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.

BABYSITTING CERTIFICATE!

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

COSMETOLOGY HAVE FUN LEARNING THE BASICS OF HAIR STYLING, FACIALS AND MANICHRES! CUL Camp TS LEX Full 5 SAFELY PREPARE A VARIETY OF DELICIOUS FOODS -THEM 7 BE SOME TO TAKE HOME AND ENJOY EACH DAY! GRAPHIC COMMUNICATIONS ENJOY A PHOTOGRAPHY SCAVENGER HUNT, CUSTOM T-SHIRT DESIGNING AND MORE! RED LYY CABBYSITTING COURSE WITH EAC Camp DOD EDUCATION LEAF Full CARE FOR INFANTS AND CHILDREN, BASIC FIRST AID, CHILD SENAVIOR, 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

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

ADV Camp TANUFACTURING HF EVER ASKED YOURSELF "HOW DOES THIS WORK?" THE FUIL CED MANUFACTURING COULD BE FOR YOU! HAVE FUN 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! COSMETOLOGY HAVE FUN LEARNING THE BASICS OF HAIR STYLING. FACIALS AND MANICURES! CUL Camp ITS LF Full SAFELY PREPARE A VARIETY OF DELICIOUS FOODS -Full BE SOME TO TAKE HOME AND ENJOY EACH DAY! GRAPHIC COMMUNICATIONS ENJOY A PHOTOGRAPHY SCAVENGER HUNT, CUSTOM **T-SHIRT DESIGNING AND MORE! HOUSE CARPENTRY** LEARN CARPENTRY SKILLS WHILE BUILDING YOUR **OWN CUSTOM BIRD HOUSE!**

2021 Summer (Montachusett Region 1050 Westminster S Christine Lean (978) 345-9200 x 5231	al Vocational Street - Fitchk my, Dean of A	Technical Scho ourg, MA 01420 Admissions	
(Please print clearly)	Deadline: Mag	y 31, 2021	
Camper Name:	DO	B:	
Current School:	Grae	de in fall of 2021	_678
Mailing Street Address:			
City:	_State:Zi	ip:	
Parent/Guardian Name(s):			
Primary Phone Number:			
Secondary Phone Number:			
Email Address:			
In case of emergency and the parent/guardian cann (different from those listed above):	not be reached, pl	ease list additional pe	eople we may contact
Emergency Contact 1:	Phon	e:	
Emergency Contact 2:	Phon	e:	
Please list all individuals authorized to pick up you	ur child:		
Indicate which camp your child would like (you m their first choice is full):	nay rank them in o	order if they are open	to another camp if
Week 1Cosmetology	Week 2	_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 Eme The remaining balance is due the ''Monty Tech Summer Camp'' a	e first day of can	p. Make checks pay	vable to:

<u>Montachusett Regional Vocational Technical School</u> <u>STUDENT EMERGENCY AND HEALTH RECORD</u> <u>Summer Camp 2021</u>

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			
		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?YN Name:	Policy #
Dentist Name:	Telephone #
Does your child have dental insurance? Name:	Policy#
Does your child see a dentist every 6 months? F	luoride 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: _	
6		

*****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. <u>Written MD orders are required for all EpiPens, Inhalers, Benadryl and prescription medications.</u>

ALLERGIE Bee Stings		_Nuts	Medications		Other		
Has an Epi	en Required? Pen ever been used? child carry their Epip	Yes		Be	nadryl required?	Yes	No
<u>ILLNESS/(</u>	CHRONIC CONDITIO	<u>NS</u> (Indicate	if your child has exp	erienced a	ny of the following a	and expla	ain)
Asthma Depression Hearing Do Injuries Please exp			Attention-Deficit Fainting Lactose Intolerant Seizures	Ot	Concussion Heart Conditio Migraines her	on	
_	ve Glasses/Contacts:		No		to of last ove every		
Sports: Do	you know of any rea I <u>ONS</u> (Please list pres	son your chi	ld should not partici	pate in spo	orts? Please explain:		
Name of M	edication & Dose		Reason		Home	I	School
attempts will driver when r	be made to reach me. I give	e permission to a alth and safety	the School Nurse to share in needs. I give permission to	information r o exchange in	elevant to my child's healt formation with my child's	th with app primary co	illness. I understand that all propriate school personnel/bus are physician and specialists
***Parent	/Guardian Signature	e:					Date:
			MEDICATION	PERMISSI	<u>ON</u>		
Yes No Yes No Yes No	I give permission to	o the School	Nurse to administer Nurse to administer Nurse to administer	Ibuprofen	200-800 mg by mor	uth.	

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.

_Date: _____

***Parent/Guardian Signature: _____

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 2021, 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 2021 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.

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

School/District:							
Student Name:			_Current Grade:				
How long have you known the stude	ent? :						
Does the student qualify for free/re	duced school lun	ch? _		_Yes_	No		
Please rate the student in the follow	ving 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		
	1	2	3	4	5		

Additional Comments:___