

Middle School Junior Helper's and Adventure Club at

HASP'S



Before and After Camps –Summer 2022

-an opportunity to participate & practice leadership skills-

Programs run Monday through Friday

July 5-August 5, 2022

Before Camp: We begin each morning at 7:00am at the elementary school café.
Breakfast will be served before summer school or summer camp.

Activities will include:

- Science Experiments
 - Gym games using the CATCH and Play Works curriculum
 - Arts & Crafts
 - Games (traditional and academic)
 - Morning Meeting (check-in)
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After Camp: Each afternoon begins at 3pm with pick-up from day camp.

Each student will receive snack when arriving back at the elementary cafeteria.

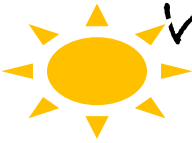
Activities will include:

- Stem Activities (focus on Science and Math)
- CATCH and Play Works Team Gym Games
 - Seasonal Outdoor Games
 - Literacy Games and Challenges
 - Bike Riding
- Designated swim time at the Town Pool

Program will end at 5:30pm.

HASP Before and After Camps (featuring our Junior Helpers Club and Adventure Club) are open to all incoming 6th -8th Grade students.

Please check below which program(s) and week(s) you would like to attend.

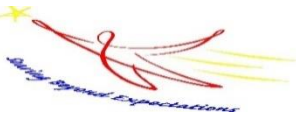
 Week	Before Camp <u>7:00am to</u> <u>9:00am</u>	After Camp <u>3:00pm to</u> <u>5:30pm</u>
July 5th-July 8 th (no camp on July 4th in observance of 4 th of July)	Before _____	After _____
July 11th - July 15 th	Before _____	After _____
July 18th - July 22 rd	Before _____	After _____
July 25th - July 29 th	Before _____	After _____
August 1 nd - August 5 th	Before _____	After _____

Questions or Concerns? Please contact Maryanne O'Malley @ 603-336-5332 x 7630 or momalley@hnhsd.org

Please email completed registration forms to: momalley@hnhsd.org or call with questions @603-336-5332 x7630.



HASP is a Nita M. Lowey 21st Century Community Learning Center Program



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Child's Full Name _____ Birth Date _____ Gender ____ Grade ____

(1) Parent's Name _____ Address: _____

Home Phone ____-____-____ Work Phone ____-____-____ Email: _____

(2) Parent's Name _____ Address: _____

Home Phone ____-____-____ Work Phone ____-____-____ Email: _____

I authorize the Hinsdale After School Program staff to **take pictures** of _____ for the purpose of publication (i.e. Program Guide, collages, newspaper, website, etc.).

Parent Signature: _____

In the event of an accident I hereby authorize the Hinsdale After School Program **staff to perform First Aid** for _____ when necessary. In the event that a more serious accident should occur **I authorize the Hinsdale After School Program staff to utilize First Aid/CPR** and for my child **to be transported to an emergency medical facility** to receive emergency medical treatment. I also **authorize the ambulance/rescue attendants to administer treatment that is medically necessary** and I **authorize the emergency medical facility to undertake examination and treatment if warranted on behalf of my child.**

Parent Signature: _____

Are there any medial issues that the Hinsdale After School Program staff needs to be aware of? Please explain.

I understand that from time to time students may be asked to complete surveys per HSD Policy ILD & ILDA

Parent Signature: _____

*****Please indicate how your child will go home after HMHS/HASP Programming:**

(initial your request)

- **My child may walk after calling home** _____
- **I will pick up my child at HES after the program ends** _____

Emergency/Contact/Child Release Information: Please write below the name(s) of person(s) who may assume responsibility for this child if for any reason the parent or guardian cannot be reached or is unavailable to pick-up this child from the program. **Under no circumstances will the child be released to anyone except those listed on this form without written authorization from the parent or guardian.** It is legal for either parent to pick up a child from Hinsdale After School Program unless a copy of a court order restricting visitation is on file with both programs.

Name	Relationship	Phone Number
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