

Sessions Attending: I ___ II ___ III ___ IV ___

Office	<input type="checkbox"/> Parent Handbook	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Admission Date: _____	
	<input type="checkbox"/> Deposit _____	<input type="checkbox"/> Self Pay _____	<input type="checkbox"/> Voucher Fee _____	<input type="checkbox"/> EEC Fee _____
	<input type="checkbox"/> Total Fee _____	<input type="checkbox"/> Outside Agency Funding		

Name _____ Gender _____ Age _____
LAST FIRST
 Home Address _____ Telephone Number _____
 City _____ State _____ Zip _____ Is this the mailing address? ___ Yes ___ No
 Apartment Number _____ Mailing Address: _____
 Date of Application _____ Date of Birth _____

Parent / Guardian:

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Relationship _____	Relationship _____
Occupation _____	Occupation _____
Work Hours _____ to _____	Work Hours _____ to _____
Business Name _____	Business Name _____
Address _____	Address _____
City _____ Ph # _____	City _____ Ph # _____

ALLERGIES/MEDS: Is your child allergic to anything or on medication: _____ No _____ Yes
 Alergy/Medications: _____
 Reaction: _____
 Treatment: _____

ALLERGIES/MEDS: Is your child allergic to anything or on medication: _____ No _____ Yes
 Alergy/Medications: _____
 Reaction: _____
 Treatment: _____

RESTRICTIONS: Does your child have any food restrictions? _____ No _____ Yes
 What kind? _____

Authorization and Consent Form

I understand the staff at Bird Street Community Centers Sports Camp is trained in the basics of first aid and I authorize them to give my child first aid as needed. 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 staff on duty to transport my child to the nearest medical care facility and secure medical treatment necessary including, but not limited to; hospitalization, injections, anesthesia or surgery.

Parent/Guardian Signature _____ **Date** _____

Emergency Contacts other than a parent/guardian:

Name _____

Name _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

CONSENT TO RELEASE CHILD

I give my consent to Bird Street Community Center to release my child to the following persons, in addition to me, the parent / guardian. The following are authorized to take my child from the summer day program.

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Off-Site Consent Form

I, _____ give my permission for my child to participate in all of the regularly scheduled on-going activities at the following off-site facilities:

Public Pools, Beaches, Theaters, Neighborhood Parks & Museums

This program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance.

MODE OF TRANSPORTATION:

(supervised walk, public, private, myself, unsupervised walk) Other: _____

My child will arrive by _____

My child will depart by _____

I give my child permission to leave at her/his own choice yes no

I understand the staff has the right to rescind/restrict the above privileges if my child's behavior warrants limitation or if she/he does not honor the attached contract. I recognize that the staff will not supervise my child while she/he is away from the community center. I understand I am responsible for my child once she/he leaves the program.

Date _____

Parent/Guardian signature _____

Are you willing to volunteer your talents or time? Yes No

Child's Identifying Information:

Sex: _____ Weight: _____ Height: _____
Skin color: _____ Hair color _____ Eye color: _____
Identifying marks: _____

Photo consent:

I hereby give permission for SACC to photograph my child for advertisement, local newspaper articles, brochures, fund raising activities for the program, etc: _____yes _____no _____call me first

Fee Agreement:

I understand that the fee per session is due in advance, unless other arrangements have been made with the Program Administrator. I understand that the fee for the Summer Day Getaway Program is tuition based and I may not deduct any fees in the event of my child's absence for sickness, vacations, suspension or termination. I have received a Parent Manual and reviewed the policies and understand them to the best of my ability.

I understand there is a \$100 non-refundable fee for registration. There is also a fee of \$25.00 for insufficient funds on returned checks. I agree to pay an additional \$1.00 a minute late fee charge if I am late picking up my child. (Refer to Parent manual).

Parent/Guardian Signature _____ **Date** _____

CODE OF CONDUCT

I have explained to my child the following rules and consequences for non compliance, while attending the SACC program at Bird Street Community Center:

- Can not cause physical injury to another person, action was not necessary to protect oneself.
- Can not commit assault and battery on an employee leading to injury.
- Can not harm or attempt to harm another person with a weapon.
- Can not posses any firearm, knife, razor blade, club, explosive, mace or tear gas or other dangerous object.
- Can not posses, sell, distribute, or use any non-prescribed controlled substance, drug or alcoholic beverage.
- Can not endanger the physical safety of another by the use of force or threat of force.
- Can not attempt or threat to steal private property.
- Can not steal private property.
- Can not engage in acts of harassment, physical contact or offensive insults or comments.
- Can not use profanity, racial slurs or obscene language in a persistent and abusive manner.
- Can not substantially disrupt activities in a repeated, aggravated, or flagrant manner.
- Can not pull or report a false fire alarm or 911 call.
- Can not falsely identify self.
- Can not be in a part of the building or grounds off limits.
- Can not excessively leave the activity without permission.
- Can not be found to be using tobacco products.

Parent/Guardian Signature _____ **Date** _____

Participant's Signature _____ **Date** _____

PARENT INFORMATION & INCOME VERIFICATION

LAST NAME	FIRST NAME	MI	GENDER Male Female
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH

<i>FAMILY SIZE</i>		<i>FAMILY INCOME</i>	
Household size including you	Very-Low Income	Low-Income	Low-Moderate Income
1. PERSON	\$15,600	\$25,950	\$40,800
2. PERSONS	\$17,800	\$29,700	\$46,650
3. PERSONS	\$20,050	\$33,400	\$52,500
4. PERSONS	\$22,250	\$37,100	\$58,300
5. PERSONS	\$24,050	\$40,050	\$63,000
6. PERSONS	\$25,800	\$43,050	\$67,650
7. PERSONS	\$27,600	\$46,000	\$72,300
8. PERSONS	\$49,400	\$48,950	\$77,000

<i>SOURCE OF INCOME</i>			
Check all that apply			
AFDC	SSI/SSDI	FOOD STAMPS	REFUGEE ASSISTANCE
BPS FR. LNCH PROGRAM	CHILD SUPPORT	ALIMONY	GEN. ASSISTANCE
UNEMPLOYMENT	PUBLIC HOUSING	EMPLOYMENT	BPS FREE LUNCH

<i>NEIGHBORHOOD</i>			
Check area you live			
ALLSTON/BRIGHTON	CHARLSTOWN	BACKBAY	CHINATOWN
DOWNTOWN	EAST BOSTON	FENWAY	HYDE PARK
JAMAICA PLAIN	MATTAPAN	NORTH END	ROSLINDALE
ROXBURY	S. BOSTON	DORCHESTER	W. ROXBURY

<i>ETHNICITY/RACE</i>			
Check all that apply			
OTHER	WHITE non Latino	BLACK non Latino	LATINO
AMERICAN INDIAN	ALASKIN NATIVE	AFRICAN	PACIFIC ISLANDER
HAITIAN	CAPE VERDEAN	AFR. AMERICAN	ASIAN

<i>CHARACTERISTICS</i>			
Check all that apply			
OTHER	TAFDC RECIPIENT	VETERAN STATUS	HANDICAPPED
REFUGEE	FEM. HEADED HOUSEHOLD	PUBLIC HOUSING	M. HEADED HOUSEHOLD

I hereby confirm that the information that I have provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

CHILDS PROFILE

Child's Name _____ Gender _____ Age _____

The information provided on these pages will assist our staff in providing a positive experience for your child. **APPLICATIONS CANNOT BE PROCESSED UNLESS THE CHILD'S PROFILE IS COMPLETELY FILED OUT AND SIGNED.**

1. At home my child usually plays:

- a. With a large group of friends
- b. With a small group of friends
- c. Alone
- d. With older children
- e. With younger children

2. My child:

- a. Likes most water activities
- b. Has a fear of water activities
- c. Has never experienced water activities

3. My child is interested in:

- a. Sports
- b. Nature
- c. Hiking
- d. Arts & Crafts

4. My child is:

- a. Happy to go to the Summer Day Program
- b. A little apprehensive about the SDP
- c. Has been to the SDP before
- d. Has never been to any SDP

5. When my child gets angry he/she:

- a. Sulks
- b. Fights
- c. Throws things
- d. Wants to get back at someone
- e. Soils his/her clothes
- f. Bites
- g. Spits

6. Please indicate with a check your child's current general disposition and behaviors that most frequently occur:

- | | |
|---|---|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Active | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Frequently cries |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Seeks constant attention |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Withdrawn | |
| <input type="checkbox"/> Has difficulty with siblings | |
| <input type="checkbox"/> Makes friends easily | |

7. I usually discipline my child by:_____

8. One specific goal I would like my child to accomplish this summer is:_____

9. Is there any additional information that you feel would be helpful to the staff:_____

This checklist is to help you complete all the parts of the Summer Day Program application. In order to process an application and be able to consider a child for a space in the program, all parts of this application must be completed. Please check each item off as you finish it. Once everything on this list has been checked, your application is ready to be turned in. (***Leave this page attached.***)

_____ \$100 deposit. This fee will be applied to your tuition. (\$100.00 non-refundable)

_____ Parent/Guardian signatures on the application.

_____ Child's signature is included on the application.

_____ Child's Profile.

_____ Two emergency contacts other than parent/guardian.

_____ Authorization for treatment signature by parent/guardian.

_____ Doctor's name and number and allergy alert.

_____ Copy of child's most recent physical exam, not more than one year old.

_____ Copy of insurance card and Insurance company name and policy number.

_____ Medication Form (*Only if child needs prescription medication*).

_____ Complete information on the CONSENT TO RELEASE CHILD:

_____ Every blank is completed with an answer or N/A.

Parent/Guardian Signature: _____ Date: _____

Bird Street Summer Day Getaway at Hale Reservation

2011 Health History, Emergency Contact, and Release Form

To be completed and signed for all campers and staff.

Camper or Staff Name (First) (Last) (Middle) Birth Date Male Female
(Circle One)

City/Town State Zip Street

Parent or Guardian Information

Parent or Guardian _____ Parent or Guardian _____
Address _____ Address _____
(Only if different from camper) (Only if different from camper)
Phone _____ Work _____ Phone _____ Work _____
Cell Phone _____ Cell Phone _____

Please list at least one emergency contact that, if necessary, could transport your child home.

Emergency Contact _____ Emergency Contact _____
Address _____ Address _____
Phone _____ Work _____ Phone _____ Work _____
Cell Phone _____ Cell Phone _____

Allergies

Penicillin _____ Seasonal _____ Foods _____
Insect Bites _____ Other Drugs _____ Other _____
Please explain reaction and severity: _____
Medications for above allergies: _____

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed

Medications

Will your child be bringing any medications (including over the counter medicine) to camp? Yes (circle one) No
If "Yes", please complete a Medication Information Form.
Please check which of the following may be administered to you child if needed (provided by the Wellness Center):
Tylenol _____ Advil _____ Benadryl _____ Nasal Decongestant _____
Cough Drops _____ External Antibiotic Cream _____ Anti-Itch Cream _____ Sunscreen _____
Antacid _____ Insect Repellant with Deet _____ Calamine _____ Sudafed _____
ALL of the above _____ NONE of the above _____

Immunization History: Massachusetts requires a **Certificate of Immunization** for
all campers and staff. You may use the form provided or a copy from your doctor's office. *Check if attached*

Relevant Past Medical History, General Information, and Restrictions

Does your child have Asthma? _____

Will your child be taking an Inhaler or other medication to camp? Yes (Circle One) No
(If "Yes" a "Medication Information Form" must be completed)

Any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp?

Does your child take any prescription or over-the-counter medication at home? _____

List any past medical treatment or recent injuries: _____

Describe any specific activities from which your child should be exempted: _____

Any dietary modifications or restrictions? _____

Doctor/Dentist Information:

Name of family physician: _____ Phone: _____

Address of family physician: _____ Date of last physical exam: _____

Name of dentist/orthodontist: _____ Phone: _____

Insurance Information:

Insurance Carrier: _____ Insurance Policy Holder Name: _____

Policy of Group #: _____

Authorizations:

Accuracy of Information: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Photo Release: I authorize Hale Reservation, American Camp Association, and Bird Street Summer Day Getaway Program to have my child's photo appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale Reservation and Bird Street Summer Day Getaway Program to administer first aid and to transport my child to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This form can be photocopied for camp trips.

Acknowledgment of Risk and Waiver: I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and Bird Street Summer Day Getaway Program and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent or Guardian of a Camper or Staff member under 18 years of age.

Signature of Staff Member 18 years of age and older.

_____ Date _____

_____ Date _____

Bird Street Summer Day Getaway at Hale Reservation

2011 Medication, EpiPen®, and Inhaler Administration

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-Prescription medications must be in its original containers, clearly labeled with the child or staff's name and directions for use. All medications must be kept in the Health Center. Please completely fill out the following information regarding the appropriate times and dosages of each medication your child or staff will receive at Hale (attach additional forms if needed). **I hereby give permission for Hale Reservation to administer the following medications to my child during his or her camp attendance.** **Not applicable**

Parent/Guardian Signature _____

Date: _____

Name of Medication (if Inhaler or EpiPen® complete below as well):					
Why is this medication taken?					
Days Taken (please circle) M T W Th F <input type="checkbox"/> As needed					
Times Taken (be specific) _____ AM PM Other _____ Dosage _____					
Are there any additional notes or instructions for this medication?					

Name of Medication (if Inhaler or EpiPen® complete below as well):					
Why is this medication taken?					
Days Taken (please circle) M T W Th F <input type="checkbox"/> As needed					
Times Taken (be specific) _____ AM PM Other _____ Dosage _____					
Are there any additional notes or instructions for this medication?					

Type of <u>Inhaler</u>:		
Location of Inhaler at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer inhaler? (circle one)		
Qualified Personnel	Camper	

Type of <u>EpiPen®</u>:		
Location of <u>EpiPen®</u> at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer <u>EpiPen®</u>? (circle one)		
Qualified Personal	Camper	

Bird Street Summer Day Getaway at Hale Reservation

2010 Immunization History

Each staff and camper at Hale Reservation is required to have a Certificate of Immunization on record, signed, and dated by a physician or designee. **We will accept forms generated directly from a physician's office or the completed form below.**

Camper or Staff Name _____ Birth Date _____

Address: _____

Street & Number
City
State
Zip

Immunization History: Please record date (month and year) of immunizations and recent boosters.

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP/DT						
Td (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
TB Mantoux Test		Result: (circle one)			Positive	Negative
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

Licensed Physician's Signature: _____

Date of Examination: _____