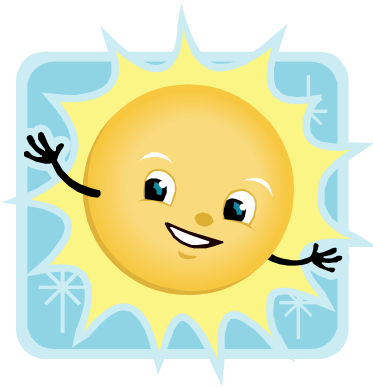




**Blue Hill Boys & Girls Club  
Summer Fun Camp**

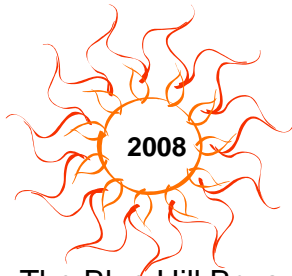
**2008**



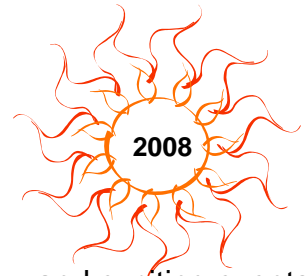
**PLEASE READ CAREFULLY THE ENCLOSED  
INFORMATION. NO APPLICATION WILL BE  
PROCESSED WITHOUT FULLY COMPLETED  
FORMS AND FULL PAYMENT.  
NO EXCEPTIONS.**

This camp must comply with regulations of the Massachusetts Department  
of Public Health and be licensed by the local board of health.

**15 Talbot Avenue, Dorchester, MA 02124  
Phone: (617) 474-1050 Fax: (617) 474-1056**



# What's in a Session?



The Blue Hill Boys & Girls Club Summer Fun Camp is filled with new and exciting events and experiences during each two week session. Please retain this copy as your schedule of camp themes. Scholarships are available.

## Around the World

Take a journey around the world without leaving your own backyard. You will explore different cultures, countries, and cuisines.

*July 7– July 18*



## Imagination Celebration

Let your mind explore all the possibilities of the Cultural Arts from around the globe! Bring your inventors cap and your painters cap for a hands-on experience.

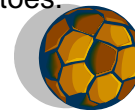


*July 21— August 1*

## Punt, Pass, and Kick

Got Game? Try your hand at a variety of sports, games, and activities that have traveled the globe. They will surely keep you on your toes.

*August 4—August 15*



## Go Green!

You will have fun and learn about the world around us through experiments, invention, and imagination. Take time to explore our planet and what you can do to make a difference.



*August 18— August 22*

### **Pre-Camp**

Begins at 7:30 a.m. for pre-registered campers. *FEE: \$25 per session.*

### **Extended-day**

Our extended day program for pre-registered campers begins at 3:30 p.m. and ends promptly at 6:00 p.m. *FEE: \$55 per session.*

### **WHAT TO BRING**

#### Swim Time

Bathing suit  
Bath Towel  
Bag for wet clothing  
Waterproof footwear for pool deck

#### Camp Day Attire

Sneakers or other enclosed shoe with socks  
Comfortable clothing for play & painting  
Extra clothing (optional)  
Sunscreen

\*\*\*Please do not send your camper with items of high value, including clothing.







# Summer Fun Camp 2008 Information



The Blue Hill Boys & Girls Club Summer Fun Camp's purpose is to help boys and girls ages 6 to 12 have an engaging and exciting summer day camp experience. To achieve this we offer a variety of program activities and support services designed to assist in the educational, emotional, physical, and social development of our youth without regard to social, racial, ethnic or religious background. In order to ensure high quality programming and an exciting experience for your child during the Summer Fun Camp, it is important that you read and comply with the following policies. **You must initial each section.**

- \_\_\_\_\_ 1. Summer Camp begins promptly at **8:30 a.m.** unless you have pre-registered for the Pre-Camp, which begins promptly at **7:30 a.m.** **Parents/Guardians must enter the Blue Hill Boys & Girls Club to sign in their camper.** Campers may not be dropped off early as children will not be allowed to hang out in front of the Club for any extended period of time. Please note that if you have not signed in your child by **9:00 a.m.** your child will not participate in the daily program. There will not be ½ day camp for children attending summer school. Your child will automatically be enrolled and you will be billed for the Pre-Camp program on the 3<sup>rd</sup> occurrence of a drop off that occurs before normal operating hours.
- \_\_\_\_\_ 2. Camp ends promptly at **3:30 p.m.** Campers must leave the facility unless they are pre-registered for the After-Camp program. **Parents/Guardians must enter the facility to sign out Campers unless authorized as a "walker."** *The club will be charging a late fee of 1.00 per minute for all members who are pick up after 3:40PM (regular day) or after 6:00pm (extended day) . The fee must be paid within 2 business days. NO EXCEPTIONS. There will be NO REFUND of summer camp cost (enrollment fees) based on suspensions due to failure to pay late fees .* Late occurrences can result in the immediate termination from the Summer Fun Camp program **without a refund.** Your child will automatically be enrolled in and you will be billed for the After-Camp program on the 3<sup>rd</sup> occurrence of a pick up after 3:40 p.m.
- \_\_\_\_\_ 3. In the event a child is left at the Club after the dismissal times and staff is unable to contact you or the people you have listed as Emergency Contacts, the Club has a lawful obligation to release custody of the child to the proper authorities. **CAMPERS will only be released to authorized individuals or parent/guardian.**
- \_\_\_\_\_ 4. *General Parental Permission Statement.* By giving this authorization I am allowing my child to participate in any/all field trip related activities that happen during normal summer camp hours. I understand that these trips vary in nature and are under the supervision of Blue Hill Boys & Girls Club staff; such trips are age and theme appropriate for all campers. I understand that on occasion some field trips may run late do to unforeseen circumstances. I understand that a camper may not be able to participate on a field trip if he/she is dropped off past 9:00 a.m. ; field trip refunds will not be given.
- \_\_\_\_\_ 5. Parents/Guardians must notify Club staff regarding any medication that your child may be taking. If administration of prescription medication is allowed the parent/guardian **MUST** fill out the appropriate paperwork **PRIOR** to the Session beginning.
- \_\_\_\_\_ 6. Split sessions are not offered. **All sessions must be purchased in entirety.**
- \_\_\_\_\_ 7. *Sessions and deadlines:* A late application fee of \$10 will be charged for each application submitted after the regular application deadlines. Deadlines may be extended if the program has not reached capacity. Slots fill early!

**MARCH: Registration and fee packets must be submitted for current members.**

**APRIL: Summer Fun Camp Registration opens to general public.**

**Session 1: July 7 – 18**

**Deadline: June 23 at 3:30 p.m.**

**Session 2: July 21-August 1**

**Deadline: July 7 at 3:30 p.m.**

**Session 3: August 4 – 15**

**Deadline: July 21 at 3:30 p.m.**

**Session 4: August 18 – 22**

**Deadline: August 4 at 3:30 p.m. HALF OFF**

- \_\_\_\_\_ 8. Application/Registration process: Applications and fees are accepted Monday through Friday. We do not accept personal checks or cash; payment must be made by money order or bank check only. No child will be allowed to start a camp session if payment has not already been received. The Club will not make arrangements for payment at a later time. **No refunds.**
  - Fee per session: Each session consists of two weeks for a fee of **\$125.00** per session and **\$55.00** per session for extended day. For the first three sessions of camp, siblings will be charged \$62.50 for a session and \$27.50 for extended day. The last session is only one week in length for discounted fee of **\$62.50** for a regular camp week and **\$27.50** for extended day. For the last week of camp siblings will be charged **\$31.25** for regular week and **27.50** for extended day. Pre-Camp fee is \$25 per session; \$12.50 for the last camp session which is a 1 week session.
  - Camp Scholarships, full and partial, are available for families with demonstrated need; slots are limited for each session. Inquire with the Membership Director for more information or for an application.
  - A signed medical form and a signed and dated physical form must accompany the completed registration packet.
- \_\_\_\_\_ 9. I give my consent for photographs, audiotapes, and video records of my child to be used by BGCB for publicity purposes. I also agree to allow BGCB to use photographs, audiotapes, video records or other work produced by my child for publicity purposes.



**THIS PAGE MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER  
IMMUNIZATION VERIFICATION—MANDATORY LAW IN MASSACHUSETTS.**

- A. TETANUS-DIPHTHERIA Completed primary series: \_\_\_/\_\_\_/\_\_\_ Booster within last 10 years: \_\_\_/\_\_\_/\_\_\_
- B. MMR (MEASELS, MUMPS, RUBELLA) # given instead of individual immunizations, 2 doses required. Dose 1 (immunized after 12 months): \_\_\_/\_\_\_/\_\_\_ Dose 2 (Immunized at 5 years of later): \_\_\_/\_\_\_/\_\_\_
- C. MEASELS (RUBEOLA) # given instead of individual immunizations, 2 doses required. Dose 1 (immunized after 12 months): \_\_\_/\_\_\_/\_\_\_ Dose 2 (Immunized at 5 years of later): \_\_\_/\_\_\_/\_\_\_
- D. RUBELLA Has report of immune titers. Date of titer: \_\_\_/\_\_\_/\_\_\_
- E. MUMPS Had disease, confirmed by office record: \_\_\_/\_\_\_/\_\_\_
- F. TUBERCULOSIS—*Check appropriate box*  
( ) PPD (Mantoux) test within past year (Tine or Manoval not accepted): \_\_\_/\_\_\_/\_\_\_ Results: ( ) Pos ( ) Neg  
( ) Positive PPD—Chest X-ray required: \_\_\_/\_\_\_/\_\_\_ Results: ( ) Pos ( ) Neg  
( ) Had BCG vaccine—Chest X-ray required: \_\_\_/\_\_\_/\_\_\_ Results: ( ) Pos ( ) Neg
- G. HEPITITIS B Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_
- H. POLIO Completed primary series: \_\_\_/\_\_\_/\_\_\_ Type: ( ) Oral ( ) Inactivated ( ) EIPV ( ) Last Booster \_\_\_/\_\_\_/\_\_\_

I. GENERAL PHYSICAL

General Appearance \_\_\_\_\_

Weight _____	Eyes _____	Neck _____	Skeletal _____	Skin _____
Height _____	Nose _____	Heart _____	Neurol _____	
Pulse _____	Throat _____	Abdomen _____	Head _____	
BP _____	Dentition _____	GU _____	Lungs _____	

- Camper is under the care of a physician for the following condition (s):  
\_\_\_\_\_
- Current treatment (include current medications):  
\_\_\_\_\_
- Explanation of any reported loss of consciousness, convulsion or concussion:  
\_\_\_\_\_
- Recommendation and restrictions while at camp:  
\_\_\_\_\_
- Does camper have any illness or condition which would limit his/her full participation at camp, or which would require medical treatment or precautions beyond the administration of medication (e.g. Epilepsy, diabetes, cerebral palsy, etc)? ( ) yes ( ) no
- If yes, please describe conditions and/or limitations:  
\_\_\_\_\_
- Any allergies (food, drug, plants, insects, etc.)  
\_\_\_\_\_
- Additional Health Information:  
\_\_\_\_\_

In my opinion, the above named camper's condition ( ) does ( ) does not preclude his/her participation in an active camp program. I have examined the camp applicant. Examination date: \_\_\_\_\_

Licensed Physician's Name (PLEASE PRINT) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Form completion: \_\_\_/\_\_\_/\_\_\_ \*Completed by (PLEASE PRINT): \_\_\_\_\_

*\*If completed by Nurse or Physician's Assistant*