

Kidscape _____

Dance Theatre _____

Please mark weeks attending below



**BOYS & GIRLS CLUB
OF GREATER WESTFIELD**

NON REFUNDABLE Registration Fee

\$20.00 _____

Immunizations & Med Form _____

EDO -Y__N__ Total Weekly Fee \$ _____

Processed by _____

Received by KJB _____ CO _____

KIDSCAPE 2017 Registration Ages 9-13 & Dance Theatre Ages 8 - 14

P.O. Box 128 ~ 28 West Silver St. ~ Westfield, MA 01086 ~ 413-562-2301 ~ www.bgcwestfield.org

Applications will not be accepted and your child cannot attend camp without the following:

**Registration fee, Current Proof of Immunization and completed
Medical Emergency / Authorization to Administer Medication Sheet**

Member First Name: _____ Last Name : _____

Gender: __M__F **Ethnicity:** African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander

Member **DOB:** MM/ DD/ YYYY: ____ / ____ / _____ Age ____ School _____ GR ____ (Fall 2017)

Street Address: _____ City: _____

State: _____ Zip: _____ Parent email _____

Parent/Legal Guardian: _____ relationship to member _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Employer _____ Address/City _____

2nd Contact Parent/Guardian: _____ relationship to member _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Employer _____ Address/City _____

Kidscape weeks: (please circle) June 29 & 30 1 2 3 4 5 6 7 8 9
ALL 9 WEEKS TH & FR 4 days M T W

Dance/Theatre weeks: (please circle) 1 2 3 4 5 6
4 Days

Early Drop off 7:00 am - 8:30 am \$20.00 per child per week _____ Yes _____ No

Picking up your child later than 5:45pm could result in losing camp privileges and late fees.

Campers **CANNOT** change age groups. The age group they are in at beginning is group they remain in _____

I give permission to use member in positive publicity in video, print, and photos. YES _____ NO _____

My child has permission to use computers YES _____ NO _____

I understand weekly payments must be made by Thursday or I will pay a \$10.00 late fee. _____

I understand that there are no refunds or make up days for missed days during weekly sessions. _____

I have read the Camp rules (along with my child) and we understand them. _____

FINANCIAL ASSISTANCE IS AVAILABLE

NOTE: This information is strictly confidential and collected for grant writing and fund-raising purposes ONLY.

Annual	\$0,000 - \$5,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Household	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Income	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Level:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
(check one)	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Household size: _____ Number of Children under 18 _____

Member lives with: ___ Mom & Dad ___ Mom ___ Dad ___ Step Mom ___ Step Dad ___ Grandparent ___ Foster Parents:

Household Member 65 years old or older: ___ Yes ___ No Household member who is Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male ___ Both Single Parent: ___ Yes ___ No

Military Service Member in Household: ___ Yes ___ No Branch _____ Base _____

Rank _____ Status: Guard ___ Reserve ___ Active _____

If active or reserve ask for additional form to receive a military discount.

I give permission to The Boys & Girls Club of Greater Westfield to release my child to the following persons who I authorize to pick them up either at the Club directly or at a specific location. If parent or guardian is not available I also give permission to contact them in order of (1- 4) for pickup in case of non-medical emergency.

1) _____ Home _____ Cell _____

2) _____ Home _____ Cell _____

3) _____ Home _____ Cell _____

4) _____ Home _____ Cell _____

I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Greater Westfield's KIDSCAPE Summer Program. I understand that the Club is not responsible for personal injury or loss of property. I agree to provide a certificate of Immunization for MMR, Polio, and DTP as well as an Authorization to Administer Medication to my child in compliance with Department of Public Health.

Parent/Guardian Signature _____ Date _____

This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.

IN A MEDICAL EMERGENCY, AND A PARENT CANNOT BE REACHED
&
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

This Section must be completed by Parent/guardian for all campers.

Please sign the back

Name of Camper: _____ Age: _____ Parent/Guardian Name: _____

Food/Drug Allergies: _____ Home Telephone: _____

Diagnosis (at parents discretion): _____ Business Telephone: _____

Emergency Telephone: _____

Child' Physician: _____ Phone Number: _____

Insurance Provider: _____

Any Medical restrictions or conditions: _____

If camper takes medication at home or Club complete this section:

Name of Licensed Prescriber: _____ Telephone: _____

Name of Medication (s): _____

Time & Dose at home: _____ Time & Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____ Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____ Other medications (at parents' discretion): _____

Location where medication administration will occur: **Director Of Operations Office**

(Over)

Authorization to Administer Medication to a Camper (2)

I hereby authorize The Boys & Girls Club of Greater Westfield to administer, to my child, _____
the medication(s) listed on page 1, in accordance with 105 CMR 430.160. (NAME OF CHILD)

105 CMR 430.160(A)

Medication prescribed for campers shall be kept **in original containers bearing the pharmacy label**, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

I authorize The Boys & Girls Club of Greater Westfield to perform First Aid and transport my child to the closest hospital for emergency medical treatment. I do not hold The Boys & Girls Club of Greater Westfield liable for any injury incurred during medical treatment. I agree to provide list of known allergies and medication (s) that are currently being administered to my child. (on reverse side of this form)

Parent/Guardian Signature: _____ Date: _____



**BOYS & GIRLS CLUB
OF GREATER WESTFIELD**

WELCOME TO THE BOYS & GIRLS CLUB OF GREATER WESTFIELD

CAMP RULES

By initialing beside each bullet point and signing at the bottom I am agreeing that I understand and have explained to my child the rules and regulations of the Club and the consequences that accompany them.

- Treat others with respect _____
- **ANY** type of physical contact amongst campers is an immediate suspension from the club. More than one offense could result in loss of camp membership. _____
- Hats, and sunglasses are not to be worn in the Club. _____
- Bandanas are not allowed at all. _____
- Any symbols, insignias, pictures, or clothing deemed inappropriate by the Staff will not be allowed. Appropriate language, behavior and dress are required at all times. _____
- Cell phones and ANY electronic device are the responsibility of the campers. The Club will NOT be responsible for any lost or stolen equipment. **Cell phones or equipment CANNOT be used during camp time.** _____
- If your child is on their phone or electronic devices during camp it will be taken away until the end of the day. _____
- If your child is being asked over and over regarding their cell phone or electronic device it will result in a day of suspension with **NO REFUND** for that day _____
- Continuous use of cell phone or electronic devices after their suspension will result in termination from camp with NO refund given _____
- Whichever camp your child is signed up for is the camp they **MUST** remain in for the week. If they do not want to continue in that camp **NO REFUNDS OR CREDITS WILL BE GIVEN.** _____
- NO child is allowed to leave the building once they have entered. If you would like your child to walk from camp for any reason you **MUST** put it in writing. Phone calls will be accepted on an emergency basis only. _____
- You must come and check in your camper at the front desk and then check them out at the end of the day. _____
- **Surveys & Questionnaires:** I give permission for my child to participate in the tracking of WBGC's outcomes/goals, which include: taking surveys and participating in focus groups. _____
- **Lost & Found:** Parents are encouraged to print their child's name on all their belongings. Lost and found items are kept for a period of one weeks and any items not claimed are put in the green donation bin at the end of the driveway. Staff members cannot hold anything for a member of the Club. _____
- **Phone:** There is a phone for members to use in an emergency while at the Club. It is located behind the front desk so members must ask permission to use it. _____

Rules are subject to change without notice.

Any questions, please contact Kellie Brown, Director of Operations 562-2301

Parent/Guardian Signature _____ **Date** _____

Camper's Signature _____

FIELD TRIP PERMISSION FORM
102 CMR 7.34(5)(c)

PROGRAM: **Boys & Girls Club of Greater Westfield**
Kidscape Camp 2017

ADDRESS: **28 West Silver Street**
Westfield, MA 01085

CHILD'S NAME: _____

I, _____, give permission for my child to attend the following field trips by **Bus or Van** on the dates and times provided. I understand that trips are subject to change but if they do I will be notified of the changes. I also understand that times are approximate and my child could return later than scheduled due to traffic and conditions.

Tues. July 11th (5-8) Majestic Theatre – Aladdin - 12:30 - 4:00

Thur. July 13th (9-13) Nomads - 9:30 - 2:30

Wed. July 19th Interskate 91 - 11:30-4:00

Tues. Aug. 8th (5-10) year olds Billy Beez - 11:30-4:00

Wed. Aug. 9th (11-13) Hartford Yard Goats baseball game – 9:30 -

Tues. Aug. 15th. (5-8 & Dance) Majestic Theatre - Sleeping Beauty - 12:30 - 4:00

Wed. Aug. 16th (9-13) Sonny's Place – 1:00 – 4:00

Wed. Aug. 23rd Interskate 91 - 11:30-4:00

I have read and agree to all of the above trips, dates and times.

Parent Signature: _____

Date: _____