

Charlestown Boys & Girls Club
Summer Camp 2011
Registration Form

Childs Name _____ Age_____

Check the following camps, which you are registering for.

Mini Camp _____
July 5 – July 8

Session 1 _____
July 11 – July 22

Camp Hours 9am-4pm
Extended Care 8am-5: 30pm

Session 2 _____
July 25 – August 5

Session 3 _____
August 8 –August 19

Prices: Session 1,2,3 \$150- 1st Child . **Each** additional Child \$100. Extended Care \$50- **per child**-per session. Mini Camp \$50. Extended Care \$25 per child.

A \$50- non-refundable deposit is required for each child registered per session.

*This camp must comply with regulations of Mass. Dept of Public Health and be licensed by Board of Health.

Charlestown Boys & Girls Club

Day Camp Pickup Policy

In compliance with state regulations, all campers are required to be picked up by the parents at the conclusion of the camp each day. In the event that a parent cannot pick up a child, written authorization must be provided to the individual who is picking up the child.

I give my
child _____ **permission**
to walk home on his/her own.

Parent/ Legal Guardian Signature _____

**CHARLESTOWN BOYS & GIRLS CLUB
SUMMER CAMP**

Note: This form accompany child on all field trips and to any health facility used in emergency treatment.

Emergency Treatment Form

I, _____, give permission for my child, _____, To receive first aid treatment in case of emergency. I understand that the Bunker Hill Health Center in Charlestown or Mass General Hospital in Boston will be the health facilities generally used.

In case of field trips, I understand that my child will be taken to the nearest appropriate health facility for emergency treatment.

SERIOUS MEDICAL PROBLEMS (please explain): _____

DATE OF LAST TETANUS BOOSTER (or DTP or DT): _____

PHYSICIAN PRESCRIBED MEDICATION: _____

EMERGENCY CONTACT PERSONS:

Name: _____ # _____ Relation: _____
Name: _____ # _____ Relation: _____

Medicaid number (if applicable): _____

Parent/Guardian Signature

Date

For Hospital Use Only

(Detach this section for hospital records)

I give permission for my child, _____ to receive emergency treatment. I understand that the Bunker Hill Health Center or Mass General will be the health facilities generally used. I understand that my child will be taken to the nearest appropriate health facility for emergency treatment.

Parent / Guardian Signature Date

Staff Signature

EMERGENCY INFORMATION SHEET

1) Child Name: _____

2) Parents Names: _____

3) Email: _____

4) Home Phone: _____

5) Work Phone: _____

6) Cell Phone: _____

7) Address: _____

8) Emergency Contact Person: _____

Relation: _____ Phone: _____

9) Emergency Contact Person: _____

Relation: _____ Phone: _____

FACT SHEET

- All appropriate paperwork must be received before your child can begin camp.
- Parents must provide a copy of immunization history and a copy of your child's most recent physical.
- Written emergency Authorization (Forms provided) must be signed by legal guardian.
- All camps fees must be collected before camp begins.
- Camp begins at 9:00a.m. **DO NOT drop off your child before 8:50 a.m. Camp ends at 4:00 p.m. Extended Care ends at 5:30. Late pick-ups will result in suspension.**
- Parents must call if your child is not going to attend camp.