

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Action Adventures Day Camp 2017 Registration Form

Interoffice Only	
Date Received:	_____
Tw Oaks #:	_____
BSRCC Member?	Y N

Child's Full Name: _____ Date of Birth: _____

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Height _____ Weight _____ Gender: Male ___ Female ___ Grade Fall 2017: _____

Is there a custody agreement, restraining order or other court order in place pertaining to this child?

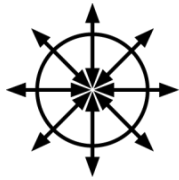
Yes ___ No ___ *If yes, please attach a copy for our records, which will be kept confidential.*

Is an IEP or behavior plan or other services in place for this child? Yes ___ No ___

If yes, please provide a copy, to help us best meet each child's needs at camp.

Names of siblings who attend BSRCC programs: _____

<p>Parent/Guardian 1</p> <p>Name: _____</p> <p>E-Mail: _____</p> <p>Phone # _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Primary Language _____</p> <p>Does child reside with this parent/guardian? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise in the attached custody agreement.</p>	<p>Parent/Guardian 2</p> <p>Name: _____</p> <p>E-Mail: _____</p> <p>Phone # _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ BSRCC Member? _____</p> <p>Primary Language _____</p> <p>Does child reside with this parent/guardian? _____</p> <p>This parent/Guardian will be considered authorized to pick up the student unless specified otherwise in the attached custody agreement.</p>
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BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

I would like my child, _____, to attend Action Adventures Day Camp at Berkshire South Regional Community Center. I will be financially responsible for the following weeks.

Rates Per Week: Members \$225 Guests \$295

Weeks:

- | | |
|--|---|
| <input type="checkbox"/> Going Green: June 26 - 30 | <input type="checkbox"/> Museum in Miniature: July 24-28 |
| <input type="checkbox"/> Happy Birthday America: July 3, July 5-7
(July 3-7: Members \$180; Guests \$235) | <input type="checkbox"/> Jungle Safari: July 31-August 4 |
| <input type="checkbox"/> Everyone's an Artist: July 10-14 | <input type="checkbox"/> Uncover Your Hidden Talents: August 7-11 |
| <input type="checkbox"/> Blast from the Past: July 17-21 | <input type="checkbox"/> Time to Experiment August 14-18 |
| | <input type="checkbox"/> Action Adventures Olympics: August 21-25 |

I have enclosed the **\$25 registration fee** with this form (this annual fee of \$25 per family must be paid in order to process registration)

Pre-Registration is required. No child will be enrolled without payment, a complete registration packet, including physical form and immunizations, on file.

Payment in full is due upon at the time of Registration.

I Understand:

- I am financially responsible for the days I have chosen for my child.
- There is no reimbursement for sick or cancelled days. I am responsible for my commitment to the program. Any changes must be put in writing and will only be recognized after a 30 day period. During the period the director will review the request and make a final determination.
- BSRCC is unable to provide care to families with a past due balance of more than 30 days.
- I will abide by all Policies and Procedures as stated in the Parent Policies and Procedures Handbook.
- Refunds will not be given for late arrivals, early departures, or missed days.
- Any student remaining at the program after closing (6 p.m.) will be assessed a \$5.00 charge for the first 5 minutes and \$1.00 per minute thereafter, which will be added to the following month's invoice.

Signature of person responsible for payment _____ Date _____

For shared payment arrangements, please fill out both lines below and provide all information for both parties. To set up other arrangements, please contact our business office.

Person responsible for payment: _____ % or amount _____

Person responsible for payment: _____ % or amount _____

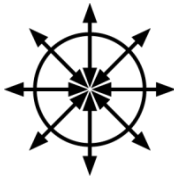
Billing email address(es): _____

Billing Address(es) _____

City/Town

State

Zip Code



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name _____ Date of Birth _____

I authorize Berkshire South Regional Community Center Staff, trained in the basics of CPR and first aid, to give my child first aid care including CPR when appropriate.

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 Berkshire South Regional Community Center Staff to arrange transport my child to the nearest medical care facility and/or to _____, and secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone Number: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions and/or health conditions: _____

Dietary restrictions? _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Please list any rescue medications prescribed for your child (i.e. EPI Pen, Inhaler): _____

Regular medications: _____

If your child requires emergency medication or is to receive medication while attending summer camp, you MUST have one Medication Authorization Form for EACH prescription or over the counter medication you send with your child.

Is there an Individual Health Plan for student with a chronic health condition? _____ If yes, please attach.

Parent/Guardian Signature

Date

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian Emergency Contact Information:

Name _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Hours: _____

Child's Name _____

Date of Birth: _____

Berkshire South Regional Community Center Child Release Policy

I understand that Berkshire South Regional Community Center will not release my child to any other person unless I notify the program in advance, following the guidelines below.

- If the person picking up my child is listed on this form, I must notify program staff.
- If the person picking up my child is not listed, I must notify the program in writing.
- Identification may be requested of any person picking up my child and will certainly be requested of any person unknown to the staff.
- If no one besides the listed parent/guardian is authorized to pick up my child from the program, I must indicate on this form by writing "NO ONE."
- Please attach copies of any custody agreements, court orders, and restraining orders pertaining to the child.
- Emergency Contacts are permitted to sign your child out of the program unless otherwise noted.

Emergency Contacts (in addition to parents/guardians listed on reverse)

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____

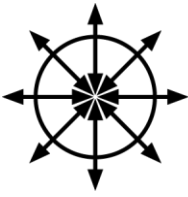
Address: _____

Do you give permission for child to be released to this person? Yes _____ No _____

If you have additional emergency contacts, please add them on a separate sheet.

Parent/Guardian Signature

Date



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Transportation Plan & Authorization

Child's Name: _____

My child will arrive at the program:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other: _____

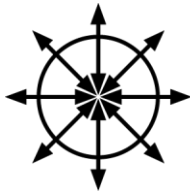
Usual Arrival Time: _____

My child will depart from the program:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Contract/Van
- Private Transportation Arranged by Parent
- Other: _____

Parent Signature: _____ Date: _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Permission Form

Child's Name: _____

Sunscreen & Insect Repellent

We play outside daily, as much as possible. During the warmer months, when skin is more exposed, we want to be sure children are protected from the sun and insects.

If you provide permission for your child to apply the below items with the assistance of camp counselors, please send some in, labeled with your child's name, to stay in their backpack each day of camp.

I do ___ or do not ___ provide permission for my child to apply sunscreen, with assistance of camp counselors

I do ___ or do not ___ provide permission for my child to apply insect repellent, with assistance of camp counselors

Photographs

Occasionally we take photographs of the children for classroom bulletin boards and other use within the classroom. Please check if you do ___ or do not ___ authorize the use and reproduction of these photographs for summer camp use. *A separate form is included in this packet to provide permission for use of photographs in BSRCC marketing materials.*

Use of Building

My signature below verifies that I give my child to permission to use each area that is checked while attending Action Adventures Day Camp. I understand that my child will be supervised by educators while using all areas.

Youth Room

Splash Pool

Gymnasium

Auditorium

Kitchen & Lounge

Play Structure

Meeting Room

Trails & Grounds

Arts & Crafts Room

Stay & Play Area

Offsite Activities

Several times during the summer, camp will go on field trips. Some of the trips are within walking distance, and others require transportation. When we do have a field trip, you will be notified about it beforehand. I ___ do ___ do not give my child permission to participate in offsite activities. I recognize that I will be notified in advance of all field trips and that I will be asked to fill out a permission form for each scheduled field trip and that transportation for offsite trips will be provided in BSRCC vehicles with qualified drivers.

Signature: _____

Date: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Updated 01-11

BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER MINOR RELEASE *For Media and Photos*

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration herein acknowledgement as received, upon terms herein stated, I here by grant Berkshire South, its Executive Director and any and all staff, her legal representatives and assigns, those for whom _____ is acting, and those acting with her authority and permission, the absolute right and permission to copyright and use, re-use and publish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or fictitious name, or reproductions thereof in color or otherwise made through any media at her studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby release, waive any right that a minor or I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection there within or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Berkshire South Regional Community Center, its executive director and any staff her legal representatives or assigns, and all persons acting under her permission or authority or those whom she is acting, from any and all liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or in any subsequent processing thereof, as well as any publication thereof even though it may subject the minor to ridicule, scandal, reproach, scorn and indignity.

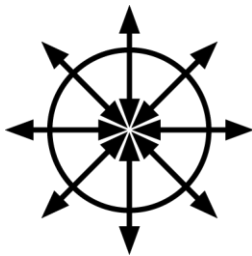
I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents therein.

Date: _____ Minor's Name: _____

Parent or Guardian Signature

Address: _____

Phone # _____ Witness: _____



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

15 Crissey Road, Great Barrington, MA 01230

Dear Physician:

This child is enrolled in a state-licensed program. Regulations require at the time of admission, a written statement from a physician as evidence of each child's annual physical examination, along with immunizations and lead screening in accordance with the Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Name of Child: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____ Phone # _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance?

Has this child been screened for lead poisoning: Yes ____ No ____

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician Name: _____ Phone # _____

Physician's Signature: _____ Date: _____

Comments: _____

Please attach a copy of the child's most recent physical and immunizations. Thank you!

Please return to: Action Adventures at Berkshire South, 15 Crissey Road, Great Barrington, MA 01230
Fax: 413-528-5260 Phone: 413-528-2810 ext. 34