

# CHICOPEE SUMMER CAMP



## June 23 - Aug 29, 2025

Summer is about play, building lasting friendships and going back to the basics. We encourage children with hands-on team building activities and problem-solving while constructing a positive community through enrichment programming.

**Join us for a summer of endless outdoor activities including swimming, splash pad, waterslides, field games, field trips and more. Learn, grow and most importantly, have fun!**

Session 1:  
**WELCOME TO CAMP**  
June 23<sup>rd</sup> - June 27<sup>th</sup>

Session 2:  
**PARTY IN THE U.S.A.**  
**Closed July 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup>**  
June 30<sup>th</sup> - July 4<sup>th</sup>

Session 3:  
**SPORTS, FITNESS  
& HEALTH**  
July 7<sup>th</sup> - July 11<sup>th</sup>

Session 4:  
**AROUND THE WORLD**  
July 14<sup>th</sup> - July 18<sup>th</sup>

Session 5:  
**TALENT SHOW**  
July 21<sup>st</sup> - July 25<sup>th</sup>

Session 6:  
**WILD ABOUT NATURE**  
July 28<sup>th</sup> - August 1<sup>st</sup>

Session 7:  
**CARNIVAL**  
August 4<sup>th</sup> - August 8<sup>th</sup>

Session 8:  
**COLOR WAR**  
August 11<sup>th</sup> - August 15<sup>th</sup>

Session 9:  
**AMAZING RACE**  
August 18<sup>th</sup> - August 22<sup>nd</sup>

Session 10:  
**BACK TO SCHOOL  
ADVENTURES**  
August 25<sup>th</sup> - August 29<sup>th</sup>

## Hours & Cost

**Pre-Camp Hours:**  
6:30am - 8:30am..... **\$50**

**Camp Hours:**  
8:00am - 4:00pm

- Ages 5-6 years ..... **\$325**
- Ages 7-13 years ..... **\$300**

**Post Camp:**  
4:00pm - 5:30pm..... **\$50**

**Daily Rate:**  
8:00am - 4:00pm..... **\$80 / DAY**

## Contacts

**CHICOPEE LOCATION**  
**Jordan Krans**  
School-Age and Summer Camp  
Program Director  
Jordan@playfulmindsLC.com  
(413) 593-6300

Email the Completed Enrollment Form to [Jordan@PlayfulMindsLC.com](mailto:Jordan@PlayfulMindsLC.com)

# Chicopee Summer Camp

## Enrollment Form

June 23 - August 29, 2025

Child's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Street: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

### SESSIONS

Select any or all weekly sessions you want your child to attend. Then select the days you want your child to attend:  
 M-F (5 days), M, W & F (3 days) or T & TH (2 days).

DATES:	SESSIONS:	THEME:	5 DAYS	3 DAYS	2 DAYS
			5-6 Years: \$325/week 7-13 years: \$300/week	5-6 Years: \$220/week 7-13 years: \$205/week	5-6 Years: \$150/week 7-13 years: \$135/week
6/23-27	1	Welcome to Camp	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
6/30-7/1	2	Party in the U.S.A.	<input type="checkbox"/> Week (M&Tu)	<input type="checkbox"/> Daily (M only)	<input type="checkbox"/> Daily (T only)
7/7-11	3	Sports, Fitness & Health	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
7/14-18	4	Around the World	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
7/21-25	5	Talent Show	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
7/28-8/1	6	Wild About Nature	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
8/4-8	7	Carnival	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
8/11-15	8	Color War	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
8/18-22	9	Amazing Race	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)
8/25-29	10	Back to School Adventures	<input type="checkbox"/> Week (M-F)	<input type="checkbox"/> Daily (M, W, F)	<input type="checkbox"/> Daily (T, TH)

### OTHER FEES

Indicate if you want your child enrolled in any of the following:

- ☐ Pre-Camp Program: \$50 | ☐ Post-Camp Program: \$50 | ☐ Field Trip: Price varies by week  
☐ Swim Lessons: \$25/week or \$5/day # of Days per week: \_\_\_\_\_

**Payment method:** Playful Minds staff CANNOT directly accept checks, money orders or credit cards. Payment can only be made using the BrightWheel (mybrightwheel.com) billing section. BrightWheel accepts credit cards, debit cards and ACH direct bank-to-bank transfers.

For Payment Method, indicate if payment is private or by the Seven Hills Voucher Program.

- ☐ Private ☐ Voucher

**Deposit:** \$50 is due at the time of registration (private pay only)

Email the Completed Enrollment Form to [Jordan@PlayfulMindsLC.com](mailto:Jordan@PlayfulMindsLC.com)



# School Age Developmental History & Background Information Form

Child's Name

Child's Date of Birth

## Developmental History

Age child began	Sitting		Crawling		Walking		Talking	
Describe any speech difficulties. If none, put NA								
Language spoken at home						Other languages spoken		

## Health History

Birth weight	Lbs		Oz.					
Place indicate if pregnancy was			Full-term		Part-term		Born at # weeks	
Describe any known complications at birth. If none, put NA								
Describe any serious illnesses or hospitalizations. If none, put NA								
<i>Place select all which apply to your child and complete additional forms as listed:</i>								
Serious/chronic conditions or disabilities <i>If yes, complete an Individual Health Care Plan.</i>					Allergies <i>If yes, complete an Individual Health Care Plan &amp; an Allergy &amp; Anaphylaxis Plan</i>			
Asthma <i>If yes, complete an Individual Health Care Plan &amp; an Asthma Action Plan</i>					Seizures <i>If yes, complete an Individual Health Care Plan &amp; a Seizure Action Plan</i>			
Medications taken regularly at home <i>If yes, complete an Individual Health Care Plan &amp; a Medication Taken at Home Form</i>					Medications to be administered at PMLC <i>If yes, complete an Individual Health Care Plan &amp; a Medication Authorization Form</i>			

## Eating Habits

Describe any difficulties or special circumstances related to eating. If none, put NA
Favorite foods
Foods refused



## Daily Schedule

What time does your child go to bed at night?				Get up in the morning?			
What time does your child eat	Breakfast		Lunch		Snack/s		Dinner
Play / Relaxation Times							
Please share anything else we need to know about your child's daily schedule:							

## Toilet Habits

Please indicate if your child has problems with		Constipation		Diarrhea	
Is your child toilet trained?	Yes, day & night	Yes, daytime only	No		
If your child is actively toilet training, please describe how you support your child:					
Is your child reluctant to use the bathroom?	Yes	No	NA		
If yes, please describe your response:					
Does your child have bathroom accidents?	Yes	No	NA		
How does your child indicate bathroom needs? <i>(include specific words, or put NA if not applicable):</i>					



## Social Relationships

Please describe your child:

Please describe your child's typical reaction to strangers:

Please describe your child's typical reaction to other children:

Please describe your child's favorite activities:

Please describe your child's fears:

Please describe how you typically reassure and/or comfort your child:

Please describe the method of behavior management / discipline at home:

Please share what you would like your child to gain from his/her experience at Playful Minds?

## Anything Else?

Is there anything else you would like to share about your child?

## Signature

Parent/Guardian Name

Parent/Guardian Signature

Date



## Consent for Child to Leave PMLC

This form is only applicable for children ages 9 and older.

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_,  
Parent / Guardian Name Child's Name

to leave Playful Minds Learning Center (PMLC) during my child's regularly contracted hours of attendance in accordance with the conditions listed in the chart below. This

authorization is in effect from \_\_\_\_\_ to \_\_\_\_\_.  
Start Date End Date

Destination	Reason for Departure	Days of Week	Departure Time	Return Time	Restrictions / Information

I agree that PMLC may rescind this privilege if my child's behavior warrants this limitation.

I understand that my child will not be supervised by PMLC staff while my child is away from PMLC.

I understand that I am fully responsible for my child from the time my child is signed out by PMLC staff until my child is signed back in by PMLC staff. PMLC has no responsibility or liability for my child while my child is signed out of PMLC.

Parent/Guardian Name

Parent/Guardian Signature

Date





## Contract for Children with Permission to Leave PMLC

This form is only applicable for children ages 9 and older.

I, \_\_\_\_\_, understand that permission to leave PMLC during my  
Child's Name  
regularly contracted hours is a privilege granted to me by Playful Minds Learning Center (PMLC), with my parent/guardian's permission. I understand that, by granting me this privilege, my parent/guardian and PMLC staff are indicating their expectation that I am able to, and will be, responsible for my own safety and well-being while I am away from PMLC.

By signing this contract, I agree to the following:

- I will always check in with a PMLC staff member who will sign me out before I leave PMLC.
- I will always inform a PMLC staff member where I will be going before leaving PMLC, and I will only go to destinations approved by my parent/guardian.
- I will follow all restrictions set by my parent/guardian and will act in a safe and polite manner while I am away from PMLC.
- I will return to PMLC at or before the time my parent/guardian said I should. If I am running late for any reason, I will call PMLC to tell them that I will be late and why.
- I will always check in with a PMLC staff member immediately upon my return to PMLC to be signed back in.
- I understand that if I do not follow the agreements listed above, PMLC and/or my parent/guardian may take away the privilege to leave PMLC during my regularly contracted hours.
- I have discussed everything in this contract with my parent / guardian and understand it fully.

Child's Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date





## Summer Camp Waiver / Indemnification

Child 1 Full Name	
Child 2 Full Name	
Child 3 Full Name	
Child 4 Full Name	

As the parent / guardian of the child/ren listed above, I hereby represent that the child/ren has/have been examined by a pediatrician and is/are physically fit to participate in Playful Minds Summer Camp, lessons, classes and activities. I understand that there are inherent risks in participating in Summer Camp, lessons, classes and/or activities. I hereby accept responsibility for, and agree to pay all costs of medical treatment resulting from any injury suffered by my child/ren due to their participating in the Playful Minds Summer Camp, lessons, classes and/or activities. I further agree to indemnify and hold harmless Playful Minds LLC, Playful Minds Summer Camp, its owners, agents, servants, employees and representatives from all liability, damage, cost or expense arising out of my child's participating and every kind and nature at the Playful Minds Summer Camp, lessons, classes and/or activities

I have read, understand and agree to the terms outlined above.

Parent/Guardian Name

Parent/Guardian Signature

Date



## Parent / Guardian Summer Travel Information

If a parent/guardian will be traveling overnight while the below listed child is attending Playful Minds Summer Camp, please complete this form.

Child's Name		Child's Date of Birth	
Parent/Guardian Name			
Relationship to Child			

Travel Location 1					
Phone Number While Traveling		Travel Dates		to	

Travel Location 2					
Phone Number While Traveling		Travel Dates		to	

Travel Location 3					
Phone Number While Traveling		Travel Dates		to	

Travel Location 4					
Phone Number While Traveling		Travel Dates		to	

Parent/Guardian Name

Parent/Guardian Signature

Date