



**Summer Camp 2025 @ RTH 835 Huntington Ave**

**Week 1: 6/30/25-7/4/25**

**Week2: 7/7/25-7/11/25**

**Week3: 7/14/25-7/18/25**

**Week4: 7/21/25-7/25/25**

**Week5: 7/28/8/1/25**

**Week6: 8/4/25-8/8/25**

**Week7: 8/11/25-8/15/25**

**Week8: 8/18/25-8/22/25**

**Week9: 8/25/25-8/30/25**

**ASP off week 9/1/25-9/10/25 vacation**

**Week 1 Theme: Gametastic word of the week Friendship**

**Week 2 Theme: Great Outdoors word of the week Creativity**

**Week 3 Theme: Building Fun/STEM word of the imagination**

**Week 4 Theme: Passport Adventure word of the week Together**

**Week 5 Theme: Around the World word of the week red, white and blue**

**Week 6 Theme: Treasure Hunter word of the week Different**

**Week 7 Theme: Artist in Nature**

**Week 8 Theme: Mini Detective**

**Week 9 Theme: Fantastic, Fantastic!**



**Roxbury Tenants of Harvard Association  
Summer Enrichment Program 2025**

Please return this **completed** application packet to RTHCC. **WITH THE FOLLOWING ITEMS: If anything is missing your application is not complete. *First Come First Served. Drop off completed applications between the hours of 8:00-6:00.***

- **UPDATED IMMUNIZATION AND PHYSICAL FROM PHYSICIAN**
- **Medication Consent form (if necessary)**
- **SUMMER TUITION IN CHECK OR MONEY ORDER MADE OUT TO: RTH – S.E.P. All fees are weekly**
- **Resident Rates \$ 39.00                      sibling discount \$ 19.50**
- **Non-Resident Rates \$ 110.00 sibling discount \$ 55.00**
- **Staff fee \$ 76.00                              sibling discount \$ 38.00**
- **First Priority will be given to RTH/Residents/Families who have children currently enrolled in the after-school program.**
- **Priority will be given to RTH working Residents.**
- **RTH will accept Credit/Debit Card. CASH IS NOT ACCEPTED!**

**Mandatory Parent Orientation will be in June 11, 2025 6-8:00 p.m.**

**Date and location: TBD.**

**Please note May 23rd, 2025, will be the last day to drop out to receive refund if you change your mind for your student to attend summer.**

For more information,  
Please contact Yolking Hallie, Summer Enrichment Program Director  
617-232-4306 ext.401 or [yhallie@roxburytenants.org](mailto:yhallie@roxburytenants.org) Cell # 857-249-9490



# **RTH Summer Enrichment Program 2025**

## **Completed application checklist**

**Before returning this Summer Enrichment Program Application,**  
**Please check off to see that the following sections are**  
**FULLY completed.**

- RTH SEP information** – check off each section as completed
  - 1) Child's information including description of child
  - 2) Parent/Guardian information
  - 3) School information
    - a. Current IEP (Individual Education Plan) if necessary.
  - 4) Emergency contacts information
  - 5) Transportation plan and authorization and transportation agreement
  - 6) Health information form, Individualized Health Care Plan if needed
  - 7) Medical information if child is taking medication
  - 8) Photo and Video release form
  - 9) Acknowledgement of Behavior expectations and Discipline Guidelines
  - 10) Tuition agreement
  - 11) Off-site permission form
  - 12) First Aid and Emergency medical care consent form
  - 13) Transportation plan and Authorization
  - 14) Consent for child to leave program (only for ages 9 or older)
  - 15) Please list how many weeks you would like to enroll your child for

**Updated physical and immunization - SIGNED BY THE PHYSICIAN**

- 1) Medication list (if necessary)



WITHOUT MEDICAL & IMMUNIZATION PRINTOUT COMPLETED AND SIGNED BY A PHYSICIAN. YOUR APPLICATION WILL BE RETURNED. PLEASE DOUBLE CHECK.

**NON-REFUNDABLE FEE:** must accompany your application

- 1) Please make Money Order or Check Payable to RTH-SEP. We are now accepting Credit/Debit Card. Cash is not accepted!
- 2) RTH Resident fee: \$39 per week, \$390 for entire summer. Sibling rate for RTH residents only is half price for 2<sup>nd</sup> child and 3<sup>rd</sup> child and 4<sup>th</sup> child.

**ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!!!**



The SEP will operate for 9 weeks. Please check for the week you would like your child to attend.

Week 1 June 30-7/4/25 Yes \_\_\_\_\_ No \_\_\_\_\_ Closed July 4<sup>th</sup>/5<sup>th</sup>

Week 2 July 7-July 11,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 3 July 14-July 18,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 4 July 21,25-July 25,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 5 July 28-Aug.1,25 Yes \_\_\_\_\_ No \_\_\_\_\_

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Week 6 Aug. 4,25-Aug.8,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 7 Aug. 11-Aug.15,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 8 Aug. 18-Aug.22,25 Yes \_\_\_\_\_ No \_\_\_\_\_

Week 9 Aug. 25-Aug.30<sup>th</sup>, 25 Yes \_\_\_\_\_ No \_\_\_\_\_

The SEP Dates will operate for 9 weeks. Please check the week/s you would like your child to attend.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_



THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_ Chronic Health Conditions: \_\_\_\_\_

Emergency Contacts (In order to be contacted)

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for a child to be released to this person? Yes, \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_ Home

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you give permission for child to be released to this person? Yes, \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_ Home

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you give permission for child to be released to this person? Yes, \_\_\_\_ No \_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy

# \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Early Education and Care

**Roxbury Tenants of Harvard Summer Enrichment Program Child Enrollment Form, 2024**

**Child's Information**

Child's Name:		Nickname	
Date of Birth:	Gender Male _____ Female _____	Age:	Grade entering (Fall 2020-2021)
Home Address:		Contact Phone:	
City:	Zip Code:		

**Description of Child** (Required by the MA Department of Early Education and Care)

Eye Color:	Hair Color:	Skin Color:	SEP T-shirt youth Size: XS _____ S _____ M _____ L _____ XL _____	
Primary Language:	Race/Ethnic Origin:	Height:	Weight:	Identifying Marks:

**Parent/Guardian Information**

Parent/Guardian Name:		Parent/Guardian Name:	
Relationship to child:	Primary Language:	Relationship to child:	Primary Language:
Home Address:		Home Address:	
City:	Zip Code:	City:	Zip Code:
Email Address:		Email Address:	
Occupation:		Occupation:	
Business Address:		Business Address:	
City:	Zip Code:	City:	Zip Code:
Work Hours:	Work Phone:	Work Hours:	Work Phone:

**School Information**

Child's School:	School Address:
School Office Phone:	Dismissal Time:
Does your child have an I.E.P. (Individual Education Plan) or 504 Plan? _____ <b>YES</b> _____ <b>No</b> <b>If yes, please provide a copy to the program.</b>	

**Emergency Contacts**

*Please list below for emergency or non-emergency, if you cannot be reached. Please note that person listed as "Emergency Contacts" are automatically authorized to pick up your child from the program unless otherwise noted.*

Name:	Relationship to child:	Phone #:
Name:	Relationship to child:	Phone #:

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screen in accordance with public health requirements are on file at my child's school.

**Parent/Guardian Signature:** \_\_\_\_\_



## Transportation Plan and Authorization Plan 2025

THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care Small Group and Large

Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM: \_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:  
PROGRAM:

MY CHILD WILL DEPART FROM THE

\_\_\_ PARENT DROP OFF

\_\_\_ PARENT PICK UP

\_\_\_ SUPERVISED WALK

\_\_\_ SUPERVISED WALK

\_\_\_ UNSUPERVISED WALK

\_\_\_ UNSUPERVISED WALK

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PROGRAM BUS/VAN

\_\_\_ PROGRAM BUS/VAN

\_\_\_ CONTRACT/VAN

\_\_\_ CONTRACT/VAN \_\_\_ PRIVATE TRANS.

ARRANGED BY PARENT \_\_\_ PRIVATE

\*I give my child consent to walk home by him/herself \_\_\_\_ Yes No \_\_\_\_\_

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ REFER  
TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



## Transportation Agreement 2025

I understand that it is my responsibility to call the RTH if my child is unable to attend the program due to illness or other circumstances on any given day. I have read and understand the Late Fee Policy in the parent handbook. If I do not arrive to pick-up my child at the program by 5:00pm, or call the program for the designated pick-up time, SEP staff will begin to call emergency contact for my child. I will be charged \$1 per minute based on the program pick-up times listed. Late fees are due when picking up my child. If no contact has been made by 5:30 pm, SEP Staff will bring my child to Mission Park Security and follow the procedure for child abandonment, contacting proper authorities (DCF/Local police.)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### RTH Summer Enrichment Program Health Information Form

My child has problems with heat or exposure to the sun. YES NO  
If yes, please explain: \_\_\_\_\_

My child has allergic reactions to insect bites and/or stings. YES NO  
If yes, please explain: \_\_\_\_\_

My child has allergic reactions to certain environments. YES NO  
If yes, please explain: \_\_\_\_\_

My child needs daily medication during program hours. YES NO  
If yes, please explain: \_\_\_\_\_

My child wears corrective eyeglasses. YES NO  
If yes, please explain: \_\_\_\_\_

My child has the following physical disabilities: \_\_\_\_\_  
\_\_\_\_\_

My child has the following developmental disabilities: \_\_\_\_\_

My child has the following learning disabilities: \_\_\_\_\_  
\_\_\_\_\_

Any specific behavior issues or needs? Please provide any information relevant to supporting your child during the SEP: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**





## 2025 SEP MEDICAL INFORMATION

*Please print all information clearly*

The medical background of each child is **required** as part of the SEP's registration process. The SEP director must be **advised** in writing of any condition that would limit the child's ability to participate in any program.

**RTH SEP takes your child's safety very seriously. All medical information must be completed, and no line is to be left blank.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

Child's Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

**A copy of the last physical and immunization must accompany form.**

Date of last physical: \_\_\_\_\_  
\_\_\_\_\_

Medical conditions: \_\_\_\_\_  
\_\_\_\_\_

List of past medical treatments: \_\_\_\_\_  
\_\_\_\_\_

List all current medications regardless of whether it needs to be taken in SEP or not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child need to take any prescription medications while in SEP? \_\_\_\_\_ YES, \_\_\_\_\_ NO

If yes, please request a medical dispensing form. Return the form and medication in a zip lock bag with your child's name on it on the first day that they attend SEP.

Allergies: (please put N/A if your child **DOES NOT** have any allergy)

Food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication:

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Insect:

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Other:

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Does your child require an Epi-pen? \_\_\_\_\_YES, \_\_\_\_\_NO

If yes, you must provide an Epi-pen to be kept at SEP during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note and a medical consent form from RTH SEP.

Specific activities to be restricted for health reasons:

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# Photo and Video Release Form 2025



Please read and sign this photo and video release if you would like your child's photos taken.

I hereby give my consent to RTH SEP to photograph my child(ren) without limitation to use such pictures and/or stories in connection with any of the work of RTH SEP without consideration of any kind and I do hereby release RTH SEP from any claims whatsoever which may arise in said regard.

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**Parent or Guardian Signature**

**Date**



## **RTH Summer Enrichment Program 2025**

# **Acknowledgement of SEP Behavior Expectations and Discipline Guidelines**

I have read the behavior expectations and discipline guidelines in the Parent Handbook. I understand the program rules, expectations, and policies for consequences, suspensions, and terminations. I will review the rules with my child prior to the beginning of the S.E.P. to make sure they understand the basic program expectations.

I understand that the RTH staff and program director will also review the behavior expectations and a consequence with children upon their enrollment in the SEP. RTH has the right to dismiss a child when the child's behavior interferes with the rights of others. NO refunds will be given to children who are dismissed from the program due to behavioral issues or issues related to behaving in an unsafe manner.

If your child/children are behaving in an unsafe manner, being disrespectful to teachers, staff and others then there will be a parent meeting.

Discipline Guidelines will include requesting that your child be unable to participate in a field trip, a parent meeting, suspension up to and including termination from the program. Termination will be the last resort.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_



# RTH Summer Enrichment Program, 2025 Tuition Agreement

**STEP ONE:** Fill out the information below.

Parent Name/Head of Household: _____  Number of people in household: _____
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**STEP TWO:** See below for RTH SEP Tuition. Fill out the box below based on your information:

Child's Name: _____  SEP tuition rate (see chart below): _____  Siblings receive a 50% discount off the first child's tuition. Please write the names of additional children from your household enrolled in the RTH Summer Enrichment Program this year:  _____
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## Payment of Fees

I agree to pay the above daily fee for my child's participation in the RTH Summer Enrichment program. For my child's participation in the program, I understand that advance weekly payments are due by the end of Friday prior to the week of service. I understand that my weekly tuition will be equal to my daily rate multiplied by the number of billable days in a week, and that it is my responsibility to ensure my payments are made on time. I understand that billable days in a week include all weekdays in a week during the SEP operating year (July 3rd -September 21<sup>st</sup>, 2025), which includes holidays, emergency closures, or days my child is absent due to illness or vacation. I understand that no refunds are given for these weekday closures or absences.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## Summer Enrichment Program Check List 2025

- Backpack
- Water bottle
- \*Bag lunch (optional) program does provide lunch
- Hat & Sunscreen (no spray please)
- Bathing Suit
- Towel
- Sneakers (no open toes shoes or flip flops)
- Jacket or Sweatshirt for Cooler Days
- Medication in original container/s if needed.
- Health Care Plan signed by you and your child's doctor.

Please be sure to label all personal belongings. **No electronic items** are necessary at SEP. The RTH SEP is **not responsible for any lost or stolen items**. RTH SEP is a very active place no matter what the location or the weather. We are at the Summer Enrichment Program to play and socialize outside and will do so despite rainy weather or hot temperatures. Children are expected to participate throughout the day and come home tired and dirty, but with a smile.





## **Covid-19 Program Precautions**

The summer program wants to make sure it takes every precaution to keep your child healthy and safe while in attendance. Children will be required to wash their hands upon arrival into the program, before and after activities, after using the restroom and as necessary. When taking field trips or if there is no available water then 60% hand sanitizer will be used.

Please make sure that you and your child/children wear a face covering upon arrival/departure from the program. If your child's face mask/covering becomes soiled, we will replace it.

If your child is sick before attending the program, please keep your child at home and notify the program of your child's absence.

If your child displays any signs of covid-19 symptoms while at the program you will be notified and asked to pick up your child from the program to have your child tested. Please report any positive cases to the program upon return your child must be cleared by your child's physician with a letter upon their return.



## RTH-SEP Parent Handbook Receipt and Acknowledgement 2024

I have read through the entire Parent Handbook. I acknowledge that my signature on this form indicates that I understand what I have read and will adhere to the rules and policies stated in the Parent Handbook and will ask questions whenever something is unclear to get more information.

I understand that the policies and procedures set in the Handbook are in the best interest of my child

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_





## Parent Late fee Agreement

### Late Fee:

It is important that parents make every effort to pick their child(ren) up from the programs on time. If you are going to be late, please call the program and notify us of your estimated time of arrival. A late fee of \$ 1.00 for every minute per child will be charged in the event a parent is late.

I agree that I have read this statement and agree that if I or an adult (18) I designate to pick up my child(ren) late past 6:00 p.m. I will pay \$1.00/minute late to the Roxbury Tenants of Harvard program.

No Cash is accepted, must be in Money order or ProCare form only.

Signature \_\_\_\_\_