

Camp Tahattawan

Summer
2010

June 28–August 13, 2010

(offered in 7 consecutive one-week sessions)

Jr. Camp Tahattawan

 **Deer:** entering grades K

 **Foxes:** entering grade 1

 **Bobcats:** entering grade 2

Sr. Camp Tahattawan

 **Hawks:** entering grade 3

 **Wolves:** entering grade 4

 **Tigers:** entering grades 5 and 6

Camp Orientation Night

Date: Friday, June 11, 2010

Time: 6:30 PM

Location: Shaker Lane School Cafe

Campers and Parents come meet the staff!



NEW

**COUNSELOR-IN-TRAINING
PROGRAM**

**ENTERING GRADES 7, 8 and 9
(AGES 13-15)**

**CHECK OUT THE SEPARATE C.I.T. PACKET
ON OUR WEBSITE FOR MORE INFO.**

About Camp Tahattawan



ABOUT CAMP TAHATTAWAN

Camp Tahattawan is a distinctive experience for boys and girls entering grades K-6. Campers enjoy the surroundings of numerous playing fields and wooded areas. It is conveniently located in Littleton, MA at the Shaker Lane School, within walking distance to Long Lake. The camp is staffed by a professionally trained group of men and women who are committed to challenging the minds and bodies of the campers, cultivating creativity, and providing a fun, and safe camp experience for your camper in a non-competitive setting. Counselor to camper ratio for the Deer, Foxes, and Bobcats are 1:7, Hawks, Wolves and Tigers are 1:10. We also have a counselor-in-training program for children ages 13 to 15.

FACILITIES

Camp Tahattawan is located at the Shaker Lane Elementary School in Littleton, MA. Surrounded by playing fields, the location is perfect for all outdoor activities. The use of a large gym area, as well as cafeteria and restrooms make the indoor activities just as pleasant. The campers walk to Long Lake (approximately 1/3 mile) to enjoy afternoon swimming. The camp is conveniently located 2 miles west of Route 2 off exit 41, or 2.5 miles east of Route 495 off exit 31.

TUITION

The fee per week is \$175.00. Extended Day option is \$75.00 per week. Early care is \$45.00 per week. All weeks fill very quickly! There is a 10% discount if tuition is paid **in full** at the time of registration **before April 23, 2010**. If a 50% deposit is made at time of registration, you do not qualify for the 10% discount. All balances are due on or **before May 31, 2010**. **WE HAVE A NO REFUND POLICY!!**

MEDICAL FORMS

Medical forms must be enclosed with registration forms at time of registration. Certificate of health forms can be obtained from your pediatrician, and must show a well visit within the last 12 months, as well as a separate record of all up to date immunizations prior the start of camp. **Registrations will not be accepted without medical forms.** **Any registrations received without medical records will be returned by mail.** Any medications required must be supplied and given to staff at check-in along with a completed medication form. Food allergies must be noted on the "allergy action form" (which is available on our website or in our office)

STAFF

At Camp Tahattawan, we have a low camper to counselor ratio. Our staff is screened carefully and interviewed several times during the hiring process. Counselors are chosen according to their level of experience, creativity, motivation and of course, their love for children. Senior lead counselors generally are in college or graduate school studying for child related careers. All our staff must complete a rigorous training process prior to the start of the season which includes certifications in both CPR and First Aid. All staff are CORI and SORI checked.

Camp Tahattawan is certified by the Commonwealth of Mass and the Nashoba and Littleton Board of Health.

SPECIAL EVENTS

Whether it is a visiting entertainer, or the camp going on an off-campus field trip campers are treated to a different group activity each week. In the past, Camp Tahattawan has enjoyed theater, hiking, amusement parks, water parks, zoos and much more. This year will be no different. Each week has a new and interesting theme for the campers to enjoy!

DAILY ACTIVITIES

- Sports (swimming, soccer, baseball, hockey, kickball,...)
- Arts (painting, pottery, crafts,...)
- Fine arts (music, drama and dance)
- Science and Nature, (Exciting experiments, nature studies, team building projects.)
- Boating in the afternoons for Wolves and Tigers
- **AND MORE!!!!**

WE WILL NO LONGER BE OFFERING LUNCH



Camp Tahattawan — 2010 — Registration Form

CAMPER INFORMATION

PARENT/GUARDIAN INFORMATION

NAME: _____

D.O.B. ____/____/____ GRADE IN FALL '10 _____ M / F circle

MEDICATIONS* Y / N FOOD ALLERGIES* Y / N
**All allergies/medications must be noted on the allergy action form*

Emergency Contact (other than parent): _____ Relationship to camper: _____

Home:(____) _____ Work:(____) _____

Cell:(____) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME: (____) _____ CELL: (____) _____

WORK: (____) _____ PARENT D.O.B. ____/____/____

HOUSEHOLD EMAIL ADDRESS: _____

One Complimentary T-Shirt (Circle Size) Youth: S (6-8) M (10-12) L (14-16) Adult: S M L XL
 (T-shirts are required for Friday field trip days)

CAMP WEEKS <small>Check all boxes that you wish to register for</small>	CAMP ONLY \$175 <small>(8:30 - 3:30)</small>	MORN CARE \$45.00 <small>(7:30 - 8:30)</small>	EXT.CARE \$75.00 <small>(3:30 - 5:30)</small>	Totals For weeks Requested
309101A: 6/28 - 7/2				\$ _____.
309101B: 7/5 - 7/9				\$ _____.
309101C: 7/12 - 7/16				\$ _____.
309101D: 7/19 - 7/23				\$ _____.
309101E: 7/26 - 7/30				\$ _____.
309101F: 8/2 - 8/6				\$ _____.
309101G: 8/9 - 8/13				\$ _____.

A non-refundable deposit of 50% is due at the time of registration
 (If a 50% deposit is made at time of registration, you do not qualify for the discount.)
 All balances are due on or before May 31, 2010.
 *In order to qualify for a 10% discount, payment **MUST** be made **in-full** at time of registration, and received in our office on or before April 23, 2010.
 No registrations will be accepted without well-visit (within one year)

Camp Total	\$ _____.
*-10% discount <small>(if pd in full, at time of registration, prior to 4/23)</small>	\$ _____.
Park & Rec 2010 Annual Fee	\$5.00
Non-Resident Charge \$3.00 per week	\$ _____.
Grand Total <small>No refunds will be given</small>	\$ _____.

Participation in this program might involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program (s) listed above, hereby, for myself and my heirs, wave and release any and all claims of damage against the Town of Littleton, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to, personal injury and or property damage suffered by my child, myself, or my ward while participating in this activity. In addition, I give permission for the children to be treated by qualified medical personnel in the event that the above name guardian cannot be present.

Name printed: _____ Date: _____
 Signature: _____

Please state below whether you **do or do not give permission** for Littleton's Parks, Recreation and Community Education to use photographs taken of your child(ren) for the purposes of marketing and promotion (i.e. future brochures, website, etc). By checking below, you also release the department from any claims for financial compensation now, and in the future, in the use of the photographs.

IDO give permission to use my child's photo

IDO NOT give permission to use my child's photo

CREDIT CARD ~ MC /VISA/DISCOVER

CC# _____ - _____ - _____ - _____
 Exp. ____/____

CW2# (3 digit # on back of card) _____
 (MUST BE PROVIDED)

Amt. of Charge Authorized \$ _____.

Signature: _____
 Name Printed: _____
 Date: ____/____/____

Do you have these forms included with your registration?
 Discipline Form: _____ Child Pick-Up: _____ Medical Administration: _____
 Well Visit & Immunization record (within One Year): _____

For office use only: Amt paid: _____
 entered by : _____ date: _____
 Cash CC Ck# _____ receipt #: _____

How To Register

- 1. MAIL** your registration and medical forms to:
Littleton Parks, Recreation &
Community Education
33 Shattuck Street, P.O. Box 934
Littleton, MA 01460
You must include payment (full or 50% deposit).
Make check payable to: **"Town of Littleton"**
- 2. FAX** 24 hours a day to 978-952-6053.
- 3. WALK-IN** Monday-Friday 9:00 am—4:00 pm.
(Wed. 9:00-2:00)

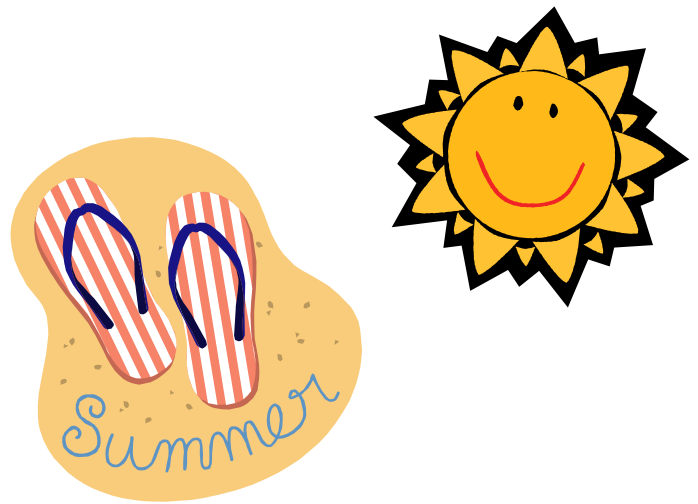
PAYMENT

A non-refundable deposit of 50% is due at the time of registration. All balances are due on or before May 31, 2010. In order to qualify for a 10% discount, payment must be made in full at the time of registration, and received in our office on or before April 23, 2010.

CANCELLATIONS/REFUNDS

We have a no refund policy, except in medical emergencies with a doctor's note.

MasterCard, Discover, and VISA accepted



Please note: Camp Tahattawan is a very popular summer program that fills up very quickly. In order to secure your spot, please register early!



Dates/Theme Weeks/Field Trips

Week A

June 28-July 2

Steady Star & Stripes Week

Field Trip : Salisbury State Reservation & Beach, Salisbury, MA

Week B

July 5-9

Peg-Leg Pirate Week

Field Trip: Pirate Museum, Salem, MA

Week C

July 12-16

Tremendous Tropical Week

Field Trip: CoCo Keys Water Resort, Fitchburg, MA

Week D

July 19-23

Electric 80's Week

Field Trip: Breezy Picnic Grounds & Waterslides, Douglas, MA

Week E

July 26-30

Dizzy Disco Week

Field Trip: Roll-On America, Lancaster, MA

Week F

Aug. 2-6

Rockin' Renaissance Week

Field Trip: Higgins Armory, Worcester, MA

Week G

Aug. 9-13

Wild Wizards

In house field trip this week "Camp Carnival"

CAMP TAHATTAWAN ■ SUMMER 2010



**Littleton Parks, Recreation &
Community Education Department
Camp Tahattawan**

Discipline Policy

Dear Parent or Guardian,

Please read carefully our policy regarding discipline and return this form with your child/children to the Director on the first day of camp.

Serious Offenses: Endangering another person's well being, swearing or verbal abuse of staff or participants, and stealing or destruction of property.

Consequences: *1st Offense*- Written notice to parent/guardian regarding the problem.
2nd Offense- Removal from site, camper will stay with Camp Director or Assistant Director, and the parent/guardian will be notified.
3rd Offense- Three-day suspension.
4th Offense- Suspended for the remainder of the session. No refunds will be given.

Minor Offenses: Disrespect of staff or participants, inappropriate behavior on the bus or on field trips, and breaking general program rules.

Consequences: *1st Offense*- Verbal warning.
2nd Offense- 3 to 7 minute "time out".
3rd Offense- Loss of morning or afternoon activities.
4th Offense- Written notice to parent/guardian.
5th Offense- Removal from program and parent/guardian notified.

I have read and understand the above policy. I assume the responsibility of ensuring that my child(ren) is/are aware of this policy and the consequences of his/her actions should there be any such behavior.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Child(ren's) Name('s): _____

Child(ren's) Signature('s): _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____ Parent/Guardian Name: _____
Food/Drug Allergies: _____ Home Telephone: _____
Diagnosis (at parents discretion): _____ Business Telephone: _____
Emergency Telephone: _____
Name of Licensed Prescriber: _____ Business Telephone: _____
Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____ Route of Administration: _____
Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____
Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____
Specific Precautions: _____
Possible Side Effects/Adverse Reactions: _____
Other medications (at parents' discretion): _____
Location where medication administration will occur: _____

(Over)

Authorization to Administer Medication to a Camper (2)

I hereby authorize _____ to administer, to my child, _____ the medication(s) (NAME OF CAMP) (NAME OF CHILD) listed above, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____ Date: _____



Camp Tahattawan

Littleton Parks, Recreation & Community Education Department

Camp Tahattawan

Authorization for Child Pick-up

The following individual(s) has/have my permission to pick up my child(ren) from camp if I am unable to at the conclusion of the camp day.

Child(ren's) Name(s): _____

The individuals authorized to pick up my child(ren) are:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: (H) _____ (W) _____

CAMP REGISTRATION CHECKLIST

Registration Form completed
(waiver must be signed)

**Well visit & Immunization record
dated within one year**
(if form expires before camp starts new form must be provided before camp begins)

**Authorization to administer
medication form**
(must indicate sunscreen or bug spray on page 1)

Discipline policy form

Authorization for child pick up form

50% deposit (balance due on or before May 31st)

If Paid in FULL
(10% discount if paid in full at time of registration, if reg. is received before 4/23)

Non Resident Charge
(\$3.00 per week)

**If food allergy: MUST fill out
separate Allergy Action Plan**

For office use: Received: _____ Initials: _____