

# Monty Tech Summer Camp 2021



**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!**

**CAMPS RUN MONDAY-THURSDAY**

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

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

**Registration deadline: May 31st**

**\$20 DEPOSIT 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 31, 2021**

Contact: Christine Leamy, Dean of Admissions

1050 Westminster Street

Fitchburg, MA 01420

(978) 345-9200 x 5231

leamy-christine@montytech.net

\*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.

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

### COSMETOLOGY

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

### CULINARY ARTS

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

### GRAPHIC COMMUNICATIONS

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

### RED CROSS BABYSITTING COURSE WITH

### EATING WELL EDUCATION

LEARN HOW TO CARE FOR INFANTS AND CHILDREN, BASIC FIRST AID, CHILD BEHAVIOR, EMERGENCY PROTOCOLS, PROFESSIONALISM, AND LEADERSHIP. CREATE AGE APPROPRIATE ACTIVITIES AND A FIRST AID KIT TO USE WHEN BABYSITTING. UPON SUCCESSFUL COMPLETION, STUDENTS WILL EARN AN AMERICAN RED CROSS BABYSITTING CERTIFICATE!

## Week 2: June 28 - July 1 8:30-2:30

### ADVANCED MANUFACTURING

HAVE YOU EVER ASKED YOURSELF "HOW DOES THIS WORK?" THE RECENT MANUFACTURING COULD BE FOR YOU! HAVE FUN WITH ENGINEERING AND BUILDING A MODEL USING CNC AND CAD/CAM TECHNOLOGIES.

### ART (MAXIMUM OF 10 STUDENTS)

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

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### HOUSE CARPENTRY

LEARN CARPENTRY SKILLS WHILE BUILDING YOUR OWN CUSTOM BIRD HOUSE!

**2021 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 31, 2021**

(Please print clearly)

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

Current School: \_\_\_\_\_ Grade in fall of 2021 \_\_\_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 all individuals authorized to pick up your child: \_\_\_\_\_

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

<b>Week 1</b> _____ Cosmetology	<b>Week 2</b> _____ Advanced Manuf.	_____ Art
_____ Culinary Arts	_____ Cosmetology	_____ Culinary Arts
_____ Early Childhood/Babysitting	_____ Graphics	_____ House Carpentry
_____ Graphics		

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

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

**Return registration, Waiver, Student Emergency and Health History forms with a \$20 deposit.**  
**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.**

**Montachusett Regional Vocational Technical School**  
**STUDENT EMERGENCY AND HEALTH RECORD**  
**Summer Camp 2021**

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

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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.*



# 2021 Summer Camp Scholarship Application Montachusett Regional Vocational Technical School

## Scholarship Application Deadline: June 14, 2021

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

Qualifying candidates should be receiving 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_