

LEXINGTON



Historical Society

Lexington Historical Society's

# ***FIRST SHOT! 1775 SUMMER PROGRAM***

July 9- July 13, 2018

## **PROGRAM SCHEDULE:**

- The *First Shot! 1775 Summer Program* will run from July 9-July 13, 2018 from 9:00am until 3:00pm and will include activities related to 18<sup>th</sup> century Lexington and the American Revolution. Activities may include crafts, games, tours of the Lexington Historical Society's historic sites, re-enactments, etc. The Lexington Historical Society's Munroe Tavern – 1332 Massachusetts Ave, Lexington, MA 02420 – will be the home base for the program, but students will be walking between the Society's historic sites for activities and programs.
- Drop off (9:00am) and pick up (3:00pm) will be at the Depot Building – 13 Depot Square, Lexington, MA 02420 (Monday and Tuesday) and Munroe Tavern (Wednesday, Thursday and Friday). There will be NO options of early drop-off or late pick up\*.
  - \*On Monday July 19<sup>th</sup> drop off will be between 8:30am and 9:00am in order to allow time for getting acquainted with the program staff and location of pick-up/drop off, as well as filling out a pick-up schedule (if necessary).

## **PAYMENT INFORMATION:**

The price for one week of camp is \$300.00/child or \$225.00/ child for Lexington Historical Society members. These fees will include admission to all historic sites, craft and other project materials, and a pizza lunch on Friday July 13<sup>th</sup>. Please include a non-refundable deposit of \$100.00 with this registration. Deposit may be paid by check (made payable to the Lexington Historical Society) or by credit card (Visa, MasterCard, or Discover). The remaining balance will be due one week before the program starts, by either check (mail) or credit card (phone). Registration and form of payment may be mailed to:

The Lexington Historical Society  
Attn: First Shot 1775 Summer Program  
P.O. Box 514  
Lexington, MA 02420

## **FOOD:**

Each child should bring with them a packed lunch, snack, and water bottle daily Monday – Thursday. On Friday, a pizza and ice-cream lunch will be supplied by a local restaurant. Refrigeration is available for lunches, but please do not provide your child with a lunch or snack that needs heating. If your child has a food allergy, please inform us so that we can ask other children to not bring lunches containing the allergen. If your child does not want to participate in the Friday pizza and ice-cream lunch, please provide a packed lunch for that day. Water is available on site if a child chooses to bring a re-usable water bottle – the program will provide water bottles available for children during the week.

## **MEDICAL ATTENTION AND POLICIES (PLEASE READ!):**

If a medical emergency occurs while your child is at our program, we will first contact emergency personnel (911), and then contact parent/guardian and emergency contacts.

Please use a pen and print clearly to complete all of the information below. Please complete a separate form for each child. Please read all information carefully before signing the document.

**CHILD INFORMATION:**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender: Male Female; Age: \_\_\_\_\_; Grade in Sept. 2018\*: 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> Homeschool  
\* Comparable grade if student is homeschooled

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact (not a parent/guardian): \_\_\_\_\_ Daytime#: \_\_\_\_\_

Are there any special considerations we should know about so that your child will have a positive experience at the summer program? Please list below or attach a note describing any special needs (either medical, emotional, behavioral) and/or allergies that we should know about. Please notify us if your child carries an EPI-pen for allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD PAYMENT FOR NON-REFUNDABLE \$100.00 DEPOSIT:**

<b>PLEASE CHARGE THE FOLLOWING CREDIT CARD</b>	
(circle one) VISA    MASTERCARD    DISCOVER	AMOUNT TO CHARGE: <u>\$100.00</u>
ACCOUNT NUMBER: _____	V-Code (3 digits of back above signature): _____
SIGNATURE: _____	EXPIRATION DATE: ____ / ____

I, the parent/guardian of \_\_\_\_\_, a minor, hereby consent to his/her participation in the Lexington Historical Society's *First Shot! 1775 Summer Program*, the taking of photos of my child for the promotion of the program and Society, and the use of Lexington Historical Society facilities and program equipment and to participate in all program activities (games, crafts, re-enactments, tours of historic sites, etc.). I further agree to release and save harmless the Lexington Historical Society and its program staff from any and all liability or expenses arising out of any incident involving, or any account of any injury to the above-named minor in connection with such program. I hereby give permission to the Lexington Historical Society to authorize emergency personnel and/or physician(s) at a local hospital to secure proper treatment of my child as named above, in the event of an emergency. I agree to abide by Lexington Historical Society policies.

Parent/Guardian's Signature: \_\_\_\_\_