

**Sessions Attending: I \_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_**

<b>Office</b>	<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"/> Monthly Fee _____	<input type="checkbox"/> Total Fee _____		

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 Streets Summer Day Getaway is trained in the basics of first aid and I authorize them to give my child fist 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 Summer Day Getaway 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 \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
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>			
<b>Check all that apply</b>			
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>			
<b>Check area you live</b>			
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>			
<b>Check all that apply</b>			
OTHER	WHITE non Latino	BLACK non Latino	LATINO
AMERICAN INDIAN	ALASKIN NATIVE	AFRICAN	PACIFIC ISLANDER
HAITIAN	CAPE VERDEAN	AFR. AMERICAN	ASIAN

<i>CHARACTERISTICS</i>			
<b>Check all that apply</b>			
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: \_\_\_\_\_