appropriate school personnel/bus
***Parent/G	uardian Signature:			Date:
		MEDICATION PL	ERMISSION	
Yes	No I give permissi	on to the School Nurse to adm	inister Acetaminophen 325-975 inister Ibuprofen 200-800 mg b inister Tums (or generic equiva	y mouth.
***Parent/G	uardian 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.



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

9:00 a.m. Depart for Apex, Marlboro

10:00 a.m. – 1:30 p.m. Time at Apex (We will be staying together in the Apex area only)

- -Students will have 1.5 hours to bowl, shoe rental is included
- -Lunch is two slices of cheese/pepperoni pizza, soft drinks/water and an ice cream sandwich
- -60 minute arcade card
- -Laser Tag, Bumper Cars and Sports Simulators
- -Time to turn in tickets and chose prizes

1:30 p.m. Depart for Monty Tech

2:30 p.m.	Parent pick up at Monty	Tech (please allo	w some flexibility	y in case we	encounter traff	ic on the	way
home)							

***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 want to purchase more time in the arcade – this will only be possible if time allows. A nurse will be accompanying us on the field trip.

Camp Coordinator - Christine Leamy

Please fill out the bottom portion and return it with your camp registration. Checks for \$30 should be made out to "Monty Tech Summer Camp" with your child's name and field trip date on the memo line, if your child will be attending.

Retain the top portion for your information.

Campers Name: _____

June 30th Field Trip

Please check one:

Will be attending the field trip to Apex on Friday, June 30th

Will NOT be attending the field trip to Apex on Friday, June 30th



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

8:45 a.m. Depart for Apex, Marlboro

9:30 a.m. – 1:30 p.m. Time at Apex (We will be staying together in the Apex area only)
Students will have 1 hour to bowl, shoe rental is included
Lunch is two slices of cheese pizza, soft drinks/water
-60 minute arcade card
-2 tickets to play Laser Tag or Mini Golf
Time to turn in tickets and chose prizes

1:30 p.m. Depart for Monty Tech

2:30 p.m. Parent pick up at Monty Tech (please allow some flexibility in case we encounter traffic on the way home)

***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 want to purchase more time in the arcade – this will only be possible if time allows. A nurse will be accompanying us on the field trip.

Camp Coordinator - Christine Leamy

Please fill out the bottom portion and return it with your camp registration. Checks for \$30 should be made out to "Monty Tech Summer Camp" with your child's name and field trip date on the memo line, if your child will be attending.

Retain the top portion for your information.

Campers Name: _____

July 14th Field Trip

Please check one:

Will be attending the field trip to Apex on Friday, July 14th Will NOT be attending the field trip to Apex on Friday, July 14th

2023 Summer Camp Scholarship Application Montachusett Regional Vocational Technical School

Scholarship Application Deadline: June 2, 2023

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 <u>leamy-christine@montytech.net</u>

School Staff Name and Position:		
School/District:		
Student Name:	Current Grade:	
How long have you known the student? :		

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: