

# Think Green

**NEW**



## Green Street EcoAdventurers



**Mount Wachusett  
Community College**

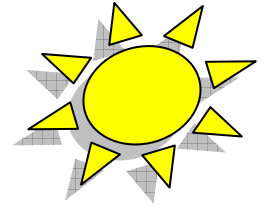
Gardner Campus, 444 Green Street, Gardner, MA 01440-1000

**July 6-9 (4 days M- Th)**

**9am to 3pm**

**Grades 6-8 \$149**

**Topics: Ecology, Renewable Energy, Food  
Sources, Organic Gardening**



## CHILDREN'S SUMMER PROGRAM REGISTRATION FORM

For Questions regarding this program, contact the Division of Lifelong Learning at 978-630-9273

NAME OF CHILD	DATE OF BIRTH	Attended an MWCC program in the past (Yes/No)		
SS# (optional)	Grade (as of September)	Male/Female T-Shirt Size (please note if its youth or adult)		
NAME OF PARENT/GUARDIAN:	ADDRESS	CITY	STATE	ZIPCODE
E-MAIL ADDRESS	HOME TELEPHONE #	DAYTIME/CELL	EMERGENCY CONTACT#	

Please enroll my child in:

CRN 60468 Think Green July 6-9 (4 days M- Th); 9am to 3pm/Grades 6-8/\$149

Topics include

- Ecology
- Renewable Energy
- Food Sources
- Organic Gardening

EXTENDED CARE is available for children that may need to be dropped off prior to a program beginning or after a program has ended. Kids should be dropped off to the Fitness & Wellness Center between 8:00-9:00 am and picked up between 3:00-5:00pm for a cost of \$25.00 per week per child , Optional swim is available from 3:00-4:00pm. Parents only sending children for the optional Swim must still pay the \$25 fee. Children will be picked up at 8:50am by a program assistant and walked directly to the main building. The assistant will walk participants back to the Fitness Center at 3:00 p.m.

Please register my child for extended care for the following weeks:

Please register my child for extended care. I understand I will be charged an additional \$25 per week.

CRN 60122 Week of (Jul 6-9)

Please indicate the time that your child will attend.  8:00-9:00am  3:00-5:00pm  Both

1. Are there any legal restrictions on the release of your child or his/her records to a non-custodial parent?  
 Yes  No
2. Is someone other than yourself authorized to pick up your child?  Yes  No

Name of Authorized Person (s)

Phone#

### PAYMENT INFORMATION:

<input type="checkbox"/> Cash (in person)	<input type="checkbox"/> Personal check (payable to MWCC)	<b>Credit Card:</b> (Visa ,MC, Discover. )For security purposes we recommend that you do not write your credit card information on this form. If using a credit car, please call the student accounts office at (978) 630-9149
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**Mail Registration to: MWCC, attn: Student Enrollment Center, 444 Green Street, Gardner, MA 01440**

Fill out back of this page



**NAME OF CHILD:**

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**REGISTERED FOR:**

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*PLEASE READ AND FILL OUT THE FOLLOWING SECTIONS*

**PERMISSION AND ASSUMPTION OF RISK AND RELEASE:**

I give my permission for the child listed above to participate in the selected program(s). I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child, including (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

In consideration of being permitted to participate in this program I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in such activities, which are described in this brochure, during my child's enrollment and/or participation in MWCC activities during this program, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness: caused by or related to this program: and further I do for myself, my heirs and personal representatives hereby defend, hold, harmless, indemnify, and release, and forever discharge Mount Wachusett Community College and all its officers, agents, and employees from and against all claims, demands, and actions, or causes of actions, on account of damage to personal property, or personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

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Parent/Guardian Signature

**PHOTOGRAPHY RELEASE**

I hereby allow Mount Wachusett Community College to photograph the child listed above for use in any type of media MWCC deems appropriate. This can include but is not limited to newspaper stories, printed literature and online information. I hereby give MWCC, its legal representatives and assigns, those for whom MWCC is acting, and those acting with its permissions, or its employees, the right and permission to copyright and/or use, reuse and/or publish, and republish photographic pictures.

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Parent/Guardian Signature

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## EMERGENCY INFORMATION

This form will be filed in the Health and Wellness Office in case of an emergency.  
Please fill out all requested information.

**Name of Child:**

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**Parent/Guardian:**

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**Registered for:**

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**Medical Insurance Carrier:**

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**Policyholder Name:**

**Policy #**

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**Doctor's Name:**

**Telephone#:**

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**Allergies:**

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**Important Medical History to note:**

*(Asthma, bee stings, etc.)*

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It is of utmost importance that our office has a telephone number available where a responsible person can be contacted in case of accident or illness. Please list two (2) phone numbers below in the order that you would like contact made if we cannot reach you during the program or to release your child to if you cannot be reached.

**Name:**

**Emergency Daytime Telephone#:**

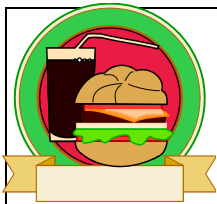
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**Name:**

**Emergency Daytime Telephone#:**

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*If your child has a disability and requires accommodations in order to participate fully in program activities, please contact the Division of Lifelong Learning at (978)630-9273 to discuss specific needs.*



# The Summer Camp Menu

with the Green Street Café



is Yum!

The meal plan is \$12 per week. Only full week plans available (not available for purchase by the day). Parents that do not wish to purchase the camp lunch plan should send their child with a lunch from home. Due to the limited time that the kids have to eat lunch, we are asking that children **not** be sent to the general cafe to buy lunch. Long lines and delays make it difficult to keep kids on schedule.

*All hot Meals are served with Fresh Fruit, or Vegetable, Milk, Chocolate Milk, or Fruit Juice.*

**\*Turkey and cheese sandwiches are available as an alternate meal should your child not like the menu item of the day. Sandwich includes drink, potato chips and pickles.**

Week 1	Monday	Tuesday	Wednesday	Thursday
July 6 - 9	Chicken Fajita	Grilled Hamburger	Cheese Ravioli	Waffles and Sausage
Week 2	Monday	Tuesday	Wednesday	Thursday
July 13 - 16	Mac and Cheese	Beef and Broccoli	Chicken Fingers	Taco Boat
Week 3	Monday	Tuesday	Wednesday	Thursday
Jul 20 - 23	Bacon Potato Skins	Grilled Cheese	Chicken Patty Roll	Hot Dog!
Week 4	Monday	Tuesday	Wednesday	Thursday
Jul 27 - 30	Ziti and Meatballs	Mozzerella Sticks with Marinara	Honey Orange Chicken	Salsa Quesadilla

**Please sign my child up for the MWCC meal plan for**

\_\_\_\_\_ Week 1      \_\_\_\_\_ Week 2      \_\_\_\_\_ Week 3      \_\_\_\_\_ Week 4

**Please make check payable to "MWCC"**